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Thursday, November 27, 2014

Speaker: The Honourable Andrew Scheer

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HOUSE OF COMMONS

Thursday, November 27, 2014

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

● (1005)

[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to eight petitions.

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COMMITTEES OF THE HOUSE

FINANCE

Mr. James Rajotte (Edmonton—Leduc, CPC): Mr. Speaker, I have the honour to present, in both official languages, the seventh report of the Standing Committee on Finance in relation to Bill C-43, A Second Act to implement certain provisions of the budget tabled in Parliament on February 11, 2014 and other measures.

The committee has studied the bill and has decided to report the bill back to the House, with amendment.

[*Translation*]

ENVIRONMENT AND SUSTAINABLE DEVELOPMENT

Mr. François Choquette (Drummond, NDP): Mr. Speaker, I have the honour to present, in both official languages, the seventh report of the Standing Committee on Environment and Sustainable Development in relation to supplementary estimates (B) 2014-15.

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[*English*]

CRIMINAL CODE

Mr. Robert Sopuck (Dauphin—Swan River—Marquette, CPC) moved for leave to introduce Bill C-637, An Act to amend the Criminal Code (firearms storage and transportation).

He said: Mr. Speaker, I am proud to rise today to introduce my private member's bill, an act to amend the Criminal Code, firearms storage and transportation, for first reading this morning.

The bill would amend certain provisions of the Criminal Code and the Firearms Act in order to better define low-velocity barrelled weapons, which are not firearms.

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

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, Question No. 750 will be answered today.

[*Text*]

Question No. 750—**Hon. Ralph Goodale**:

> With regard to the Minister of Transport's commitment on April 23, 2014 to "immediately remov[e] the least crash-resistant DOT-111 tank cars from dangerous goods service by directing the phase-out of tank cars that have no continuous reinforcement of their bottom shell": (*a*) how many of these tank cars remained in service in each month since last April; (*b*) when does the government expect this phase-out to be complete; (*c*) what constraints limit the government's ability to complete the phase-out; and (*d*) have any of these tank cars been involved in accidents since last April, and if so, where and when?

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, with regard to (a), on April 23, 2014, under the authority of the Transportation of Dangerous Goods Act, Transport Canada issued protective direction 34, requiring the immediate phase-out of the least crash-resistant DOT-111 tank cars from dangerous goods service. These are the tank cars that are not equipped with continuous bottom reinforcement, posing a much higher risk of failure in a derailment.

Some tank cars in North America do not enter Canada and are therefore not subject to protective direction 34. Some 2,879 tank cars were reported to Transport Canada as having been removed from dangerous goods service in Canada, and the phase-out is now complete.

With regard to (b), industry was given 30 days in which to remove these cars from dangerous goods service in Canada, and the phase-out is now complete. Thirty-one empty cars, which were unable to clean and purge residue product within the 30 days, have been given "Notices to remedy Non-compliance" and directed to a location for cleaning and purging prior to being repurposed, or removal to the US.

With regard to (c), phase-out of service is complete/not applicable.

With regard to (d), none of these DOT-111 tank cars that have no continuous reinforcement of their bottom shell, whose reporting marks are on file with Transport Canada, has been identified as being involved in any TDG incident since April. All owners of these affected tank cars have identified their cars, using the unique reporting mark in the North American database of railway cars, UMLER. Rail carriers use this database to identify cars that cannot be used in dangerous goods service. Further, transport of dangerous goods inspectors verify at the scene of an incident that any cars involved are not subject to the protective direction.

* * *

[*English*]

QUESTIONS PASSED AS ORDERS FOR RETURNS

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, if Question No. 747 could be made an order for return, this return would be tabled immediately.

The Speaker: Is that agreed?

Some hon. members: Agreed.

[*Text*]

Question No. 747—**Ms. Chrystia Freeland**:

> With regard to government funding, for each fiscal year since 2007-2008 inclusive: (*a*) what are the details of all grants, contributions, and loans to any organization, body, or group in the electoral district of Toronto Centre, providing for each (i) the name of the recipient, (ii) the location of the recipient, indicating the municipality, (iii) the date, (iv) the amount, (v) the department or agency providing it, (vi) the program under which the grant, contribution, or loan was made, (vii) the nature or purpose; and (*b*) for each grant, contribution and loan identified in (*a*), was a press release issued to announce it and, if so, what is the (i) date, (ii) headline, (iii) file number of the press release?

(Return tabled)

[*English*]

Mr. Tom Lukiwski: Mr. Speaker, I ask that the remaining questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SURVIVORS OF THALIDOMIDE

Motion

Ms. Libby Davies (Vancouver East, NDP) moved:

> That, in the opinion of the House: (a) full support should be offered to survivors of thalidomide; (b) the urgent need to defend the rights and dignity of those affected by thalidomide should be recognized; and (c) the government should provide support to survivors, as requested by the Thalidomide Survivors Taskforce.

She said: Mr. Speaker, first I would like to start by saying that I will be sharing my time with the member for Saint-Bruno—Saint-Hubert.

I am very honoured to rise in the House today to speak to this very important and historic motion from the NDP.

The motion before us calls on the government to right the wrong of the tragic consequences that took place, when, in 1961, the Government of Canada approved the sale of thalidomide as a safe drug for the treatment of morning sickness for pregnant women. It is so important today that we speak out collectively and with one voice, as Parliament, to understand and to address this urgent and tragic issue.

I would like to thank the member for Outremont, the leader of the official opposition, for agreeing to and giving his full support to this motion being brought forward today. I would also like to thank members from all sides because we now know that the government will be supporting this motion with a slight amendment. I am very thankful for that. We have had a lot of discussion. It is historic and important that today we will be speaking in this debate, and we will be bringing forward the visibility of this issue. I hope that on Monday we will be voting on this motion and that it will be a unanimous vote.

On Tuesday, I had the honour to be joined, with my colleague from Saint-Bruno—Saint-Hubert, by two members of the thalidomide survivors task force. Mercédes Benegbi and Josée Lake came from Montreal to join us in a press conference, where they spoke and shared some of their experiences of what it has been like, over more than 50 years, to be a thalidomide survivor. It was very moving to hear their words and to hear them speak about their deeply personal experience, and of the experience of 95 survivors in Canada. Hearing what they had to say is a day that I will not forget.

I am also very thankful that the people at *The Globe and Mail* decided to focus on this issue. We saw the original story that they did last Saturday, which was a very comprehensive piece. It gave us the history and background, and brought us to the current situation today, with so many survivors living in pain and suffering and with great financial hardship. To me, it was one of those moments when a whole bunch of things came together. We have to recognize that the thalidomide survivors have for 50-plus years been living in a way that has been quite invisible.

It is a story that we are aware of. I remember when we debated Bill C-17 in the House, on drug safety, a bill that we supported. I remember that when I debated that bill in the House, I mentioned the history of thalidomide. I did not know then that a few months later we would actually be debating the issue of thalidomide. There is some continuity here, and some historical importance to what we are doing. Of course, drug safety in this country is critically important, and although we would have liked to see some improvements to it, the bill that was passed a few months ago was a very important bill.

When we look at history and see what has taken place in this country around drug safety, and we look at this terrible tragic situation that took place in the early 1960s, it is so compelling. It speaks to the core of why we are here. As parliamentarians and legislators, we need to pay attention and ensure that there is proper regulatory oversight for drug safety.

● (1010)

When this drug was first brought on to the market in the early sixties, it was deemed to be safe. The tragedy is that when the story began to unfold and the consequences began to be known about women who had miscarriages and babies being born with terrible deformities, Canada was very slow to react. It took decades, right up until 1991, for there to be even some discussion around compensation.

If we look at the amount of compensation that was given in 1991, we can see how terribly inadequate the small settlements were to the survivors. It really did nothing to help them. They even had to sign gag orders that they would not speak out afterward. The small settlements they got in no way dealt with the long-term effects of what they were dealing with.

We know today that the consequences of thalidomide have left people dealing with very severe and debilitating pain. It has taken 50 years of work, which has taken a toll on them, not only emotionally and financially, but of course physically. Many of the survivors are now suffering from nerve damage and painful wear and tear on their bodies. It has caused enormous challenges for them, including the loss of the ability to use their limbs to care for themselves, and damage to their spines and joints, which severely limits their mobility. It has impacted on their ability to gain employment. It means that they have often had to depend on others for very basic tasks, such as using the toilet, dressing, preparing meals, doing all of the daily things we take for granted.

Fifty years later, with this group of people who are aging, the health consequences of what they face have become even more serious. It is critical that we not lose more time. There are only 95 thalidomide survivors left in Canada. I believe there were originally about 120 people; some have already died. As these survivors age, their health and financial needs will only grow.

Time is of the essence, and it is very important that we take a stand today and that Parliament speak out. New Democrats call on the government to right the wrong and immediately sit down with the survivors task force to begin the work to arrive at a just settlement for the survivors. That is what this motion would accomplish if it is passed. I want to stress that time is of the essence. We cannot lose another day, week, or year.

There are some precedents in terms of what other countries have done. For example, the government in the United Kingdom is providing regular payments to survivors. Germany offered a one-time lump sum payment. The thalidomide survivors task force is asking the government to sit down and work with it in creating a program that would provide a one-time payment to address people's immediate needs, as well as ongoing payments that would assist individuals based on their own individual circumstances. It is something that needs to be done based on individual needs.

I have had a lot emails over the last couple of days, and I want to refer to one from a former colleague, Penny Priddy, who was a member of Parliament for Surrey. She wrote:

> It was the summer of 1963 and I was working at HSC/Sick Kids in Toronto. Her name was "Maria". She was about a year old. [...]
>
> "Maria" was born without arms. [...] Her legs were not able to support any weight. Her mother had taken thalidomide. [...]
>
> Given what we know, I expect her life was filled with challenges and barriers that required a strength that many of us cannot begin to imagine. [...]
>
> Thank you...for listening to the voices of all of the Marias' who were victims of a system that was so rushed to get a questionable drug to market that they did not consider the unthinkable legacy that they were creating for its smallest citizens.

Today, with this motion, we have an opportunity to right that wrong, and I thank all members of the House who will be supporting it.

● (1015)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, the Liberal Party's health critic has actually been fairly clear on the issue. We support what is before us today.

We recognize that, as has been pointed out, there are a couple of other countries in the world that attempted to deal with this and have come up with some form of resolution. We also need to recognize that it is a very sad story. This is a medication that was actually deemed safe for use. Unfortunately, sadly, it literally destroyed the lives of not only the individuals directly affiliated with the drug itself but also the family members and so forth. It has caused a great deal of harm.

It is only natural that we look at the survivor task force, meet, and have discussions to see what we can do to come up some sort of a resolution for further justice on the issue.

Could the member provide more comment with respect to the impact this drug, thalidomide, has had on families and communities that were directly affected?

Ms. Libby Davies: Mr. Speaker, my colleague is entirely correct that, of course, when we look at this issue, we are looking at an impact on a great number of people.

There are the thalidomide survivors themselves, but there are also their families. We know that one of the issues is that, as the survivors age, they are facing the prospect of their parents, who may have cared for them, passing away. They are being left in circumstances that can be isolated and difficult.

We can imagine the burden of worrying about caregiving and who will be there to assist. The burden on the families has been enormous. We even have to think of the families in which maybe the victim who took thalidomide has already passed away, and what those families went through over 50-plus years now.

We can begin to dig into this issue and think about it. While we all live active lives and those of us who are members of Parliament live in a very privileged position, by and large, these thalidomide survivors and their families, through no fault of their own, have lived in extraordinarily difficult circumstances, medically and financially and emotionally. It compels us to take this responsibility, collectively, to right the wrong.

I know that is what we are here to do today.

● (1020)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to rise today to support the motion by the hon. member, the NDP health critic, my dear friend, who has brought this issue forward.

Yesterday at the press conference she said this is a non-partisan issue, and I could not agree more. It is made even more non-partisan by the fact that we now know, from comments on the front page of *The Globe and Mail*, that the Prime Minister recognizes that a wrong has been done and that we, collectively, in this place want to right the wrong.

Children suffered the effects of thalidomide, which never should have been registered in Canada. A Canadian-born public health authority, Dr. Kelsey, stopped its registration in the U.S.

The idea that these victims of thalidomide, one of the iconic horror stories of the pharmaceutical industry, still lack compensation was a surprise to me. I have to say that I feel I am up to date on the wrongs of this land, but in this case I found out through *The Globe and Mail*, which I think is unusual. We should give credit to journalism, credit to the official opposition, and credit to the Prime Minister and to the spirit of non-partisanship that will today see us right that wrong.

Ms. Libby Davies: Mr. Speaker, the member was at the press conference on Tuesday. I certainly appreciate her support and her words here today.

The story in *The Globe and Mail*, when it came out, was terribly important. As I said earlier, this is an issue that we have all heard about. We have even mentioned it in debate, in different circumstances

To actually examine the details and the history of what took place is something that is very revealing. It is something that we actually need to learn from, in terms of not only drug safety but how we treat people in our society.

I do think the other element of this motion today is that it is an expression that we cannot leave people in such desperate circumstances. We have to show compassion. We live in a society that should stand for social justice and should stand for ending discrimination and pain and suffering.

For many reasons, on many levels, this motion today is very important. I thank the member for her support.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, in 1961, the largest drug-related scandal the world had ever known erupted. It was learned that thalidomide, a drug prescribed to expectant mothers to treat morning sickness, had tragic side effects. Thalidomide was responsible for birth defects and killed thousands of newborns. In 1961, the drug was taken off the market in Germany and Great Britain.

Despite those revelations and the fact that the drug was pulled off shelves in some countries, it was sold in Canada until May 1962, six months after it was taken off the market elsewhere. Today, there are 95 survivors in Canada. The survivors have lived for decades with the consequences of thalidomide, experiencing acute, debilitating pain. In many cases, their health care needs surpass the capacities of the provincial health care systems.

It is sad to see that, after 50 years of fighting, these victims of botched legislation are still having to fight alone to cover the very high costs of their disability. It is in that context that the hon. member for Vancouver East moved this motion calling on the government to make restitution and commit to supporting the thalidomide survivors.

I am honoured to rise today to participate in this debate and support my colleague's motion. I know she does amazing work. Yesterday, we had an opportunity to meet two incredible people who live with the challenges of thalidomide side effects every day. I found their stories so touching. As a doctor, I cannot stand knowing that patients are living with pain and do not even have the help they need to find comfort and feel supported.

Thalidomide survivors in Canada have fared less well than their counterparts in other countries. Thalidomide victims have been forced to fend for themselves, family by family. Not one has benefited from a court ruling. Families have had to make do with an out-of-court settlement that required them to submit to a gag provision prohibiting them from discussing the amount of the settlement. Widely varying amounts were offered as compensation, and people with the same degree of disability received settlements that differed by hundreds of thousands of dollars. That is scandalous considering that in Germany, the United Kingdom and even Spain, subsidy programs are in place to provide financial support to sick people.

The government will say that in 1991, through the extraordinary assistance plan, the Minister of Health granted lump sum payments. However, the amounts were so paltry that they were quickly used up to cover some of the very high costs incurred by survivors.

What are Canada's 95 thalidomide survivors getting today? Nothing. They are getting nothing. While we are giving victims nothing, the United Kingdom gives $80,000 a year. It is up to the government to roll up its sleeves and have a closer look at some programs that could be introduced. Survivors need support and compensation, and they need it now.

The NDP believes that the federal government needs to show leadership when it comes to health.

● (1025)

We know that this Conservative government does not view Canadians' health as a priority, but it has an opportunity here in the House today to do the right thing and help a group of Canadians in need.

Given that this is not a partisan issue and it directly affects the quality of life and daily suffering of nearly 100 survivors of the side effects of thalidomide, I move, seconded by the member for Laval—Les Îles:

> That the motion be amended by replacing the words “as requested by” with the words “in partnership with”.

[*English*]

The Deputy Speaker: It is my duty to inform hon. members that an amendment to an opposition motion may be moved only with the consent of the sponsor of the motion. Therefore, I ask the hon. member for Vancouver East if she consents to this amendment being moved.

The hon. member for Vancouver East.

● (1030)

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I agree.

I would like to thank my colleague, the member for Saint-Bruno—Saint-Hubert for her very wonderful comments today and also for moving the amendment.

The amendment is important. We have held some discussions with the government, and I think the wording that is now being presented as an amendment would allow a better opportunity for the government to respond to the thalidomide survivors task force. I thank the hon. member for moving the amendment today in the House.

I have a comment and a question for the hon. member.

It seems to me that, for thalidomide survivors, the issue of daily living is critically important. There are clearly medical challenges, and the member pointed out in her speech that some of these medical challenges might even be beyond the regular nature of the health care system. It may well be that we will need to have special interventions.

I wonder if the member could speak a little more about some of the daily issues and concerns that have emerged for thalidomide survivors who are finding is so difficult to cope on a daily basis. I think the article in *The Globe and Mail* laid this out very carefully, and I wonder if the member could comment on that.

[*Translation*]

Mrs. Djaouida Sellah: Mr. Speaker, I want to thank my colleague from Vancouver East for the incredible work she has done for the survivors of the tragedy due to the side effects of thalidomide and the delay in taking this drug off the shelves here in Canada.

As the hon. member just said in her question, this is a tragedy. I am well aware of the side effects. I want to apologize to the sensitive among us and to those watching, but I can mention one side effect in particular that I saw among the survivors who came to our press conference yesterday. One woman had what is referred to as phocomelia. The root of the word phocomelia is "phoco" from the Greek for "seal". A person with phocomelia might have their hands attached at their shoulders or their feet attached at their hips.

That is just one example. Some were born without arms or without upper limbs or lower limbs, or with just one lung. Imagine the pain and suffering these people experience and how tough it is for them to perform daily tasks such as getting dressed, eating or getting around. What is more, the tragedy now is that the average age of the survivors is 50. They used to get help from their parents, but those parents are now dead or quite old. The survivors therefore have no quality of life and they are suffering.

Today, the Canadian government must compensate these people and give them the financial means to live in dignity.

[*English*]

Ms. Eve Adams (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I am pleased to say that the government will be supporting the motion today. It is certainly a very emotional issue.

No incident has had a greater impact on the drug safety system in this country than the authorization of thalidomide in the 1960s. The terrible consequences for the pregnant women who used the drug and the children who were born to them sparked major changes in the way Canada approaches drug approvals and surveillance. The modern system that protects Canadians so well today is one of the enduring legacies of this dark chapter in drug regulation.

What we can never forget, and what we have heard loudly and clearly, is that the past is not over for the victims. Thalidomide survivors are still coping with daily struggles that most of us will never fully understand or have to go through. As their physical struggles grow greater and the mental strain of an uncertain future weighs even heavier upon them, the dedication and perseverance these individuals demonstrate every single day of their lives is incredibly moving. The number of challenges they have to face day in, day out from the moment they wake up to the time they go to bed is unimaginable. The physical, mental, and spiritual toll is immense and tiring.

Individually they have shown so much strength, and the fact that they have come together to form an association that does so much good work and helps so many people is admirable.

The government recognizes that the hardships they face are now growing. The physical toll that aging takes on all of us is greatly magnified for them. For instance, simple things like standing up for extended periods or walking for a few minutes have become a real challenge for the majority of thalidomide victims. These activities cause them extreme pain. Many are also now at an age when their parents, often their primary caregivers, have either passed on or can no longer look after them.

The struggles victims face every day have become greater than they have ever been before. According to the Thalidomide Victims Association of Canada, everyday chores and simple tasks that we take for granted, such as eating, getting dressed, cleaning homes, or brushing teeth, have all become daily challenges.

The majority of victims require modifications to their vehicles and to their homes and clothing to allow them to have a decent quality of life. This costs money, and every one of us can understand how quickly these expenses can add up. Let us think about how costly it is to renovate a standard kitchen. Now let us think about how much more expensive it would be if the kitchen would have to be customized in proportion so that the cupboards and counters could be reached to perform daily tasks.

In order to help victims overcome the many limitations they face every day, the Thalidomide Victims Association of Canada has developed an accommodation program tailored to each member's needs. This leadership deserves to be recognized. According to the association, the objective of this program is to ensure that every Canadian thalidomide victim is able to maintain and develop their autonomy in performing various daily activities and to enable them to participate in community activities.

Thalidomide victims have continuously shown determination, strength, and perseverance by having jobs and raising families of their own, but they are worried about their future. They want to talk about their needs, and we are here to listen.

My colleague, the Minister of Health, told the House on Tuesday that she is committed to having that discussion with the Thalidomide Victims Association of Canada in person and to reviewing the association's proposal. This will be an opportunity to listen, to share, and to explore what has been done in other jurisdictions also facing these types of challenges.

For members' reference, the Thalidomide Victims Association of Canada was founded by Randolph Warren in the late 1980s. It was formed to help coordinate the advocacy of thalidomide victims in securing compensation for the tragedy in the 1960s. The association worked closely with the War Amputees of Canada to lobby for a compensation package for victims, a package that was provided in 1991. Over the last few years, we have seen more and more countries compensate thalidomide victims. For many countries, this is the first step they have offered to survivors.

● (1035)

In 1991, Canada provided what was presented at the time as a one-time compensation package to victims. This government recognizes that the needs of thalidomide survivors then were markedly different from what they are today. We as a government are ready to discuss what more can be done to meet the very specialized ongoing needs of these victims.

Members of the House will know that thalidomide was originally sold in the early 1960s in Canada to treat morning sickness in pregnant women. What emerged were thousands of tragic stories in Canada and worldwide that sparked a sea change in the way we approach the approval of new drugs in Canada.

It is impossible to tell how many pregnancies ended in miscarriage because of the complications caused by the drug. Many other children died soon after birth, causing emotional devastation to parents and families. Those children who survived faced, and are still facing, difficult lives because of the birth abnormalities associated with the drug. Indeed, nothing can ever undo the pain and suffering that has been inflicted.

Canada was not the only country affected by this tragedy. Around the world, 12,000 children in 46 countries were born with birth defects caused by thalidomide. It is estimated that only 8,000 survived past their first birthday, which is truly a tragic outcome, and the number of survivors in Canada today is less than 100.

Our country is not alone in needing to find ways to address the needs of thalidomide survivors. We can learn from what other countries have done to address the ongoing needs of their citizens facing similar growing health concerns. As the Minister of Health indicated this week, our government will have that conversation with the Thalidomide Victims Association of Canada.

While it is difficult to fully understand the daily challenges of thalidomide victims, it is all too easy to comprehend how this group of people has more reasons to be distrustful of the drug safety system than anyone else. They and their families have paid a terrible price for a system that failed to do the job it was supposed to do, and yet thalidomide survivors have done something truly incredible: they have worked to make current drug approval systems even better, and they have persevered.

The Thalidomide Victims Association of Canada played an extraordinary and unprecedented role many years ago in the review and approval of the thalidomide product in the United States as a treatment for multiple forms of cancer. At various times over the years, the group has shared its experience in participating in that process with Canadian regulators. The group was also consulted before Health Canada's decision in 2010 to approve thalidomide for multiple myeloma.

Their involvement in the approval of thalidomide in the face of the tragedy in their lives and in the lives of their families must have been incredibly difficult, but as they have done throughout their lives, they persevered. Their participation in the process has helped ensure that all possible precautions are taken and that drugs are used safety.

That includes physicians being trained to prescribe the drug appropriately and patients being properly informed of the risk. It is an incredible part of the legacy being left by the victims of thalidomide that patients with multiple myeloma now have access to this very important treatment. From great tragedy can come positive change. Thalidomide victims know this and have been active participants in improving the drug safety system so that Canadians are better protected.

Our colleague, the hon. member for Oakville, also understands this. His daughter Vanessa tragically died of heart attack while taking a prescription drug that was later deemed not safe and removed from the market. Bill C-17, which was recently passed with all-party support in the House and Senate, was named Vanessa's law in her honour. The act gives the Minister of Health new tools with which to identify potential safety risks related to medications and stronger powers to make sure the problems that are identified are dealt with quickly and effectively.

Before their products are authorized for sale in Canada, drug manufacturers are required to do extensive research and provide substantial evidence to Health Canada in their application, demonstrating that the drug is safe and effective. In spite of this, once medications are being used by a wide range of actual patients, we know that new safety risks can emerge.

Although clinical trial groups are structured to represent as broad a range of patients as possible, they can never truly capture every variable imaginable and every vulnerable group. Even with our best efforts and the best research available, there will always be some factors that will only emerge once the drugs are being used by actual patients, perhaps those coping with other conditions at the same time.

● (1040)

That is where the life-cycle approach to drug safety comes into effect. The life-cycle approach means that Health Canada's role as a regulator is ongoing.

Vanessa's law gives the Minister of Health new powers and tools that will make that ongoing regulatory role more effective. Since most serious adverse reactions to drugs result in hospitalization, a new adverse reaction reporting requirement for health care institutions will give the minister new insight into these events. Regulations are being developed to support this requirement, which will allow the regulator to reach into the health care system and extract data to provide a better window on what is happening in the real world with patients.

Other powers under Vanessa's law that have come into force immediately have given the minister the ability to take action promptly if and when new risks to health are identified. Vanessa's law gives the Minister of Health greater power over the removal of therapeutic products from the marketplace when they present imminent or serious risks to the health and safety of Canadians. Until now, Health Canada has worked within the restrictions of the older Food and Drugs Act to persuade companies to remove drugs from the market if they are found to be unsafe. Most of the time this approach has been successful, although it sometimes takes longer than any of us would like. On a few rare occasions it has not worked and the minister did not have the power to force or withdraw these products. With the passage of this new law, if the force of law is needed, the minister now has the power to act without having to undertake any negotiations with pharmaceutical companies while potentially dangerous drugs remain on the market.

Vanessa's law also gives the government new tools to ensure that risks associated with drugs are well-communicated. Many risk situations are better addressed through improved labelling rather than complete market withdrawal. Previously, Health Canada only had the ability to negotiate label changes with manufacturers. With the new law, manufacturers will be required to comply, and to do so within prescribed timelines. If Health Canada does not have all of the information it needs to assess the safety of a drug on the market, the minister now has the power to compel anyone holding that information to share it with her in order to protect the health of Canadians. In the event that the information simply does not yet exist, Health Canada can also require new studies to be conducted. All of these things together will vastly improve Health Canada's ability to assess and take targeted action where it is needed the most.

Vanessa's law will also help to improve the ability of Canadians to make decisions about their health by ensuring that information about authorized drug clinical trials is made public to all Canadians in a consistent and timely manner. This will also be achieved through new regulations that are currently being developed.

I also want to highlight that this government's commitment to an open government is long-standing. It is part of the overall efforts to foster greater accountability, to provide Canadians with more opportunities to learn and participate in government, and to drive innovation and economic opportunities. I am pleased to say that our Minister of Health has made transparency and openness a key priority during her mandate.

The decisions taken by this government impact the day-to-day lives of Canadians and we acknowledge they have the right to understand how and why we make those decisions. All Canadian families want that level of discussion. Canadians want to feel meaningfully involved and consulted within the decision-making process. We have listened to Canadians and have provided what we believe are the right tools to ensure fairness, openness and transparency.

Health Canada plays an important role in being open and transparent, and continues to prioritize the protection of health and safety among Canadians. Greater transparency and openness with Canadians strengthens the trust in our regulatory decisions. Canadians can see for themselves that Health Canada continues to make regulatory decisions based on valid evidence. The credible, timely information Health Canada provides is absolutely vital in helping Canadians to make informed choices for themselves and their families.

Since the thalidomide tragedy, Canada and other countries have also invested in research. The Canadian Institutes of Health Research and the Public Health Agency of Canada both actively support research related to improving health of mothers and babies, as members will hear later today.

● (1045)

Today, we are focusing our discussion on a tragic event that took place over 50 years ago but has never been forgotten. It is a tragic event that has terribly affected the lives of thalidomide victims and their families.

I would like to reiterate that our Conservative government recognizes the challenges that thalidomide victims face each and every day. We are already reviewing their proposal and we look forward to meeting with them very soon. The health and safety of all Canadians is a priority for our government. That commitment, of course, includes the victims of thalidomide, who have already suffered far too much.

We are ready to listen and to ensure that everyone is heard and included.

● (1050)

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, I would like to thank the Parliamentary Secretary to the Minister of Health for her eloquent speech. I noticed that we agree on a lot of points.

We know that these survivors spent years seeking assistance from the successive Liberal and Conservative governments. However, it is only now that all of the parties—I am assuming—will agree to help these survivors.

Will the government commit to compensating them right away so that they do not have to suffer any longer?

[*English*]

Ms. Eve Adams: Mr. Speaker, the Minister of Health reached out a couple of weeks ago to speak with the association. We are eagerly looking to review its proposal, and it will be done with all due haste.

Nothing will ever undo the pain and suffering that was caused some 50 years ago, but the onus is upon us as Parliament to move forward and help these victims.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I am pleased to hear the parliamentary secretary support this motion, because it is worthwhile. I echo my colleague from the NDP's position that it should be timely and as soon as possible.

I noticed in her speech that the parliamentary secretary discussed Vanessa's law and the openness, transparency, and evidence based decision-making of the Conservative government. That is an appropriate thing to talk about, because it was as a result of thalidomide that we moved to a very strong drug regulation system.

However, I am hoping that the parliamentary secretary's speech means that things will change and that evidence based decisions will be made. As she well knows, at public hearings in committee, the government has tended not to listen to evidence by specialists and experts but continued along without any making changes to any of its legislation.

Can I ask the parliamentary secretary if this signals a new era?

Ms. Eve Adams: Mr. Speaker, we are here today to discuss the victims of thalidomide. It is not a time for partisan sniping.

If I might just address the member's question, we have always looked at evidence during our committee hearings and every recommendation that we have ever brought forward was evidence-based. Under Vanessa's law, a new era of transparency has come in with our drug safety approvals. We are now posting clinical trial information online, and the Minister of Health will now have the ability to compel drug companies to remove unsafe drugs from shelves, instead of simply negotiating.

I would like to ensure that the debate today reverts to the victims of thalidomide, instead of this type of partisanship.

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, as we have indicated, we are happy that the government has indicated that it will support this NDP motion.

It has taken this long for the little bit of compensation the victims of thalidomide have received. They were in fact coerced into basically signing an indemnity form in the 1990s. The little bit of compensation they have received certainly does not address the critical health issues they continue to face.

Now that we see that the government is going to support the motion, could it please let us know how quickly it is going to act? Could it tell us what the compensation and assistance will actually look like?

● (1055)

Ms. Eve Adams: Mr. Speaker, in fact, as I indicated in my speech, in the 1990s the War Amps of Canada worked with the survivors and victims of thalidomide to advocate for compensation. I believe it was a Conservative government that provided funding at the time based on all available knowledge and the needs of the victims at the time.

The War Amps of Canada is an outstanding advocate and does wonderful service across this country. I can say that when my father's leg was amputated, it provided the artificial limb. I would like to pay tribute to the work that it undertook back in the 1980s and 1990s.

The government is moving with all due haste to ensure that these victims are assisted.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Mr. Speaker, I listened to the parliamentary secretary's address to the House with regard to thalidomide victims and what our government intends to do with and for them.

The parliamentary secretary asked something that I think is very reasonable. She asked that we try to refrain from partisan sniping, because we all agree that something needs to be done and that we should work with the victims. Let us make today a day that we talk about the issues surrounding those living with the terrible results of taking this drug.

We cannot undo the past. We cannot make right something that occurred some 50-some years ago. However, in the House today, with regard to what the parliamentary secretary asked, we can talk to each other, make some suggestions, say how we really feel about those victims, and make a commitment that this should not happen again.

With that in mind, and because we can never be 100% sure of anything in this world, I wonder if the parliamentary secretary could once again tell us some of the things the government has done to help ensure that we try as hard as we can and that we do not approve drugs that end up being worse than the illness or disease they are intended to ameliorate.

Ms. Eve Adams: Mr. Speaker, that is an excellent question by my hon. colleague. It is true that nothing can undo the tragic events of the 1960s and that we need to assist those victims. Today, through Vanessa's law, Canada now has one of the safest drug safety systems in the world.

As I have indicated, the Minister of Health now has the authority to compel drug companies to remove drugs from the shelves. Previously, she was in the untenable situation where she would sometimes have to negotiate with drug companies as to whether or not drugs could be removed from the shelves, all the while Canadians might be purchasing those very drugs. It was a very unfortunate situation.

Now there are mandatory recall powers. There is mandatory reporting of adverse conditions. Usually when there is a significant adverse reaction, a person will show up at a hospital. Hospitals will now need to report any adverse reactions so that the Minister of Health will be aware and immediate action can be undertaken, if necessary. There is also transparency now for drug approvals and clinical trials, and on this front Canada is now a world leader in providing this level of transparency.

We want to do right by these victims. We want to ensure that these victims are assisted, but we also want to make sure that, moving forward, these types of tragedies never take place again.

I was a child in the 1980s and whenever I had a health class, one of the first things my teachers would tell me was to be especially cautious about anything prescribed to me when I become pregnant one day. They would all cite the thalidomide example, or Love Canal down in Buffalo. I am sure many Ontarians recall that. These are outrageous tragedies that transpired at a time when people thought it was all very reasonable.

I want to assure the House that Canada now has one of the strongest drug safety systems in the world. We are incredibly conscientious with this issue.

● (1100)

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I rise in support of the motion before us. I wholeheartedly support the survivors of thalidomide and the work they have been doing to bring this issue to the public's attention.

I also want to thank my colleague, the member of Parliament for Vancouver East, for bringing this issue forward and for her support.

The government has agreed to support the survivors' request. I congratulate the Minister of Health and thank her for taking this position.

We all know the story of what happened with thalidomide in the 1950s. In 1954, the drug was created by a German company and was sent out to other countries. With the exception of the United States, most clinical trials showed that this was a safe drug at the time. However, in 1961, issues of deformities and very drastic side-effects from the drug began to show up in women who were pregnant. Therefore, in 1961, most countries removed the drug from the market.

However, the drug continued to remain in Canada for a few extra months. As a result of pregnant women taking that drug, 2,000 children died. As we know, if a child or fetus is unsustainable because of severe malformation, it does not necessarily exist. There were miscarriages very early in pregnancies or mid-pregnancies due to these kinds of deformities. There were 10,000 children born with serious defects, and that does not include the thousands of fetuses that never came to fruition as a result of severe malformations.

It is important that we look back at this story. As a result of this, Canada began to develop, and has developed, a very strong and vigorous drug reporting system. We always need to learn from our mistakes. Hindsight is 20/20, and we tend to think that we could have done different things at the time. However, at that time, I do not think people understood or knew that drugs could cause many of these issues, such as the defects from the use of this drug.

However, we need to bear responsibility for what happened in those days. One of the things we feel is important to remember is that, and it does not matter what party is in government, the federal government made decisions that caused this problem. Therefore, the federal government has a responsibility and a duty to right that wrong. There are also ethical and moral aspects, and we need to ensure we have compassion, that justice is served and that we care for Canadians who are harmed or suffer, as this group has, from any kind of side effect.

I wanted to speak to the motion, because the Parliamentary Secretary to the Minister of Health brought up this issue, and it is worth discussing. It is extremely relevant for us to talk about the drug approval system in Canada.

We do have a strong drug approval system and, indeed, it was because of thalidomide. Vanessa's law is a good law, but we believe it could have gone further. We have heard recently that in the last seven years, the number of faulty drugs that have gone on the market have tripled.

One of the things that could have been strengthened in Vanessa's law is not merely that the minister can pull a drug off the shelf if he or she finds it is either faulty or there are adverse effects being reported from the use of the drug, but ensure that it is truly open and that the public is aware of that.

The Food and Drug Administration in the United States has public reporting of clinical trials and public reporting immediately when there are adverse effects of faulty drugs. We have seen that over and over. However, we have a tendency not to let the public know, and we need to do that. It is important that the health care professionals who prescribe drugs and the pharmacists who dispense them, in many instances off the counter, are aware, as soon as possible, when there is some adverse effect or when there is a faulty drug.

This is something we need to talk about, and I am not being partisan. I think we all feel it is important to speak to the issue of drug safety.

● (1105)

I also am pleased the minister has decided to support the motion, but I would like to ensure that the details, and the devil is always in the details, of what the thalidomide survivors have asked for will be taken into consideration.

We know that in 1991 a simple one-time-only payout was made to many of the thalidomide survivors of about $52,000 to $82,000, depending on the severity of their disabilities. However, to be cynical, I do not think most people at that time felt that anyone with such severe disabilities would survive into their fifties. That it is a tribute to the resilience and the powerful will of the survivors of thalidomide. They have spent a lot of time learning how to live with these disabilities, how to work with them and find meaningful jobs, how to move on and live some sort of meaningful life.

However, because they have reached their fifties and many of their family members have passed on, or maybe their parents are no longer able to support them, they are suffering probably sooner than most of us from chronic disabilities, such as arthritis and diseases. We well know that many of them only have one lung, sometimes one kidney or have severe limb deformities because of the effect of this drug. It is really important now for these survivors to get the help they need.

I hope that when the government says it will support the motion and it will support the survivors, that we do not go back to the old “Let's give them a lump sum.” We have seen what Germany and the United Kingdom have done. They have given yearly stipends and financial living assistance to many of their survivors, which totals somewhere around $88,000 to $110,000 per year.

I hope the government will give the survivors what they have asked for. We know they will need to have an annual living stipend, as they have asked for, which will allow them to get the adaptations they need for their cars, their homes and their workplaces. They will need the technical assistance to help them to do the things that we take for granted, such as washing their hair, brushing their teeth, basic daily living needs. They will need help such as home care or someone living with them full time or part time to assist them. That requires an annual stipend and financial living assistance for as long as these survivors live.

We know clearly what they have asked for. They have said that they want a $250,000 lump sum payment immediately and $100,000 a year for as long as they live. This will allow them to live meaningful, pain-free lives, have basic living care, and continue to work, if they work.

I repeat that I hope the minister will give these survivors exactly what they have asked for and not water it down.

We can all learn from this lesson. I want to thank the War Amps. In 1991, it pushed for that stipend when it was told very clearly by the government of the day, in late 1989, early 1990, that there would be no money because that would create a precedent for those who were infected by tainted blood.

As members know, the Liberals, when they formed government, spent a great deal of money on recompense and on living expenses for people who had been infected by tainted blood, following a major inquiry into the tainted blood issue.

The bottom line is that government has a responsibility, regardless of its strip, to look at these mistakes, redress them, and learn from them. That is very important. Thalidomide has taught us a very important lesson. As I said, we have a strong regulatory system, one of the best in world, and that has come about as a result of this problem.

● (1110)

I hope we are really open about the public's need to know. As we saw with birth control pills about a year ago, the government knew about the faulty pills. Women were taking these pills and health professionals were dispensing them, without knowing about the faultiness of those prescription drugs. Of course, we know what the result of taking a faulty birth control pill is. That could be a huge problem for many women who did not wish to become pregnant.

Over and over, we have seen the need for openness to the public. The Food and Drug Administration in the United States has done this very well. We can take a page from its book and learn that the more people know and understand, the better the caveat emptor, the better they can understand what they take so they can make rational decisions on over-the-counter drugs and on the health care professionals who prescribe them.

This piece needs to be put into Vanessa's law. I know many of us, the official opposition and our party, brought this up during the hearings on that bill. We felt this still was missing. This is not, as the parliamentary secretary said, being partisan. If we all care and we are all in agreement, we can talk about the things we need to do to improve our system.

I wish to thank my colleague from Vancouver East for bringing this forward. I hope the government will in fact listen to the victims, and be very generous and open with that compensation.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, I listened carefully to my Liberal colleague's speech and I would like to thank her. She is a doctor, so she is probably very familiar with the side effects that were caused by the use of thalidomide in the 1960s.

We recognize that compensation or assistance should have been given to thalidomide survivors a long time ago. Why did the Conservative and Liberal governments fail to take action until today, when we moved a motion to discuss these tragic events?

I would like to know why Canada did not offer these survivors any support, even if it was only moral support. Why did we not listen to these survivors? Why did we not help them?

[*English*]

Hon. Hedy Fry: Mr. Speaker, that is an important question. My colleague is also a physician. She knows that one can look back. It was in the 1950s and 1960s when this occurred. We can ask why, but that is something I cannot answer. I was not around. I was not in government at the time. I was not privy to the discussions around the table.

I know the then minister of health under the Conservative government decided he would not provide compensation. The excuse he gave was that the government would then have to provide compensation for the many people who had been infected by tainted blood.

The issue is not what happened and why, it is where do we go from here. How do we right those wrongs? How do we move forward now? We have to learn from this so it never happens again, so the people who are harmed as a result of decisions made by governments will know that the government will do the right thing and come up solutions.

I cannot account for what happened then, but we need to move on and learn so that in the future this does not recur.

Mr. Adam Vaughan (Trinity—Spadina, Lib.): Mr. Speaker, I had the honour to talk to a number of the individuals directly affected, people who were subjected to this horrible drug and lived with the consequences all their lives. As well, I spoke with some of the people doing the legal work around this issue.

One of the questions I had as was why compensation had not been asked for in as direct a way as presented today. The response I received was that they had now organized as a group. There are 95 remaining victims. With aging presenting new problems, this is why they have come forward in a very focused effort to renegotiate compensation that was once offered back in the early 1990s, but has not been revisited since.

Now that we know aging is the specific problem, what concerns do we have that unforeseen problems may not be anticipated by the committee? How will we ensure that the committee goes forward on a consistent basis and not only generously addresses the issues in front of us now, but sets up a process by which new issues that emerge as this community ages are also dealt with?

● (1115)

Hon. Hedy Fry: Mr. Speaker, my colleague made a very good point when he said that at the time the lump sum was given—and this is why hindsight is 20/20—no one expected that thalidomide survivors would live to become 50 years of age. Nobody understood how medicine worked to help people like that. New technologies and all sorts of things have helped thalidomide victims to survive to this time. Now that they are in their 50s, all of the problems of aging have occurred earlier in this group than they would for many of us. Hopefully, we can wait until we are well into our 80s before we get some of these problems, but the thalidomide victims have the problems now.

The lump sum the thalidomide victims are asking for may give them the ability to renovate their homes and have an appropriate environment in which to live. It is the yearly stipend that they are asking for that would bring forward the question of what they need on a yearly basis to get assisted living if they need it and to get the technical assistance and the equipment they need to help them live in their homes, work, and have meaningful and normal lives in the community.

If other illnesses happen to come with chronic aging, for most of us there is a health care system that will pick that up, and the thalidomide victims will get the health care they need if it is an acute problem. However, this is about being able, every day and every month, to address their needs on an ongoing basis until they no longer survive and no longer need that money. That is why I want the government to ensure that it will continue this yearly stipend and not just give another one-time lump sum payment.

[*Translation*]

Ms. Francine Raynault (Joliette, NDP): Mr. Speaker, I would like to thank my colleague and all of the parties, which, if I understand correctly, plan to support the NDP's motion. I would like to know one thing: should every government not ask itself these moral questions when it learns, for example, that we continued to offer a drug that another country in Europe or elsewhere in the world took off the market, as was the case with thalidomide?

Should the government not pay more attention to drugs that are causing problems in other countries? Why would our children be less likely to be affected? Knowing that the drug has been withdrawn from the market, should every government not show some moral character and protect the public, children and even adults who could one day take drugs that would make them very sick?

[*English*]

Hon. Hedy Fry: Mr. Speaker, my colleague has a very important point to make, but I cannot speak for what happened with the governments in those days. I was not here. I was not a member of Parliament.

However, I do believe that the obligation of government is moral. There is a moral obligation for basic human justice. As well, there is an obligation for compensation for mistakes that were made. We now have to say that we saw what the results were and that we think we must now, as a government if ever we form government, and as a House, move forward to ensure that this does not happen again. We have to learn from mistakes. We have to ensure that we recognize our moral obligation to Canadians, not simply to address past or present wrongs but also to treat people in a fair and just manner and empower our citizens to have a quality of life that enables them to be productive and have a meaningful existence. There is indeed a moral and ethical obligation, and there is a compensatory obligation as well.

● (1120)

Hon. Judy Sgro (York West, Lib.): Mr. Speaker, I applaud my colleague and the comments she made. She understands this issue very well and certainly continues to fight for all of us, in particular on behalf of health issues.

On this particular issue on thalidomide and the terrible things that have happened, my concern is that although the Conservatives say they are going to sit down and talk with the individuals, on many previous occasions they indicated they would do something and have a conversation, but when it came to actually putting that kind of money and help on the table, it did not seem to be there.

I am concerned about whether the government is going to actually do that. I want to know what my colleague thinks about that aspect.

Hon. Hedy Fry: Mr. Speaker, if the minister meets with the thalidomide survivors, as she said she would, she should be prepared to grant them exactly what they ask for. She should also keep an ongoing watch to ensure that if new symptoms or new problems arise under the compensation on an annual basis and the lump sum compensation does not work, the annual compensation could be increased to meet the specific needs that may or may not arise.

It is clear what the survivors are asking for. They want a $250,000 lump sum payment and $100,000 per year to provide them with the technical and the living assistance that they will need on a day-to-day basis. That is pretty clear. There was no obfuscation on the minister's part, I hope, when she said she would listen to them and do what they ask.

Mr. Jasbir Sandhu (Surrey North, NDP): Mr. Speaker, I will be sharing my time with the member for Laval.

I would like to take this opportunity to speak to this motion on behalf of my constituents in Surrey North. This very important motion was put forward by the NDP member for Vancouver East, who has been advocating on this terrible Canadian tragedy to ensure that the victims of thalidomide are properly compensated. I would like to thank the member for Vancouver East for bringing this particular issue to the floor of the House to have a proper and long overdue hearing for the victims of the thalidomide tragedy.

In 1961, a drug was prescribed to pregnant women for morning sickness. The results were tragic. A number of babies had to be aborted. A number of babies were killed. A number of babies became disabled. There are about 91 survivors currently living in Canada.

The Government of Canada approved thalidomide as a safe drug to treat nausea in pregnant women in 1961, although sample tablets were available in 1959. In 1961, thalidomide was withdrawn from the West German and United Kingdom markets, but it remained legally available in Canada until March of 1962, a full three months later. Some groups are saying that it was still available even after it was taken off of the market by Health Canada. In some pharmacies, it was available until May of 1962.

The government has never apologized for the devastation it caused. After decades of discussing compensation, it provided an inadequate one-time payment to survivors. The motion calls on the government to right the wrong and commit to supporting thalidomide survivors.

It makes me proud to speak on issues such as this in the House, especially when we get approval from all parties in support of the NDP motion to support thalidomide victims. Days like today give me a reason to come to the House to work on behalf of Canadians who need our help. Today, with the approval of the House, we will see action that is long overdue. This action should have been taken many years ago, but it was not, and the victims have suffered for far too long.

Thalidomide was a drug marketed in the early 1960s as a safe treatment for nausea during pregnancy, as I pointed out. Instead, the drug caused miscarriages and severe birth defects, including missing limbs, organs, deafness, and blindness. In 1961, as we know, it was approved by Canada. Again, there are about 100 survivors who are still here.

Decades of dealing with the consequences of thalidomide have left survivors dealing with very severe and debilitating pain. In many cases, the health care needs exceed what provincial health care systems are able to provide. Some 50 years of attempting to work around their limitations have taken a toll on survivors. Many are now suffering from nerve damage and painful wear and tear on their bodies. This has created enormous challenges for them, including spine and joint damage that severely limits their mobility and many other things.

● (1125)

The victims were born back in the 1960s. They would be in their 50s now, and they may have had care provided by their parents, who may have passed away. Although compensation or help should have been provided a long time ago, now is the time that they need that help, because they may no longer be receiving care from their parents.

There was a one-time lump sum payment provided by the federal government to the victims back in the 1990s. However, it was inadequate. It was a small amount that could not possibly allow them to live life with dignity. With respect to the history of compensation for thalidomide victims not only in Canada but also across the world, there were lawsuits launched in Germany, Britain, the United Kingdom, and also in Canada in the late 1960s and 1970s. The victims in Germany and the United Kingdom were able to settle with the pharmaceutical company, and the government also pitched in to ensure that there was long-term funding available. It was awarded on a monthly or yearly basis as compensation based on the severity of the damage that was done by thalidomide.

However, there was no such settlement in the courts in Canada. Most of the settlements were done outside of the courts. There was no class action lawsuit. The payments the victims received were small and only one-time payments. That has been the issue. There have been court settlements and government-assisted settlements, but they have always been one-time, small payments. These could not possibly provide all of the help these individuals need to live a healthy life and to do what we are able to do on a daily basis, something we sometimes take for granted.

Therefore, the call from victims and victims organizations is with respect to the inadequate compensation, which should have been based on long-term monthly or yearly funding that would provide care for them on an ongoing basis, so that they can live a dignified life.

Germany and the United Kingdom provided funding on a monthly or regular basis, whereas the funding we provided was a lump sum, which has been inadequate. I could talk about this for a few more minutes, but I know my time is short.

I am proud to be in this House to support this motion. I want to also thank the other parties who are supporting this motion to provide adequate compensation for the victims of thalidomide, so that they can live life with dignity and be provided the things they need on a daily basis. I urge the government to support the will of this House, which it has indicated it would, and negotiate fairly and in good faith with the victims so they can live the rest of their lives in dignity.

● (1130)

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, I want to thank my colleague for his speech and for his sensitivity to this issue, which now affects only 95 surviving Canadians, unfortunately.

There is no real way to count the number of stillborns, miscarriages or people who were born with disabilities and who died well before the age of 50, which is the average age of survivors.

Daily activities include getting dressed, eating and getting around, and even simple acts such as brushing your teeth or sleeping. That does not even include working or being mobile.

How does my colleague think we could compensate these people who have suffered for more than 50 years?

[*English*]

Mr. Jasbir Sandhu: Mr. Speaker, in 1987, the thalidomide task force was formed and it made a number of recommendations with regard to how we could work together with the victims in order to provide adequate compensation.

My colleague talked about the daily challenges of people with effects of the thalidomide drug. The daily challenges are enormous. To provide proper help that will allow them to lead normal lives, they need assistance. They need money, compensation. I believe the Canadian government is morally responsible to ensure that victims are adequately compensated.

The motion says the government should provide support to survivors in co-operation with the thalidomide survivors task force. Again, let us work with victims and have the government negotiate in good faith so that victims who have been damaged by this tragedy are helped properly.

● (1135)

[*Translation*]

Mr. José Nunez-Melo (Laval, NDP): Mr. Speaker, I want to recognize the initiative of my colleague from Vancouver East, who moved this motion. She has raised an important issue that should be acknowledged and that the government should follow up on immediately. That is why our caucus strongly supports this motion.

I also want to thank my colleague from Surrey North, who gave us some background on this calamity and this medical drug. This drug was originally developed in 1952, in West Germany. At the time, it passed a series of tests. Even in 1956, there were no indications that this drug was toxic, and it had been tested a number of times on animals and human beings. After 1957, this drug was primarily marketed to people diagnosed with leprosy and digestive problems. This kind of medication was also prescribed for pregnant women with morning sickness, even though its effects were not well known.

After reading quite a bit on the history of this drug, I was somewhat troubled to learn that the Canadian government approved the drug for sale in 1961. At that time, there was a Progressive Conservative government in place that, one might say, did not bother to push for more research—perhaps because of its policies—before approving this drug for sale and before authorizing physicians to prescribe it.

It is fairly natural for pregnant women to experience morning sickness at various stages of their pregnancy. At times, it is advisable to use natural medicine and old-fashioned methods, as our grandparents would have done, to alleviate this natural inconvenience.

I would also like to point out that according to the report approving the sale and prescription of this drug, the drug was found to be fairly safe, meaning that it did not cause any apparent harm to people. I think it was more likely a lack of research or the fact that the information was not adequately analyzed. The problem with all this is that here we are, 50 years later, addressing the issue of compensation for these victims, when it has long been a concern.

● (1140)

In 1961, when many people complained about being subjected to this unfair treatment, the Conservative government of the day refused to listen to them and grant them fair compensation. That really bothers me.

Now, it is thanks to an effective official opposition that we are putting forward a motion to have the government recognize these people's right to compensation. This bothers me so much that I think we need to open the government's eyes. We have to be vigilant and ask questions about everything that the organizations responsible for this kind of thing do, including the U.S. Food and Drug Administration. According to my information on that organization, the drug is still available for sale, but is used to treat other maladies.

It is good to know that the government is finally paying attention to the people affected by this medical catastrophe and that compensation that should have been paid long ago is on its way.

I truly believe that this is great timing for the motion moved by my colleague from Vancouver East. Any government hoping for re-election or seeking to repair the damage it caused by not listening and by imposing time allocation over and over to push through bills it supports will probably want to project an image of a government that listens and does the right thing.

We support this motion and we hope it really will pass so that we can make up for the damage done to so many people who are even now living with the consequences.

As I said, when I found out some of that information about thalidomide from so long ago, it really bothered me because human rights and consumer rights are so important to me.

People receiving treatment, be it from a doctor or other health care specialist, need to know their rights before agreeing to follow the doctor's instructions. In addition, doctors are responsible for informing patients of the risks related to the treatments they agree to.

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, I thank my colleague from Laval for his speech.

We all know the harm and suffering caused by thalidomide, especially in the 1950s and 1960s. We are already behind when it comes to compensation. Other countries have already taken the lead and paid compensation to people.

I wonder whether my colleague could talk about such efforts being made around the world. I am thinking of the United Kingdom and Germany, which have already taken the lead and compensated victims, providing their families with the support they need to take care of them.

● (1145)

Mr. José Nunez-Melo: Mr. Speaker, I thank my colleague for his very relevant question. The government needs to take action as soon as possible and clean up this mess.

The member is quite right. From what I have read, the United Kingdom, Germany and some other countries have already taken concrete action to prescribe that drug in the case of specific illnesses or ailments that carry less risk. I also learned that this drug was used to treat AIDS in the United States. It remains to be seen whether they achieved the desired results. Has compensation for patients in the case of abnormalities or medical constraints been proposed? No.

Yes, we are lagging behind, but it is time to take action and adopt this motion.

[*English*]

Mr. Colin Carrie (Parliamentary Secretary to the Minister of the Environment, CPC): Mr. Speaker, in our health care system, as patients we have our responsibility, physicians have responsibility and, of course, governments and regulators have responsibilities. I think everyone in the House is aware of the important things we do, working together, to make sure that Canada's health care system is one of the best in the world.

Given the failings of the drug system in the 1960s, can the member opposite comment on the current state of Canada's drug system and this government's action to strengthen it?

Mr. José Nunez-Melo: In fact, Mr. Speaker, we know that the government is trying to cut $36 billion from the budget for the health system all over Canada.

I think the Conservatives should review and really take care of improving and controlling the research in a proper manner. That is what the government should be aware of and be taking care of for all the citizens of this magnificent country.

I do not have any particular comment on how the Conservatives are now working on it, but it is a matter of the budget, because we know that the research and funds for it have lately been in very bad standing in the government.

After 2015 we will repair all those malfeasances and problems that the Conservatives have been carrying out year after year.

● (1150)

Mr. Colin Carrie (Parliamentary Secretary to the Minister of the Environment, CPC): Mr. Speaker, I will be splitting my time with the member for Barrie. I am pleased to have the opportunity today to take part in this very important discussion about thalidomide and to pay tribute to the 12,000 babies in 46 countries who were born with malformations.

Like all Canadians, I am saddened to know that only some 8,000 of these babies made it past their first birthday. Let me assure the House, as has already been expressed by other members on this side of the House, that we will be supporting the motion today.

Many of my colleagues are contributing to this debate by bringing forward varying perspectives, sometimes their own personal stories or experiences, to this very important issue. However, if the best predictor of future behaviour is indeed past behaviour, it is important to consider the historical perspective of the regulatory framework in our country.

It is important to consider what was in place in the late 1950s and the early 1960s, and how this framework has evolved since then. The thalidomide experience caused the government to overhaul the Canadian drug regulatory framework. As a result, Canada has one of the safest and most rigorous drug approval systems in the entire world. The system is continuously evolving and improving as we find new ways to better protect the health of all Canadians.

These changes include the very recent improvements brought forward through Bill C-17, known as Vanessa's law. This bill, brought forward by the Minister of Health received royal assent earlier this month.

Canadians can rest assured that I am fully conscious of the fact that whatever improvements have been made since the thalidomide tragedy, they are of no relief whatsoever to the victims, their families, and friends. Nothing can ever undo the pain and suffering inflicted.

That being said, I feel it is very important to look back at the history of our regulatory framework. The history of federal oversight of foods and drugs in Canada started some 150 years ago and predates Confederation. Oversight was initially confined to ensuring that food and drugs were not adulterated.

The Proprietary or Patent Medicine Act of 1909 was the first legislation to register medicines. Although limited in scope, that act was the beginning of this country's legislative protection of the public against drugs administered without medical supervision. This regime prevailed until 1920, at which time the Food and Drugs Act was introduced. This followed the establishment of a federal Department of Health the previous year.

By the late 1920s, regulations developed under the Food and Drugs Act established specific requirements for the licensing of drugs. At that time, the Minister of Health had the authority to cancel or suspend a licence if these requirements were violated.

A significant reworking of the food and drugs regulations did not begin until 1947, but it laid the foundation for the regulations that are in place today. By 1951, and as is still the case today, manufacturers were required to file new drug submissions prior to marketing their drugs. As I said, that has not changed. However, the required content of these submissions has since changed significantly.

It is under that regulatory regime that thalidomide was first approved for sale in Canada to treat sleeplessness and morning sickness. More specifically, it was approved in November 1960 under the brand name, Kevadon, and again in October 1961 as Talimol.

In 1962, the drug was withdrawn from the Canadian market when it was discovered that it caused birth defects when taken during pregnancy. However, by then a lot of damage had already been done.

As I said previously, approximately 12,000 babies in 46 countries were born with malformations. In Canada, it is estimated that more than 100 Canadian families were impacted. The tragic circumstances surrounding thalidomide's removal from the market in the 1960s prompted a complete revision of the Food and Drugs Act and the food and drug regulations. These revisions were made to strengthen Health Canada's regulatory oversight and data requirements for new drug submissions.

● (1155)

The government asked the Royal College of Physicians and Surgeons to appoint a special committee to review new drug procedures under the Food and Drugs Act. The intent was to critically review the act and associated regulatory powers in order for Health Canada to more effectively carry out its purpose and to protect the public.

In December 1962, new legislation was introduced that substantially broadened Health Canada's powers. For the first time, Health Canada was given the authority to enact regulations respecting the distribution or conditions of distribution of drug samples; the prohibition of sale of certain drugs; the methods of preparation, manufacture, preservation, packing, labelling, storing, and testing of new drugs; and the sale or conditions of sale of any new drug. In January 1963, a complete revision of the Food and Drug Regulations concerning the sale and distribution of new drugs was finalized, and new regulations were arrived at in October 1963. These revisions imposed strict safety requirements. For the first time, manufacturers were required to produce "substantial evidence of the clinical effectiveness of the new drug", including clinical case reports and in vitro studies, in addition to the previous safety requirements.

At the time that thalidomide was initially authorized, the package of information related to the drug was limited, contained in only a small binder of data. Now the volume of data received by Health Canada for the review of a new drug can fill several hundred binders, with safety, efficacy, and quality-related data.

Given the observations noted by the special committee in the 1960s, drug distribution was also an important issue to be addressed in revising the Food and Drug Regulations. The situation was brought into focus when it was disclosed that the greatest distribution of thalidomide was to the medical profession, as free samples to give to patients. Reports also surfaced that individuals were taking delivery of these unsolicited samples and selling them to wholesalers, pharmacists, and others. The Food and Drug Regulations were therefore amended to discourage excessive and unsolicited sampling, through maintenance of complete distribution records by manufacturers.

Today, the post-thalidomide 1960s revisions of the Food and Drugs Act and the Food and Drug Regulations regarding Health Canada's regulatory responsibilities, the new drug submission requirements, as well as the distribution and sampling of prescription medicines, remain substantially the same. As science has evolved, the revised framework has allowed Health Canada to require appropriate and through studies to support drug approvals. Through the Food and Drugs Act and its regulations, Health Canada regulates the safety, efficacy, and quality of pharmaceutical drugs. The pharmaceutical drugs program involves pre-market review, post-market surveillance and compliance, and, of course, enforcement.

As I mentioned earlier in my remarks, the most recent substantive revision to the Food and Drugs Act, completed earlier this month, is the recently adopted Bill C-17, Vanessa's law. This legislation enables Health Canada to better respond to drug safety issues and improve patient safety related to prescription and over-the-counter drugs, vaccines, gene therapies, cell tissues and organs, and medical devices. It includes new measures to strengthen safety oversight of therapeutic products over their life cycle. These measures are intended to improve Health Canada's ability to collect post-market safety information, take appropriate action when a serious health risk is identified, and help ensure that drug safety information is available to Canadians. As well, these measures serve to promote greater confidence in the oversight of therapeutic products by increasing transparency and improving safety of their use.

In Canada, manufacturers must now file a submission with Health Canada and receive authorization before a new drug can be marketed. These submissions contain substantial information and data about a drug's safety, effectiveness, and quality, as well as side effects, warnings, precautions, and contraindications. Health Canada also continues to enhance its post-marketing surveillance and assessment of programs for health products. Comprehensive evaluations include information from post-marketing surveillance, on a global scale, to determine whether the benefits of a marketed drug continue to outweigh its risks.

● (1200)

The 1960s thalidomide tragedy highlighted the need to reform Canada's drug approval process, and prompted a modernization of the Food and Drugs Act and underlying regulations, which has shaped today's drug regulation standards in Canada. The drug review process continues to evolve and improve, but five decades after the thalidomide tragedy, the initial legislative reforms brought about by the result of this sad chapter in our history continues to underpin Health Canada's legislation and practices.

I look forward to hearing about the minister's constructive meeting with the Thalidomide Victims Association of Canada and what support we can offer these victims.

[*Translation*]

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, I listened closely to the speech by the member opposite. He gave us the quite the background on Health Canada's regulations from the 1960s to today. I would like to provide some clarification on that background.

Thalidomide is a German sedative that was marketed in Canada in 1959 by the U.S. company William S. Merrell, which had the rights to distribute the drug. In the United States, the Food and Drug Administration, the FDA, rejected this drug because they deemed that evidence supporting the safety of this drug was inadequate. Nevertheless, this product was marketed here in Canada.

Does my colleague think that drug safety is the federal government's responsibility?

[*English*]

Mr. Colin Carrie: Mr. Speaker, I believe everyone in this House can state that these tragic events in the 1960s reminds us that we all need to take drug safety seriously. As I said in my speech, nothing can ever undo the pain and suffering that was inflicted on these patients and their families.

We did address this issue in a settlement in the 1990s, but I think Canadians need to know that Canada now has one of the safest drug systems in the world. It was recently strengthened further by the passage of Bill C-17, Vanessa's law, which my colleague from Oakville did so much work on. We now have mandatory recall powers so that we will not to have to negotiate with big pharma. We have mandatory reporting of serious adverse drug reactions. We have tough new fines and jail time for companies who put Canadians at risk. Very importantly, we have transparency for drug approvals and clinical trials.

As I said, nothing can undo the pain and suffering that was inflicted by this medication in the 1960s. It reminds us that we all have to take an important role in managing drug safety.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I want to thank the member for his interesting history of the evolution of our current drug policy system. As he so rightly said, in 50 years, science has allowed us to evolve in order to understand drugs, their adverse effects and how they impact people, and to therefore create better clinical trials, and those other things that have brought us to today. The tragedy of thalidomide had one good thing about it, in that it brought everyone to a point of wanting to have drug safety and to use science to evolve to this point.

However, the motion today on the floor, which the government supports, speaks to compensation for the victims and to some ongoing support on an annual basis. I ask the member whether his government will commit to providing exactly what the thalidomide survivors task force has asked for.

It speaks very clearly to $250,000 in a lump sum, and then $100,000 per year after that. Will the government commit to this?

● (1205)

Mr. Colin Carrie: Mr. Speaker, first I want to thank my colleague for her question. I had the pleasure of working with her on the health committee for a number of years. As a physician, she has likely had the personal experience of dealing with patients who have had serious reactions and consequences from taking different drugs.

It is important that everyone in the House understands that these victims have health issues and that we are reviewing the proposal put forth by the Thalidomide Victims Association of Canada. As the minister has stated, she will be meeting with them shortly to discuss their proposals.

Mr. Patrick Brown (Barrie, CPC): Mr. Speaker, I first want to congratulate the member for Oshawa on his very thoughtful remarks. We are certainly fortunate to have a parliamentary secretary who is so engaged on the topic.

It is impossible to stand today to speak about the thalidomide tragedy and not be moved. It is a story of an unspeakable tragedy of distraught parents, and children born with challenges that most of us cannot begin to comprehend. This is a tragic event from the 1960s that reminds us of why we need to take drug safety so seriously.

Nothing could ever undo the pain and suffering that was inflicted. It is a story that changed the way we regulate drugs in Canada. It opened our eyes to the fact that while drugs can bring many benefits, by curing diseases, reducing symptoms, and prolonging lives, they can also carry tremendous risks. It also serves as a constant reminder that we as parliamentarians must do all that we can to strengthen patient safety in Canada. That is why I am very pleased to hear that the Minister of Health will be meeting with thalidomide victims and working co-operatively with them to determine what government can do to support them.

Canada now has one of the safest drug systems in the world, and our government recently strengthened that even further, giving royal assent to Bill C-17, Vanessa's law. Protecting patients is a shared responsibility, one that also rests with fellow legislators in the provinces and with provincial health departments, individual health care professionals and administrators, the colleges that regulate medical practice and other professional organizations, key partners like the Canadian Patient Safety Institute, and the Drug Safety and Effectiveness Network, and last, of course, the manufacturers of drugs.

The thalidomide tragedy of the 1960s, like no other event before or since, has impressed upon us what a truly enormous responsibility that is. While the quest for new cures is vital, it is equally important that we do everything in our power to ensure that drugs that reach the market do not cause harms that outweigh their benefits. That is why all parties in the House and in the other place united to unanimously support Vanessa's law, and why so many stakeholders and individuals endorsed that legislation.

Although many steps have been taken previously to strengthen Canada's drug safety system, we all recognize that the Minister of Health and Health Canada did not have adequate powers to protect patients from drugs that were found to be unsafe once they were on the market We, as legislators, acted decisively to provide the new tools to address this gap.

I would like to take some time today to focus on how Vanessa's law will enhance patient safety, how it will reduce the risk of tragic events like those associated with thalidomide, and how it will help Canadians to make informed decisions about the drugs they are taking.

Vanessa's law will ensure that knowledge about approved drugs and medical devices continues to be gathered and shared with the public once products enter the market. This is important because clinical trials can only tell us about how a drug will affect a particular population, the population it was tested on. They do not tell us how the drug will affect everyone who might take it once it is on the market.

When a company submits an application for market authorization to Health Canada, reviewers analyze the results of all tests and studies that are submitted. If the product is safe, effective, and of high quality, the department will give the company a licence to market a drug in Canada for a particular use. However, once products reach the market, Health Canada's ability to gather knowledge about them has traditionally been limited, and its ability to take action when problems arise has also been limited. That is why there are new provisions in Vanessa's law that represent a game changer.

Let me take a moment to describe some of them and why Vanessa's law is so crucial. One important new provision is that Vanessa's law will give the Minister of Health the ability to set the terms and conditions on an authorization and to make those terms and conditions publicly available. What this means is that, as part of the authorization, Health Canada will be able to ask a pharmaceutical company to continue to gather information in the real world, after the product reaches the market, and to make the results of the information gathering public so that Canadians and their health care providers have easy access to them.

For example, Health Canada may require the company to gather information about the impacts of a drug on patients with multiple medical conditions. Health Canada could require a company to monitor and assess the effects of drugs on patients with impaired kidney function. This may or may not have been studied in the initial clinical trial, and the approved label would indicate that.

● (1210)

However, this information may prove to be important as we gather real-world experience and see some patients with impaired kidney function and how the drug affects them. It may become apparent that there is no difference in the benefits and harms experienced by patients with impaired kidney function.

However, should it become clear that there may be a cause for concern, Health Canada will be able to compel the manufacturer to conduct active safety surveillance or conduct a new study specifically to address the issue. The information about what activities the manufacturers are being compelled to undertake will be made public. It will be a transparent system so that prescribers and patients will know what actions are being taken. Vanessa's law also provides the Minister of Health with the power to compel a label change for a drug and to make that information publicly available to Canadians. In the past, most companies have agreed on a voluntary basis to undertake a label change. Sometimes, however, protracted negotiations have been required, and sometimes, those negotiations were not successful. The new powers provided by Vanessa's law have changed that, so if adults or children are taking a drug, they will be able to access this new information. This will allow us, as Canadians, to make informed decisions in consultation with our health care providers.

However, not all new information comes from tests, studies, or the ongoing proactive monitoring of a drug. Sometimes, adverse events are completely unexpected and only identified through a rigorous adverse drug reaction reporting system. This reflects the reality I mentioned before, that patient safety is a shared responsibility. That is why Vanessa's law included mandatory reporting of serious adverse drug reactions and medical device incidents by health care institutions. Simply put, serious adverse drug reaction reports from manufacturers, health care institutions, health care professionals, and the public often provide the first clue about an emerging drug safety issue.

To date, adverse drug reactions have been under-reported in Canada. It has only been mandatory for companies to report adverse drug reactions related to their products. It was recognized that it is critical that we increase the reporting of adverse drug reactions so that Health Canada could take quick action when a problem is detected and share the knowledge rapidly with health care professionals and, most importantly, the public, in order to prevent further harm.

Sometimes, it may be necessary to remove a drug or particular batch of the drug from the market. Other times, it may be appropriate to change the label of a drug so that health care practitioners are aware of the new information when they make their prescribing decisions. In other situations, it may be most appropriate to require the company to conduct some active monitoring to gather further information.

I mentioned earlier the important work done by the Canadian Patient Safety Institute and the Drug Safety and Effectiveness Network. The Canadian Patient Safety Institute works with governments, health organizations, leaders, and health care providers to inspire improvements in patient safety and quality care. It acts as an advocate and catalyst for improvements in patient safety, and it invests in and brokers policy and system changes to protect the health of Canadian patients. As Health Canada works to roll out the new authorities provided in Vanessa's law, either immediately or through developing regulations, these organizations will be able to provide advice.

Nothing can undo the pain and suffering endured by the thalidomide survivors and their families, and it is truly tragic. However, with the passing of Vanessa's law, federal regulators have important new tools to enhance on-market drug safety. The legislation is a very real step to reducing the risk that similar tragedies will occur in the future, and it represents a very important federal contribution to the shared goal of patient safety in Canada.

● (1215)

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, we certainly appreciate the fact that the Conservative government has indicated it will be supporting this motion. The thalidomide victims have been waiting for this for a long time.

Looking at the information that is before us, we have to also consider not only the impact this has had on the victims because of their deformities but the impact it has had on their whole lives and that it will continue to have as they are aging.

I asked this question before, but I did not get an answer to it from the member's colleague, so I hope that the member can enlighten us, given that he sits on the health committee. Can he tell us, now that they have finally agreed to support this, how quickly they will be acting? Can he elaborate on the steps that will be taken so that these victims can be comforted and know what is coming before them?

Mr. Patrick Brown: Mr. Speaker, I did sit on the health committee for several years but have not been on the committee for the last two years. I do have a keen interest in health care, and obviously this tragedy shocked all of us. It is an issue about which we all have endless concern.

The member mentioned that she is pleased that we are supporting this motion and I am glad to hear that. There is no partisanship when it comes to standing united in the face of this tragedy.

I am so pleased that the Minister of Health has announced she will be meeting with the Thalidomide Victims Association of Canada. It is important to state that it is going to happen. The government will be here to provide whatever support it can in the wake of this tragedy.

Health Canada has learned from this tragedy and has made improvements that have reduced the risk of this kind of terrible event from occurring again, including an overhaul of Canada's drug and regulatory framework. That is important. We recognize the pain and suffering of the victims and we are here to support them. At the same time, we want to make sure that we learn from what happened and that Health Canada has the framework and the regulatory ability to ensure we can prevent something like this from ever happening again.

Mr. Rick Norlock (Northumberland—Quinte West, CPC): Mr. Speaker, I listened to the submission made by my friend from Barrie with regard to the government's support of the victims of thalidomide and the terrible tragedy that occurred some 50 years ago. It does not seem so long ago that we were viewing on our televisions and reading in our newspapers about the terrible effects of this drug.

My friend also made note of Vanessa's law. This legislation was introduced in the House by our caucus mate from Oakville and was passed in the House. It builds on this government's record of ensuring drug safety across Canada. Canada has one of the strictest and strongest regimes of drug oversight in the world.

I wonder if my friend might continue to inform the House that this is a non-partisan issue. All of us in the House have agreed to work together to make sure that these things, to the best extent possible, do not happen again.

Perhaps he could refresh our memory with regard to Vanessa's law and some of the steps that our government has taken to ensure, as best it can, that we have the strongest regime possible concerning drugs. I wonder if he would comment on these issues.

Mr. Patrick Brown: Mr. Speaker, the member for Northumberland—Quinte West has made his life in public safety, and this falls into that category. This is all about public safety.

I want to touch on Bill C-17, Vanessa's law, which was raised by my colleague. It is important to recognize what this legislation will do. It is a step forward for patient safety and for public safety. Bill C-17 will bring in mandatory recall powers, so that we will not have to negotiate with big pharma companies; mandatory reporting of serious adverse drug reactions; tough new fines and jail time for companies that put Canadians at risk; and transparency for drug approvals and clinical trials. These are all critically important steps forward.

Obviously the tragic events in the 1960s remind us of why we need to take drug safety seriously. Let us be clear. Nothing can ever undo the pain and suffering inflicted on these individuals. That is why it is so important that we get it right, so this never happens again. That is why it is important that we use every power and tool within government's regulatory powers to make sure we have the proper framework in place to protect patients.

● (1220)

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, I am pleased to stand in the House and speak to this important issue.

[*Translation*]

I will be sharing my time with the hon. member for Scarborough —Rouge River.

Allow me to give you an overview. In 1961, the Government of Canada approved the sale of thalidomide as a safe drug for alleviating nausea among pregnant women. However, it was observed that this drug caused miscarriages and serious birth defects, such as missing limbs and organs, deafness and blindness.

This drug had adverse effects and disastrous consequences for many families. For the past 50 years, the survivors have been living with their limitations. Many survivors are now suffering from nerve damage and painful wear and tear on their bodies. It has caused enormous challenges for them, including the loss of the ability to use their limbs to care for themselves and damage to their spines and joints, which severely limits their mobility. It has limited their ability to gain employment and it means they have often had to depend on others for very basic tasks, such as using the toilet, dressing and preparing meals.

[*English*]

As we see, there has been a wide range of impacts, and those are not limited to what I have mentioned, actually. There certainly are a lot of things happening to these victims—the survivors, actually, because as I have indicated I believe, and as many have indicated before, approximately 10,000 thalidomide victims were born worldwide and there are about only 100 of them who are actually still alive here in Canada. We can see that their lives are being affected very deeply, at this point.

I am going to quote a few articles from the newspapers because I think it is important to hear these victims' personal stories.

This is a report from the CBC news, entitled "Thalidomide victim calls on Canadian government for compensation".

The story is from Marie Olney, whose arms are only about 15 centimetres long and each has only three fingers. We can see how challenging it has been for her. She states that, "The disabilities we have were caused as a direct result of a decision by Health Canada to approve the drug without further testing."

She goes on to say that it is very difficult for her to prepare meals. To even shovel her walk is actually quite impossible for her to do.

She stated that "On a daily basis there are many things I have to do using my legs, my feet, my mouth, my chin."

Then, "What I'm garnering from my work is a lot less because of all the money I'm having to pay out for these services."

We see a person who has been so severely affected trying to make ends meet and is unable to do that because the services have either been cut back or are just not there, and we have to understand that, certainly, the federal government's cuts to health care do not help. At the end of the day, the money that she does make does not go far enough.

She certainly is needing more and more services as she ages and, unfortunately, the money is just not going far enough.

Also, Mercedes Benegbi, who is from Montreal, states, "Many of us still rely on our parents, our friends. We can't live like that anymore," and of course a lot of them have aging parents and we know that they are not able to care for them the way they would like to care for them.

She goes on to say, "Without funding from the federal government, we are living in a state of never-ending crisis—one that is not only physical, but also financial and emotional."

● (1225)

Other countries have already provided yearly support to thalidomide victims. We are pleased to see that the government will support the NDP motion on this.

I want to go back to Ms. Olney, who basically said that she is disheartened that the government has taken so long to step up but is happy that it has. She went on to say:

> They promised in 1963 and, but for a very small compassionate amount in 1991, they've not delivered on that promise at all. It's money that we need to survive in dignity and to stay as independent for as long as we can.

It is incumbent upon us as legislators and policy-makers to ensure that when we have legislation or situations in Canada that affect people, especially when it impacts their health, the proper resources and supports are there for them to live in dignity. I have a sister with Alzheimer's and I know how important it is for her to get the services and to ensure that she has the support she needs to continue to live a dignified life.

We need to tip our hats to Dr. Kelsey, a Canadian-born doctor who held the position of medical officer at the U.S. Food and Drug Administration in Washington in the early 1960s. She almost single-handedly averted a public disaster in the U.S. with respect to this specific medication, because she would not allow the department to approve it. Although the drug companies kept pushing her, they were not providing the proper information needed to ensure that she would be confident that it would be a good decision to make with respect to the protection and health of U.S. citizens.

Unfortunately, at the same time those applications were put in, the federal government of the day in Canada rushed it through and passed it. Although it felt like an eternity, it was not long afterward that babies were born with flipper-like arms or limbs. There were some who were born abroad to Canadian families because women had been prescribed thalidomide. There were at least 15 wives of Canadian soldiers who were posted in Germany who had given birth to children with severe limb deformities between 1959 and 1961. That had to be swept under the carpet because at that time the women were not supposed to be with the men overseas, and some of those children were left behind because of their disabilities. As members well know, in the older days a lot of these children were put in asylums or perished. Therefore, we must look at the impact this is having on not only the survivors but also the families who had children affected by thalidomide who may not be alive today and who still live with that.

As my time is coming to an end, I think it is extremely important to raise a couple of issues with respect to what needs to happen here. Not only should the survivors be compensated, but it is also imperative that a thalidomide survivors' fund, consisting of two components, be put in place. They are asking for the following: a one-time payment for survivors to help them address their immediate and urgent needs; a monthly payment to the survivors based on the level of disability to assist with ongoing care and medical needs; the creation of an independent board to oversee the implementation and administration of the fund; the appointment of a program administrator responsible for assessing the degree of disability of each survivor based on a simplified three-point scale, and for issuing monthly payments; and the creation of a monitoring and reporting program for the outcomes of grants to be executed by an independent body. It is an opportunity for us not only to do the right thing but also to ensure that we get it right and learn from these lessons.

On that note, I await questions and answers.

● (1230)

Mrs. Stella Ambler (Mississauga South, CPC): Mr. Speaker, I wonder if the member for Algoma—Manitoulin—Kapuskasing could give us her thoughts on the Minister of Health's comments yesterday about co-operation and meeting with the thalidomide victims association. Does the member think this is a positive step in the right direction? What are the kinds of items that she would like to see discussed in those very co-operative meetings?

Mrs. Carol Hughes: Mr. Speaker, I am not sure if the member was listening to my speech, but I do appreciate her question.

I did say that the survivors have indicated that they have been waiting for a long time. There had been some asks for quite some time for the government to meet, so of course we are very happy that the minister made that statement yesterday, that there were finally some meetings and some headway on this, and that we are going to see approval of this.

I have mentioned what needs to happen, so I do not think that I need to reiterate the five points. Obviously, there are other countries that have already moved on that. This is certainly a step in the right direction and, as I have mentioned, the survivors are very happy that this is going to move forward.

[*Translation*]

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, today we are debating the issue of thalidomide.

There are lessons to be learned from the tragic story of this drug's approval and the suffering it caused to so many families. It teaches us a lot about the need to broadly apply the precautionary principle. We often disregard this principle because, in our society, we always want to do things quickly.

The precautionary principle seeks to ensure that any new product, whether it be a food or drug, will not cause any harm, before putting it on the market. Today, the precautionary principle is often replaced with risk management. The profitability of certain foods or drugs could lead us to take greater risks and repeat the tragic mistakes that were made with thalidomide.

I would like to hear my colleague's thoughts on the importance of the precautionary principle in the pharmaceutical industry, particularly in this case.

Mrs. Carol Hughes: Mr. Speaker, I would like to thank my colleague for his question because I think it is very important to take precautions, conduct research and wait to obtain positive results before approving such drugs.

The thalidomide survivors are aging. Their families are unable to continue giving them the help they need. It is therefore important to find a solution, as the survivors' association is calling for. We really appreciate the government's support. We are moving in the right direction.

● (1235)

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, it is clear that most parliamentarians are happy that we are discussing an injustice that has gone on for decades.

Strangely enough, I knew two people affected by thalidomide rather well. They were full of spirit and optimism in their quest for autonomy, despite the situation they were in as a result of this medical and pharmaceutical error.

We are happy to hear that the government will support this motion, but could my colleague identify the key reasons why we have been able to agree so quickly on this? There is obviously no shortage of injustices in the world. I am thinking of her own constituents.

Mrs. Carol Hughes: Mr. Speaker, I thank my colleague for his great question.

We have seen the adverse effects and the health problems caused by this medication. As I mentioned earlier, survivors are asking for the services they need to live with dignity. That is what is bringing us together and allowing us to work together and fix this situation.

The government is now prepared to repair the damage and commit to supporting thalidomide survivors. We are very happy about that.

[*English*]

Ms. Rathika Sitsabaiesan (Scarborough—Rouge River, NDP): Mr. Speaker, today we stand as a Parliament to call for support for the survivors of thalidomide and to work with people on the ground and the Thalidomide Survivors Task Force.

For people who might be watching at home or on YouTube later, I will give a quick background on what it is and what happened.

Thalidomide is a drug that was marketed as a safe treatment for nausea during pregnancy in the early 1960s. While it was a sedative, the drug, instead of being helpful, caused miscarriages and severe birth defects, including missing limbs, organs, and deafness and blindness. Approximately 10,000 thalidomide survivors were born worldwide. We cannot really be sure how many people were affected in Canada, but we know that approximately 100 survivors are still living in Canada.

According to the Thalidomide Victims Association, 62% of the survivors are women and 38% are men. They live across our country: 19% in western Canada, 20% in Ontario, 58% in Quebec, and 3% in eastern Canada. Therefore, Canadians from coast to coast to coast have been affected by this drug, which was thought safe in Canada in the early 1960s.

I will spend most of my speech on the current situation of the survivors.

After about 50 years of attempting to work around their limitations, it has really taken a toll on many of the survivors, who are now suffering from nerve damage and painful wear and tear to their bodies. This has caused enormous challenges for them, including the loss of the ability to use their limbs and to care for themselves, and damage to their spines and joints, which severely limits their ability. They have a limited ability to maintain employment and are dependent upon others for basic tasks, such as using the toilet, and dressing and preparing themselves.

This deterioration of the survivors' health has placed them in a very precarious situation, whether financial or emotional, and quite a few of them suffer from mental health issues as well. I will provide some examples from people who have been courageous in sharing their experiences with the Thalidomide Victims Association of Canada, and I will read excerpts from a report from the association.

In 1992, there was a lump-sum payment. A deal was negotiated and compensation was given to the survivors who were affected by thalidomide in the 1960s. Lump sum payments were made in order to deal with the urgent needs of the survivors, but speaking with people I know, as well as reading reports by the Thalidomide Victims Association of Canada, we know that the lump-sum payments did not help with long-term investments for these families. Many suffered socio-economically because of the fact that they could not afford to pursue post-secondary education, and they continue to be affected in the workplace today because of that.

I will speak about the education aspect, including about primary school and undergraduate-level education. Fewer than 5% of thalidomide victims were able to achieve their primary level of education, compared to more than 15% of the Canadian population at the time. At the undergraduate level, significantly fewer thalidomide survivors pursue a post-secondary education. Only 25% were able to complete their post-secondary education at the undergraduate level, compared to 35% of the Canadian population on average.

Another angle to look at is financial security and employment. Today, 31% of thalidomide survivors are afraid to quit or lose their jobs because of the pain and treatment they have to deal with.

● (1240)

As well, 17% cannot work anymore and are now dependent on their pensions, if they have been able to accrue pensions, or are dependent on disability benefits or on family members to take care of them, and 58% are actually afraid to lose their jobs, which would lead to a further deterioration of their situation.

Looking at just these three statistics, we see that a lot of the survivors of thalidomide are living in fear. They fear losing their job and they fear quitting their job if they are in a precarious situation at their workplace. They are afraid to move to other employment because they know they may not be able to find other employment or will be further victimized because of the pain they have to deal with.

Looking at the lump sum compensation that was made to the victims, we see that 20% do not receive any more compensation today, 50% make less than $10,000 a year in the annuities that continue to be paid from the compensation, and 75% receive only $20,000 a year as compensation. We know that $20,000 a year and $10,000 a year are definitely far below the poverty line in this country.

The victims and survivors of thalidomide are living below the poverty line, or that is the compensation they are receiving. That is just not right.

I want to talk about two people in my life who are thalidomide survivors. An example of those in the statistic of 20% who receive no more compensation is Charles. Charles is a friend of the family. He did receive some compensation for his urgent needs at the time. Now he does not receive much compensation anymore. He was able to get a special steering wheel for his vehicle.

Charles is an amazing guy who, though a thalidomide survivor whose arms were affected by the drug, overcame his adversity by getting his 5th degree black belt. Charles is an amazing guy. It goes to show that anything is possible as long as people believe in themselves, and Charles is an amazing example of that.

He has been able to make accommodations. For example, he is able to drive by using a special steering wheel in his vehicle. However, he has sadness. He says that it is really sad that he cannot spread his arms around his kids. It is true. Even though he lives with such optimism and persistence to continue and do well, that is the reality for him. I spoke of fear earlier, but there is also the sadness. This is their reality.

Another example is Daniel, who is a greeter at the Powerade Centre in Brampton, one of the sports arenas in the GTA. His arms and his legs were affected. He cannot drive and is completely reliant on public transit, but Daniel is absolutely another example of beauty and optimism. He has a smile as big as the world. He is always the life of the party. However, privately, he will also share that he lives with a lot of pain. He tries to be optimistic and positive about everything and positive about life, because that is what he has to do to move on with life.

Let us look at some more statistics on daily life: 26% require partial or full assistance of another person in preparing their meals, and 14% require full assistance for showering.

I want to share some more quotes about some of the participants in the report. Here is a quote:

> I find it more difficult to manipulate the tools and material necessary to my work; I need help more often.

We are talking about job security.

In talking about mental health, here is another quote:

> If I go back approximately 5 years ago, I had suicidal thoughts and had no stable and fulfilling work. The fear of not having enough money and losing my autonomy can make me very anxious.

We are talking about people who continue to live with fear and anxiety.

Here is another one, about future stability and pension:

> Can only work part-time hours as a result of my disability. Part-time employees are not allowed to contribute to pension and therefore, despite working for 21 years, I have no pension. I find this very scary for the future.

There is fear and anxiety about the future.

● (1245)

Here is another quote: "I will need to retire earlier than 65."

This person is living with fear. Knowing that the age of retirement has now been increased to age 67 by our current government, this person, who is living in extreme pain, will now need to wait. This person is already saying they cannot continue working until age 65, yet they will have to work until age 67.

I am thankful for the leadership we are seeing and the cross-party support we are seeing for the motion. I would have loved to speak more about Dr. Frances Kelsey and her bravery, but I am also saying that we need to work together with the thalidomide survivors task force. We are asking for a negotiation that would allow the creation of a program that would provide a one-time payment for urgent needs and ongoing monthly support as well, based on people's levels of disability and their ongoing needs.

Thank you, Mr. Speaker, and I look forward to further questions.

[*Translation*]

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, I would like to thank my colleague for her wonderful speech, which gave us a glimpse into the lives of two thalidomide victims. Once again, she was extremely dynamic.

I am wondering what she thinks about this serious problem, which occurred at the very moment these people came into the world. Today they are all about the same age. As my colleague said so well, it is only natural for people to begin to feel worried about their retirement at the age of 50 or 51. Could my colleague elaborate on that issue?

We heard testimony from thalidomide victims, and perhaps that was key in getting everyone here to stand behind these victims. We can easily understand the issue, do the math and say that it does not make sense and that they should be given some sort of income supplement.

[*English*]

Ms. Rathika Sitsabaiesan: Mr. Speaker, I thank my hon. colleague, the member for Longueuil—Pierre-Boucher, for his question. He shared earlier that he had friends as well who have been affected by thalidomide.

He is right that we all like to live with certainty. Uncertainty creates anxiety, and living with uncertainty all one's life about one's future and future prospects increases anxiety.

I will share one more quote that I had prepared for my speech. It is about job security. It says:

> I have had to change jobs at work because of this change [shoulder surgery]. At the rate I am going I will not be able to work within a short amount of time.

This person is trying to work, doing the best they can to contribute to our economy and contribute to the betterment of their lives as well as the lives of the people around them, but because of the impediment the disability has created and because thalidomide was in their systems as a fetus, they are now having to deal with the possibility of employment loss, which means they may not have been able to contribute much to their Canada pension plan and that they also may not have an employer pension program.

We need to make sure that we as a society are looking out for our mistake. I was not even born when this mistake happened, but I take ownership for it because we as a society need to be that way.

We are blessed that Dr. Frances Kelsey is a Canadian, but the Americans are far more blessed than we were, because as a scientist working for the FDA, she prevented that drug from being approved in the U.S. The Americans are far more blessed than we are, because they do not have to deal with it.

However, we as a society have a responsibility to the innocent victims of this drug. We need to make sure that their future security is looked after. There are not a lot of victims. There are fewer than 100 people.

● (1250)

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Mr. Speaker, I thank the member opposite for her speech. I listened to it very carefully, and a good part of the speech was dedicated to the victims of that tragedy.

The hon. member mentioned she was not even born when it happened. I was already born when it happened. I do not remember it. I was a few years old when they started clinical studies in Germany.

Of course, help for the victims is very important. It was a huge tragedy that happened. We cannot turn the clock back, but I would like to ask the member for a comment on the commitment by the Minister of Health to meet with the Thalidomide Victims Association of Canada and the co-operative discussions that will follow.

Ms. Rathika Sitsabaiesan: Mr. Speaker, I thank my hon. colleague for those two points that he mentioned, one about the manufacturer in Germany and the second about the Minister of Health now agreeing to meet with the Thalidomide Victims Association of Canada.

I will start with the second question, which had to do with my comments about the minister now agreeing to meet with the victims association. The minister is showing a great response today. However, it is important to note that victims have been requesting to meet with the Minister of Health for a long period of time, and now that we have been able to get some media coverage about it, I am glad the minister is now willing to meet with the victims association.

The first question was about the manufacturer in Germany. The member mentioned that he was around when the clinical trials were just starting; I was not even a concept at that time.

I want to point out that the manufacturer, though it is 50 years later, has now finally apologized. It took the manufacturer 50 years to apologize for this drug and the effects it had.

Canada made a mistake, and I hope that we as a country can take the brave step of apologizing to the victims and survivors of thalidomide and do the right thing by meeting with the victims association to ensure that survivors continue to get support for their urgent needs and continue to have some security for the rest of their lives.

Mrs. Stella Ambler (Mississauga South, CPC): Mr. Speaker, I will be splitting my time with the member for Mississauga East—Cooksville.

This tragic event from the 1960s reminds us all, as parliamentarians, why we need to take drug safety so seriously. Nothing can ever undo the pain and suffering inflicted upon the victims of the thalidomide tragedy. However, we can work both to ensure these mistakes never happen again and to support those who are most in need.

That is why I am pleased to stand in support of this motion before the House today. I also look forward to hearing about the constructive discussions that the Minister of Health and the Thalidomide Victims Association of Canada will be having in a meeting to be held shortly. I understand the minister is currently reviewing the proposal put forward by the association and will be working with the victims to determine how best they can be supported going forward.

I will be focusing my remarks today on the supports that Canada today places on maternal health to support mothers in bearing healthy children.

The health and well-being of women and children are issues that this government cares very deeply about, as do I as a mother. A healthy start to life is fundamental in promoting and protecting the health of Canadians. The thalidomide tragedy not only demonstrates what can happen when governments do not place a strong enough emphasis on drug safety, but also why mothers need all of our support to have healthy children.

The prenatal period is a critical one for all women, and this government continues to work with our partners to support healthy and safe pregnancies and healthy babies. Our government's efforts are wide reaching, and include national guidelines for maternity and newborn care, prenatal and infant nutrition guidelines, safe-sleep awareness and low-risk drinking guidelines in pregnancy.

Working closely with a wide range of partners, the government strives to protect expectant mothers and new mothers, and provide them with the information they need to help them care for themselves and their newborns. This government recognizes the importance of investing in and supporting new moms early. That is why we invest over $112 million annually to nearly 285,000 vulnerable children and their families each year.

One of our most far-reaching and successful programs focusing on the prenatal period is the Canada prenatal nutrition program. We invest over $27 million annually to support 279 projects across Canada, serving over 59,000 participants each year. The focus of this program is to meet the needs of prenatal and early post-partum women facing conditions of risk, including teenage pregnancy, poverty, geographic or social isolation, tobacco or substance use, and family violence. This program provides access to a wide range of services to pregnant and recently post-partum women, and often assists them in accessing other important services such as housing, shelters, and counselling supports.

It is worth mentioning that this program has enabled communities to leverage over $16 million annually in additional support to provide greater access to supports for pregnant women and new mothers. This support includes funding, volunteerism and in-kind resources from provincial, territorial, municipal and community partners. We know this program has a positive impact on the health and well-being of mothers and their infants. Participants with high levels of engagement in its services were noted as 40% more likely to give up alcohol, more than twice as likely to increase their use of vitamin supplements, four times more likely to breastfeed longer and less likely to have pre-term or small-for-gestational age babies.

Specifically with respect to aboriginal maternal and child health, our government is also investing over $150 million this year alone to support community-based maternal health and child development programming and services in their communities. This includes Canada prenatal nutrition programming on reserve, the aboriginal head start program, the brighter futures program, the fetal alcohol spectrum disorder program and the children's oral health initiative.

Together, these programs and services are supporting first nations and Inuit children and their families to reach their full developmental and lifetime potential. Improving the health of first nations and Inuit people is a shared undertaking among federal, provincial and territorial governments, and aboriginal partners. Our government remains committed to working with partners to improve the health outcomes of all aboriginal peoples.

● (1255)

The government also plays an important role in ensuring health providers and policy makers have the information they need on the overall health of women and infants. Through the Canadian prenatal surveillance system, the Public Health Agency of Canada monitors and reports on maternal, fetal and infant health in Canada. This work is done in collaboration with leading health professionals from across the country: Canadian researchers, public health practitioners and other stakeholder organizations.

The agency works with these stakeholders to ensure that the information provided meets the needs of our health care community and allows important partners, such as the Society of Obstetricians and Gynaecologists of Canada, to use these data to develop policies, programs and guidelines to improve the health of Canadian women and children.

The Canadian Institutes of Health Research, the government health research arm, also strives to create new scientific knowledge aimed toward improving health and more effective health services and products.

Our government has invested over $840 million since coming to office in 2006 to support research related to reproductive, maternal, child and youth health challenges. For example, we have established the Canadian Neonatal Network to facilitate collaborative research and a project led by Dr. Shoo Lee to reduce infant mortality and the length of stay needed in neonatal intensive care units. This project has developed innovative tools to reduce hospital acquired infection and severe intestinal infection by 30%.

We also have a number of research projects on the horizon that are directly related to newborn and children's health. These projects range from pre-term birth and child and youth mental health, to analyzing the origins of certain childhood diseases.

Another related area where the government has placed a great deal of effort and investment is early childhood development. Two key federal programs focusing on early child development are the community action program for children and aboriginal head start, as I mentioned earlier.

The community action plan for children provides over $53 million in annual funding to community-based groups and coalitions to develop and deliver comprehensive and culturally appropriate prevention and early intervention programs. These programs promote the health and social development of vulnerable children from birth to six years of age, as well as their families, facing conditions of risk, including poverty, geographic and social isolation, teenage parents, tobacco and substance use, and family violence.

The aboriginal head start on reserve program and the aboriginal head start in urban and northern communities program, with funding of $49 million and over $29 million a year, respectively, provide early intervention strategies to address health promotion, nutrition, parental involvement, social support and education. The focus of these programs both on and off reserve is to provide aboriginal children with a good start in life so they are ready to meet the challenges of starting school and coping with life's challenges with confidence.

There is a growing body of evidence that reveals the far-reaching effects of these types of programs beyond early child development. Every dollar spent in supporting a healthy start in these early years will reduce the long-term costs associated with health care, addiction, crime, unemployment and welfare. As well, it will lead Canadian children to become better educated, well adjusted and more productive adults.

Our public health efforts in maternal health are effective, and come as a result of many years of investment in health promotion and prevention activities.

I think this entire chamber and, indeed, all Canadians are today seized with the tragic events that happened in the 1960s with respect to thalidomide and its victims. In addition to supporting the motion before the House today and working with victims to determine what supports can be offered, our government is working to ensure that tragedies like this never happen again, and that new mothers continue to receive the support they need.

● (1300)

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, I appreciate the member's speech. She talked a lot about aboriginal health. We need to be very clear that when it comes to aboriginal health, the government in its 2012 budget cut $200 million out of Health Canada and the Public Health Agency of Canada and another $165 million out of aboriginal affairs, which had a direct and significant impact upon several aboriginal organizations that worked with first nations, Métis and Inuit health. We have to be extremely honest about what the government has and has not done.

However, on this specific issue, thalidomide survivors, we are doing the right thing. Moving the motion and having the government act very expeditiously is doing the right thing.

There was frustration on the part of the thalidomide survivors task force when it had attempted to contact the minister in March. It had sent a report to her in September and the minister indicated recently that she had not even read that report. Obviously, things are moving around and we are very pleased about that.

The thalidomide survivor task force is asking for funding that consists of two components, and I know she is aware of those components. One is with respect to a one-time payment. The other is a few breakdowns with respect to their need for continued assistance.

Could the member elaborate on what her government is prepared to do for them?

● (1305)

Mrs. Stella Ambler: Mr. Speaker, I want to assure the member opposite that the minister will be meeting with the Thalidomide Victims Association. I expect the meetings to be productive and very co-operative in nature. Co-operation is the key to ensuring that the meeting is successful and that all options and solutions are put on the table. We are talking about a group of people who have suffered greatly and who have lived a lifetime of perseverance and, in some cases, a lifetime of pain. This tragedy needs to be addressed.

I am particularly proud that this government and that our health minister will be meeting with the victims' association and finding solutions together.

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Mr. Speaker, first, I would like to commend the NDP for putting this motion forward. I think we all bear a responsibility. Certainly, in the Liberal Party, we support this wholeheartedly. I am delighted to see the government does as well.

One of the very specific things that the remaining 95 people who live with the effects of thalidomide have asked for, and this is following in the vein of my previous colleague's questions, consists of two components. One is a one-time amount of $250,000. The second is an annual payment of $100,000.

My colleague from the Conservative Party has said that this is an exceptional case. We are talking about a group of people who have suffered during their entire lives. This is a various situation. Will the government commit to the specific amounts that have been asked for by the 95 survivors: $250,000 in one shot; and $100,000 per year for the rest of their lives?

Mrs. Stella Ambler: Mr. Speaker, I would like to thank the member opposite for recognizing that this is a non-partisan issue. It is clear that both sides of the House agree that the proposal submitted by the Thalidomide Victims Association must be reviewed. I know the minister is reviewing the proposal. I have no doubt that the meetings will be constructive and thorough, that the minister will be discussing all options to be put on the table and that the commitment is there to provide the respect and dignity to people who have suffered for almost 50 years.

I would like to point out, as well, that in terms of funding for research in initiatives into reproductive, maternal, child, and youth health, this government has put $840 million into research for these initiatives since coming to office in 2006. This shows a commitment to ensuring that the health of Canadians is a priority.

ROUTINE PROCEEDINGS

● (1310)

[*English*]

COMMITTEES OF THE HOUSE

PROCEDURE AND HOUSE AFFAIRS

Mr. Joe Preston (Elgin—Middlesex—London, CPC): Mr. Speaker, pursuant to Standing Order 104 and 114, I have the honour to present, in both official languages, the 25th report of the Standing Committee on Procedure and House Affairs regarding membership of the committees of the House.

If the House gives its consent, I would ask that the 25th report of the Standing Committee on Procedure and House Affairs be concurred in.

The Acting Speaker (Mr. Bruce Stanton): Does the hon. member for Elgin—Middlesex—London have the unanimous consent of the House to propose this motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. Bruce Stanton): The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

GOVERNMENT ORDERS

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SURVIVORS OF THALIDOMIDE

The House resumed consideration of the motion and of the amendment.

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Mr. Speaker, thalidomide is a word that resonates in Canadian cultural history. It is one of those words that one only has to hear, say, or read to evoke immediate and strong feelings. It has gone down in our collective national memory as a mark of human suffering. It is a sad symbol of scientific and governmental failure.

Canadians have a profound faith in the capacity of modern science to improve their quality of life, and this faith is justified. Scientists and researchers keep developing new effective medicines to treat and heal disease. Canadians expect their governments to protect them from unsafe drugs, and this is an expectation that has largely been fulfilled. Over the decades, Canada has enjoyed one of the best drug safety systems in the world.

However, science and governments can fail. Thalidomide is one of those failures. From both sides of the House today, we have heard terrible stories of the shattering human toll of the catastrophic failure that was thalidomide. We have also been reminded that while thalidomide is an awful lesson of history for the survivors, it is very much their present and their future.

As a government, we can help the victims of this tragedy, and I am proud today to stand in support of this motion. I am also pleased to hear that the Minister of Health will be meeting with the victims and is actively reviewing the proposal put forward by the Thalidomide Victims Association of Canada.

Today I want to talk about another aspect of this tragic failure, and the solution so that it does not happen again: transparency and openness. More specifically, I want to talk about the significant steps that the Minister of Health has taken to further enhance the culture of transparency at Health Canada.

The victims of thalidomide never had a chance. Their mothers never had any warning and never saw it coming. Although there was a heated debate at the time within international scientific and regulatory communities about the safety of thalidomide, this concern was never shared with the public. As a result, expectant mothers suffering from morning sickness, and their doctors, were denied the chance to make an informed choice about whether to use thalidomide.

By approving the drug, Canadian regulators took what they viewed at that time as being a justified risk on behalf of potential victims without telling them about it. Many things have changed since thalidomide, but one thing that has not and likely never will is the fact that all drugs come with risks and benefits. The choice that still faces any drug regulator is the determination, based on sound science, of whether the benefits of taking a given drug outweigh the potential health risks to patients.

What has become unacceptable to Canadians, especially post-thalidomide, is for our regulators to restrict the public availability of information about drug risks. It is unacceptable to convey the false impression that such topics are best left to qualified experts in government, industry, and the health professions.

Mr. Speaker, you and I, and most Canadians, may not be scientists, but we have a right to know all that we can about the drugs we are taking, the good and the bad. At the end of the day, it is our lives, our health, and it should be a choice. That means we deserve an informed choice based on best information available to us at the time.

In the years since thalidomide, Health Canada has taken an expectation of transparency to heart. Today the department makes more drug safety information available to Canadians than ever before, so they can make informed decisions for themselves and their families. Every year, the department issues hundreds of health product risk communications, by way of public warnings, public advisories, information updates, and foreign product alerts.

● (1315)

This includes product recalls, as well as changes to drug labels that are required to inform Canadians about any new and emerging risks of using a particular drug. These communications are widely disseminated to media and health professionals. Health Canada also requires that drug makers publicly communicate any new drug product risks.

The department now posts the drug product database on the Internet, where Canadians can find the list of risks and benefits of any approved drug or publicly available product. It has also created the Canada vigilance adverse reaction online database. Here, Canadians can find out about adverse reactions that have been reported to the department.

Increasing the availability of information to Canadians is a fundamental pillar of the Minister of Health's openness and transparency framework at Health Canada.

When our government took office, it was clear that the level of transparency at Health Canada had improved significantly from the days of thalidomide, but we felt it could do more and do it better. We particularly felt that information that Health Canada shares with the public needed to be easier to understand and more accessible.

We directed the launch of the recalls and safety alerts database. It provides Canadians with one-stop access to the latest risks information on all food and consumer products, including health products. The framework and action plan shows Canadians the concrete and incremental steps that we are taking to improve their access to timely, useful, and relevant health and safety information. Each year, Health Canada will issue a report on how it has performed against those commitments. This too will be posted online, on Health Canada's transparency page.

Each year, Health Canada performs numerous reviews of the safety of specific approved drugs. These are done when the department receives scientific evidence that a new risk is emerging and needs to be assessed, to see if the approved uses of a drug need to be changed to help protect patients. Sometimes during these reviews, a risk is confirmed and requires additional safety action by the regulator, but this is not often the case.

Before the announcement on the framework, the finding of these studies was typically made available only by way of access to information requests. Under the framework, a commitment was made to post public summaries of drug safety reviews proactively. This has made Canada a world leader in communicating this kind of drug safety information.

This House has heard a good deal today about Bill C-17, known as Vanessa's law. Its passage is a quantum leap forward for drug safety in Canada.

We all know that this bill was inspired by another tragedy, the death of the daughter of our colleague, the member for Oakville. She died while using medication that she did not know was unsafe. I am inspired by the hon. member's example and honoured that he is in our caucus. I am proud that our government has delivered a concrete legislative response to the suffering of his family and other families like his.

To send a message that a government is serious about becoming more transparent and putting the health and safety of Canadians first, there were amendments introduced to Bill C-17 that added transparency provisions. The transparency measures introduced in Vanessa's law will also place an obligation on therapeutic product authorization holders to ensure that information concerning any clinical trials is made public.

I want to close by acknowledging that none of these measures alleviate the current suffering of thalidomide victims. It is only to highlight how our government has taken to heart the lessons that thalidomide has taught about the importance of transparency and openness about drug safety to Canadians.

● (1320)

I look forward to hearing how the Minister of Health is engaging the Thalidomide Victims Association of Canada and how we might support the victims in their plight.

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, the member was certainly trying to push how his government actually put things in place to protect Canadians. However, I can tell members that it is really on this side of the House that the security of Canadians is the top priority.

When we look at the record of the Conservatives, we see the largest beef recall in Canadian history, drug shortages, rail safety issues, cuts to health care for refugees, and cuts to the HUSAR organization. I think it is very clear that the government is stepping in the wrong direction in a lot of areas.

On this matter, it is evident that the Thalidomide Survivors Task Force had been after the minister for quite some time. It had written to her in March and sent her a report in September, which she said she had not read yet.

Therefore, when we are looking at the impact of this, when people are actually reaching out on such a critical matter that impacts the way they live and their well-being, does the member not think it imperative that as soon as those letters are received, they be responded to and acted on as soon as possible, to make sure that people are not suffering?

Mr. Wladyslaw Lizon: Mr. Speaker, this is not a partisan issue that we are debating here today, but I would like to address two issues the member raised in her remarks.

First, on health care for refugees, Canada is a leader in taking care of refugees from all parts of the world. It has been providing health care for refugees. What the member is talking about is confusing to Canadians, because she is referring to health care for asylum seekers who were not found to be legitimate. These are two different issues and I would ask the member not to confuse them, because health care for refugees is provided in this country and always has been, and the member knows this.

Second, the drug shortages issue was addressed. I serve on the health committee and we did study the issue extensively. The recommendations that were made were implemented. Also, drug shortages are a problem not only in this country but also globally. It is a problem that many countries face.

On the member's last comment and question about the time of response, this is a huge tragedy that happened in the past and we cannot turn the clock back. However, I had a chance to meet some of the victims. One victim, who probably all members know, Tony Meléndez, plays guitar with his feet—

The Acting Speaker (Mr. Bruce Stanton): Order. I am sorry, we have run out of time. We are only one question and response into our five minutes and we scarcely have enough time for a second one.

Questions and comments, the hon. member for Winnipeg North.

● (1325)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, in standing up to talk about the thalidomide issue, which occurred during the 1960s in Canada with very tragic consequences, it is nice to see that we appear to be on the verge of having unanimous support that recognizes the kind of role that Canada has to play in terms of future compensation.

Does the member believe that there is also a role for the provinces, which are responsible for departments of health and outreach programs for individuals who need onsite care? Does the member want to comment on that aspect of what we are talking about today?

Mr. Wladyslaw Lizon: Mr. Speaker, I think that all of these issues will be discussed at the meetings, and the collaboration of everyone will be required. The main thing is that we address the needs of the victims in our countries and help them so they can live with dignity.

Mr. Jack Harris (St. John's East, NDP): Mr. Speaker, I will be sharing my time with the hon. member for Victoria.

I am pleased to have an opportunity to speak to the opposition day motion presented by the member for Vancouver East. The motion would ensure that we see a response from the government to the plea made by the surviving victims of the thalidomide drug and the tragedies that occurred in 1960, 1961, which continue to this day for these individuals who survived the approval of this drug for pregnant women suffering from nausea or insomnia. In some cases, even though a single pill was prescribed, it caused birth defects.

The resolution itself calls for full support to be offered to the survivors of thalidomide, that the urgent need to defend the rights and dignity of those affected by thalidomide be recognized, and that the government provide support to survivors and "in co-operation with" the Thalidomide Survivors Task Force, as per the amendment moved.

I do not know what the amendment means, so I will start with it. I hope that the change in the wording from "as requested by" to "in co-operation with" will not mean a lessening of good faith and commitment by the government to support the needs of the surviving victims of the thalidomide tragedy. I would want to see the principles that are spelled out and suggested by the Thalidomide Survivors Task Force to be honoured in any discussions or negotiations. We have precedents in other countries, which have been far more compassionate and responsive to the needs of thalidomide victims in recognizing the responsibility of their governments to look after them.

Let me speak for a moment about the circumstances and the timeline of what happened. We are talking about something that occurred in 1961. As a young boy, I recall the tragedy. It was something that we saw pictures of on television and in the newspapers. It was heartbreaking to see the consequences of the use of this drug on the children who were born at that time. In some cases, they were born with no arms, but had hands protruding from where their arms should have been. Other children were born with organ problems, were blind, or had other severely debilitating conditions that have caused them enormous struggles over many years.

The timelines were very short. I commend *The Globe and Mail* for bringing the issue to the doorsteps of the nation and its other newspapers and media, and the message that it is time that the government deal with this tragedy. Some of these thalidomide survivors received some sort of settlement in 1991, which has been described by many of them as a take it or leave it offer that did not satisfy their needs in any real way.

● (1330)

The application to allow this drug to be used was made to the Canadian food and drug directorate in September of 1960. The approval was given in November 1960, two months later. A month after that, there were articles in the medical journals warning that thalidomide was the possible cause of nerve damage, yet in April Canada put thalidomide on the market. Within six months of its approval, it was being sold despite the fact that warnings were already appearing in the journals.

In April 1961, thalidomide was put on the market. By November 1961, the manufacturer took it off the market in Germany as a result of media reports revealing suspicions in the medical community that thalidomide was causing malformations in babies. By December, it was pulled in Britain and in Australia, but it was not until the next year in March that the Canadian food and drug director advised that thalidomide should be removed from the market. However, it remained available in some pharmacies until mid-May. The consequences were horrific for victims who were born with the defects that we have talked about as a result of their mothers having taken this drug.

The article in *The Globe and Mail* said:

> The thalidomide scandal caused a furor in Canada in the early sixties, shocking a nation that trusted in the safety of medications and the federal gatekeepers who were supposed to screen them. The story has been largely forgotten, but its victims have never escaped it. Now almost all in their early 50s, many are exhausted and in pain, unable to work, and struggling to get by.

They need help. They need the help from a country that should be compassionate and caring, the kind of country that we on this side of the House have been struggling to build for many decades.

The needs of these individuals have been spelled out by the Thalidomide Survivors Task Force. It has been seeking, since last March, to get a meeting with the minister to talk about it. Now we have this resolution, as a result of all of the publicity and the public becoming aware of this. It is very timely. I want to congratulate the member for Vancouver East for bringing it forward and to thank the government for responding positively. We hope that this will pass today with unanimous approval of the House, but we are concerned that the principles the victims requested be included in any resolution to this situation.

I will run through what the thalidomide group has told us are the principles they want respected. They want a one-time payment to survivors to help them address their immediate and urgent needs, such as health care and assistive devices for living circumstances, and they also want a monthly payment to survivors, based on the level of disability, to assist with their ongoing care and medical needs.

In the United Kingdom, for example, there is a substantial grant administered by a trust providing payments to survivors based on their level of need. The average payment is approximately $88,000 Canadian, which is a very substantial amount of money. Given that it is based on need, it provides us with an idea of how great the need is of these individuals in dealing with the problems they have encountered. Many are in pain. Many require a tremendous amount of help to be able to carry on with the activities of daily life.

I want to end by saying that it is important to me and my constituents, and I think to all Canadians, that we recognize the need and the situation these individuals find themselves in as the result of a failed system of protection of Canadians that was in place when they were born.

● (1335)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I have had the opportunity to emphasize the fact that the thalidomide tragedy took place not only in Canada but in other jurisdictions around the world. We have seen some of those countries come up with some semi-permanent ways, if I can put it that way, of trying to resolve it.

Canada has been attempting to do so, but the survivor task force has done a wonderful job in being an advocate. It has come up with some fairly solid recommendations. What is really encouraging is that it appears that the motion that has been brought forward today is going to receive the unanimous support of the House.

To what degree does the member believe it is important that we have unity in the House in recognizing the tragedy that occurred because of a drug that was given the okay at one point? Now, we have individuals having to live with the consequence of a very serious mistake.

Mr. Jack Harris: Mr. Speaker, I thank the member for his question, but I do take issue with one of his comments, which is that Canada has been trying to help. As early as 1962, discussions about compensation began, and it was not until 1991 that some form of compensation was offered. However, clearly it was totally inadequate to provide for the needs of these individuals.

Yes, I agree with the member that it is important to have unity on this issue, because it does express the unanimous feeling of Canadians about this story, which has been hidden for some time. It has been invisible. People remember it, but they were never faced with its consequences and the heartbreaking stories of the individuals who we now know about today who are struggling. Yes, we need to have unity of purpose here, but the real thing that we need is a proper, good faith system based on the models we have seen, such as that in the U.K. and in Germany with a lump sum payment and a substantial monthly payment that provides for the needs they have on an individual basis.

That is what is really needed here today: unity first, good faith solutions second.

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, I greatly appreciate my esteemed colleague's speech on this. Given his background in law, it is obvious that he puts much thought into how he delivers his speeches here, and he gets very informed about the situation at hand.

I know that my colleague knows that the safety and security of Canadians is one of the NDP's top priorities, and we will make sure we have safe, accessible, and reliable prescription drugs. That will be an essential aspect of Canada's first New Democratic government.

As we move towards that, and given where we are today, raising this very important question, I think that my colleague may have a few kind words of direction to the Conservative government: that when it comes to an issue that arises, such as this one, it is important to react quickly. My understanding is that the thalidomide survivors reached out to the government in March, and here we are now, almost in December, finally getting some movement for the simple reason that it has been in the media and that the NDP has been raising it in the House.

Maybe my colleague can rise and speak on that.

● (1340)

Mr. Jack Harris: Mr. Speaker, I would like to thank my colleague from Algoma—Manitoulin—Kapuskasing for her question and for her concern about this issue.

Speed is very important. That is why part of my speech was to emphasize that, yes, we appear to have unity today in the House. As my colleague pointed out, it has been more than six months that the group has been trying to meet with the minister and the government. She has agreed to do that and has shown some compassion. We need to move very quickly, because each and every day that goes by, we know that these individuals have needs. Those needs are going to become greater. Two of these individuals have died in the last year, so it is very important that whatever effort can be made be made soon.

It is important that the government act in good faith, meet with the individuals, understand their needs, and provide something that is going to satisfy them

Mr. Murray Rankin (Victoria, NDP): Mr. Speaker, I am honoured to follow my colleague from St. John's East and appreciate very much his words today.

This is a very emotional speech for me. Two years ago yesterday, I had the honour of being elected in a by-election to serve the communities of Victoria and Oak Bay. It is, as every member in this place would know, a very proud day when one first comes to this place and speaks for one's community in this chamber.

Today is a proud day as well, because I am so proud that this House appears to be coming together with compassion, reflecting the compassion of this great country in doing the right thing at last for some 100 people, now 95, who are the victims of this terrible tragedy that occurred in 1961 or thereabouts when a drug called thalidomide was first approved for use by pregnant women to treat nausea and the like.

I have never been more proud to stand up here knowing, at least from rumours in the newspapers, that all parties in this place will be giving support to this resolution that the NDP brought forward for its opposition day motion.

We all have our personal stories about this tragedy. The Prime Minister alluded to it yesterday in question period, growing up in the sixties and knowing children who were victims of thalidomide. The mother of a friend of mind was offered this drug and chose not to take it, and he looks back every day with gratitude for the fact that she made that choice. He is living in Calgary today, and I spoke with him this morning about it in a very emotional way.

I want to pay tribute to a number of people. I want to pay tribute first to Natalie Dash and Barry Campbell, who are with Campbell Strategies in Toronto. They called me a few months ago—there were 98 thalidomide survivors on that day—and said we had to do something. They were working pro bono to assist the Thalidomide Victims Association of Canada, and they asked if I could help.

My colleague, the member for Vancouver East, is the health critic for the official opposition, and she took it upon herself to do what was required to make this an opposition day motion. I am so proud that the members opposite appear to be in agreement that full support for the thalidomide survivors should be provided. It is a measure of the compassion of this country that 95 people remaining today will be able to live the last years of their lives in dignity.

Many have spoken before about the situation facing the thalidomide survivors. The press conference this week with those people was so moving, and I want to pay tribute to the enormous courage of the people who were present, particularly Mercedes Benegbi, who is the president and CEO of that organization. She showed courage in coming before the Canadian people with all of the cameras on and all of the media there and telling the stories of the poverty in which victims now live, the fact that they cannot get around on their own, and that they are crying out for some sort of assistance. I am so proud of this place, because it appears we are poised to finally do what should have been done so many years ago.

The victims do not have the ability to use their limbs and care for themselves. As has been said, often they were born without legs or, in the case of Marie Olney, one of the victims who lives in Calgary, with only 15-centimetre-long arms and only three fingers. Many have serious internal organ damage. They have been relying all these years on their friends and families. However, that will not happen much longer, because time goes on. Their parents have passed away or are in homes, and the victims are now asking how they will get by.

Most of the victims live in abject poverty. Anyone who read the article that *The Globe and Mail* published last weekend and saw the abject poverty in which they currently live would be moved, as we all are, by their stories. Some of them have damage to their spines and their joints, and that severely limits their mobility. They do not often have the ability to maintain employment, and they depend on others for basic human tasks. In that context, they come to the people of Canada, they come to the Government of Canada asking for help, because they need help. The 95 of them who are left are crying out for some sort of assistance.

● (1345)

Yes, there was a payment made back in the 1990s, a one-time payment. There was no apology, but an acceptance: that would be it for these people. They have come back to say it was not enough, they cannot live, they need ongoing financial support, a pension to live on, and they need to be able to get by in the last years of their lives if they are to live in dignity. That is what they have asked for, and we ought to address that as an urgent matter in this place.

I am thrilled to be here today with the hope that this opposition day motion will receive the unanimous support of the House.

Mr. David McGuinty (Ottawa South, Lib.): Mr. Speaker, I thank my colleague for his remarks, and I thank the NDP for putting forward such a thoughtful motion today. It is deserving of the House's attention and is extremely important, because it speaks to our notion of what a civilized society is. We look out for each other. I am always reminded of my parents' maxim to their 10 children, that if we pulled apart, we would feel like 5, but if we pulled together, we would feel like 20. I think today we are pulling together and feeling like 20.

Maybe the member could expand a bit on some of the remarks he made about why we have this special responsibility to the 95 Canadians who are living today with severe disabilities due to exposure to a drug, thalidomide, taken by their mothers during pregnancy, which at the time was endorsed by Canada's government.

Mr. Murray Rankin: Mr. Speaker, I very much appreciate the thoughtful remarks of my colleague from the Liberal Party. I am thankful for the Liberal Party's support throughout this initiative, and for that of the Green Party, and I am hoping as well for the support of the Government of Canada.

I also need to talk about a very brave woman named Dr. Frances Kelsey, who is from Shawnigan Lake. She is 100 years old and was the person who was awarded the President's Award for Distinguished Federal Civilian Service by John F. Kennedy. Why? It is because she is singularly responsible for thalidomide not being sold in the United States market. She was working with the Food and Drug Administration there.

A school in the riding of my colleague from Nanaimo—Cowichan, in Mill Bay, British Columbia, was named the Frances Kelsey Secondary School in her honour, because she represents what my colleague was saying—namely, the need to show compassion.

We should all be proud of the kinds of things that have happened since in the Canadian regulation of drugs. Great steps have been made, but at the time they were not. She stood up to the drug companies in the United States; our government did not. We are here to do the right thing today to make sure those victims are looked after.

● (1350)

Mr. Colin Carrie (Parliamentary Secretary to the Minister of the Environment, CPC): Mr. Speaker, given the failings of the drug system in the 1960s, I was wondering if the member opposite could comment on the current state of Canada's drug system and this government's action to strengthen it, and particularly on Vanessa's law that was passed recently in the House.

Mr. Murray Rankin: Mr. Speaker, it is absolutely appropriate that Canadians understand that we are no longer living in the 1960s, that there is a rigorous process for reviewing drugs, in which independent public servants make decisions on our behalf.

Having said that, we always have more work to do and, having said that, vigilance has to always be eternal. We can respect Vanessa's law, but it is only a starting point. We need to do more on all sides of the House to strengthen drug safety.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to also thank my hon. colleague, friend, and neighbour from Victoria for his speech. I am also thankful for the actions that I think all MPs are taking today in the House as we stand together in a non-partisan way. I thank my hon. friend, the Parliamentary Secretary to the Minister of the Environment, for his question about Vanessa's law.

I find it absolutely shocking, as we redress the wrong that was done to thalidomide victims. There is much more we can do to make sure the pharmaceutical industry is held to account, not just for past wrongs but so that we more adequately test and study drugs before they become registered.

I want to ask my hon. friend if he is aware of the fantastic work of the Therapeutics Initiative at the University of British Columbia and whether we should not bring in more of its approach. It does not allow itself to accept even a free lunch from the pharmaceutical industry. For every doctor in Canada, there are three drug sales people. Should we not ensure that there is no conflict of interest in the registration of pharmaceutical drugs?

Mr. Murray Rankin: Mr. Speaker, it is about redress and address. Redress is what we are here to talk about today, and we have to do the right thing for these victims, but as I said in my remarks, we need constant vigilance going forward.

At the Therapeutics Initiative in British Columbia, Dr. Wright and his colleagues are doing remarkable work. It is frankly shocking to me that there is no similar organization at the national level. This organization has to do it from British Columbia, for British Columbians. That kind of root-and-branch work where is absolutely none of what I would call cross-contamination from big pharma is what we desperately need at the federal level as well.

The Acting Speaker (Mr. Bruce Stanton): Before we get started, I will let the hon. parliamentary secretary to the Minister of Citizenship and Immigration know that we only have about seven minutes remaining before the time for statements by members. We will get started with his remarks, and he will have the remaining time when the House next gets back to this question.

Mr. Costas Menegakis (Parliamentary Secretary to the Minister of Citizenship and Immigration, CPC): Mr. Speaker, I will be splitting my time today with my colleague, the member for Huron—Bruce.

I want to begin by saying that nobody who is not a thalidomide survivor or a relative or a friend of a survivor can begin to comprehend the pain and suffering the thalidomide tragedy caused. Nothing can ever undo the pain and suffering inflicted. It is a tragedy that made governments around the world fundamentally rethink how they protect their citizens' health and safety.

The government in Canada too learned from this tragedy. The tragic event from the 1960s reminds us why we need to take drug safety so seriously. Since that time, we have collectively resolved that Canadians deserve nothing less than one of the safest drug approval systems in the world.

As parliamentarians, we continue to strive to strengthen patient safety in this country. We continue to make changes to the drug safety system to enhance its rigour and reduce the risk that this kind of terrible event could occur again. That is why this House so recently united to support Bill C-17, Vanessa's law. It is too often that we experience terrible events like the impact of thalidomide from its use in the early 1960s and, more recently, the death of Vanessa Young to call us to action.

In the case of Vanessa's law, all parliamentarians recognized Health Canada's need for appropriate authorities to ensure that unsafe products are identified and dealt with quickly. We recognized how important it is for regulators to be given the tools they need to protect Canadians from unsafe drugs.

In the wake of the thalidomide tragedy, laws were enacted to require manufacturers to file more detailed submissions with Health Canada, the federal regulator, to receive authorization before a new drug could be marketed. These submissions contain substantial information and data about the drug's safety, effectiveness, and quality, as well as warnings and precautions about side effects.

Products with an identified risk, such as the potential to cause birth defects, or products that are used in vulnerable populations, such as children or pregnant women, are treated as high-risk products and are subject to increased scrutiny, monitoring, and risk mitigation.

These were critical changes to the drug safety system; however, it became apparent that addressing safety concerns at the pre-market stage was not enough. Health Canada needed the tools to take appropriate action if a serious risk was identified after a drug was on the market. That is why all parties in this House and in the other place endorsed Vanessa's law, which received royal assent on November 6 of this year.

This legislation will protect Canadian families and children from unsafe medicine by enabling the Minister of Health to require health care institutions to report serious adverse drug reactions and to report incidents related to medical devices, to recall unsafe products, to apply to the courts to impose tough new penalties for unsafe products, to provide the courts with discretion to impose even stronger fines if violations were caused intentionally, to compel drug companies to revise labels to clearly reflect health risk information, and, finally, to compel drug companies to do further testing on a product, including when issues were identified with certain at-risk populations.

Vanessa's law has also introduced new transparency measures that when in force will require Health Canada to make both positive and negative regulatory decisions publicly available, as well as the reasons for those decisions. These reasons will include a clear statement of benefits a drug may confer, the harmful side effects that some patients may experience, and areas where there are gaps in knowledge.

Transparency regulations will enhance the current transparency requirements in Bill C-17 by placing an obligation on drug companies to disclose more clinical trial information publicly.

Canadians will also be consulted during the regulatory development process about the types of information that could be made available.

As an example, clinical databases show what clinical trials are taking place in Canada for drugs that treat a particular disease or condition. They also provide information about a point person who can provide information for that particular clinical trial. Going forward, a clinical trial registry could indicate whether a trial has been conducted or if it has been terminated prematurely. At the conclusion of a trial, a registry could provide a summary of the results.

● (1355)

The information could be important to patients and health care providers in making treatment decisions. It could be helpful to academic researchers in doing further assessments relating to patient safety. It could stimulate thinking about new areas for research.

In developing Vanessa's law, the government consulted broadly with patients and experts about how to best update Canada's drug safety laws. The new measures substantially strengthen the safety and oversight of therapeutic products throughout their life cycle. They improve Health Canada's ability to collect post-market safety information and ensure strong and active oversight once a drug is on the market. Equally important, they improve the department's ability to communicate important safety information to Canadians and their health care providers.

I will continue my remarks after question period.

The Acting Speaker (Mr. Bruce Stanton): The hon. parliamentary secretary will have four minutes remaining for his remarks when the House next returns to debate on the question, and of course the usual five minutes for questions and comments.

STATEMENTS BY MEMBERS

[*Translation*]

FORCES ET DÉMOCRATIE

Mr. Jean-François Fortin (Haute-Gaspésie—La Mitis—Matane—Matapédia, FD): Mr. Speaker, I am very pleased to confirm that Forces et démocratie met all of the criteria set out by Elections Canada and is now a recognized party.

Ours is a party that will support the development of all regions, including the metropolitan region, and that is prepared to work together with every other political party to achieve tangible results.

Ours is a party where there is no party line, but rather a common objective of providing for people's well-being and ensuring the vitality of all regions of Quebec.

It is a party where the loyalty of every MP will be first and foremost to his or her constituents and where the MP will be a representative with freedom of speech. It is a party that believes in decentralization through adjusted and adapted federal policies.

The public needs to have a say between election campaigns, and that can be achieved through participatory democracy, democratic reforms and a different approach.

In fact, we are proposing a coalition of people of all political stripes who want to do away with doublespeak and kowtowing and who refuse to play by the outdated rules of today's politics.

I invite you all to join forces with us.

● (1400)

[*English*]

STATUS OF WOMEN

Mr. Bernard Trottier (Etobicoke—Lakeshore, CPC): Mr. Speaker, the Act Against Slavery was passed in the legislature of Upper Canada on July 9, 1793, making Upper Canada the first British colony to abolish slavery.

John Graves Simcoe, the then lieutenant-governor, had been a long-time abolitionist. When he was a British MP, he described slavery as an offence against Christianity. The British parliament finally abolished slavery in the Empire in 1833.

It is appalling that in 2014 we still have slavery in the world. According to NGOs and media reports, thousands of women and girls in Iraq have been forced into marriage and sexual slavery by Islamic State fighters. An Islamic State document obtained by Iraqi news outlets in October indicates that Yazidi and Christian girls aged 10 to 20 years old are sold for $129, while those aged 1 to 9 years old are sold for $172. This barbaric practice must be stopped.

I applaud our government, along with those of our like-minded allies, for intervening. When the world faces a regime as evil as the Islamic State, we know that doing nothing is not an option.

* * *

SAWMILL RIVER

Mr. Robert Chisholm (Dartmouth—Cole Harbour, NDP): Mr. Speaker, the Sawmill River runs through beautiful downtown Dartmouth between the Atlantic Ocean and Lake Banook as part of the Shubenacadie Canal system. However, unfortunately it has been buried since 1972.

A grassroots campaign to daylight the Sawmill River is gaining momentum, and that is a great idea for the following reasons. Water quality would improve dramatically and fish passage to Lake Banook would enhance the river's economic, cultural and ecological value. Residents and visitors would also enjoy the benefits of increased heritage interpretation, tourism and recreational opportunities.

I want to thank Walter Regan from the Sackville Rivers Association and Jocelyne Rankin from the Ecology Action Centre for championing this important idea.

I am committed to working with other levels of government to support this goal and see this wonderful dream come true for Dartmouth.

* * *

LEGION OF HONOUR

Mr. David Tilson (Dufferin—Caledon, CPC): Mr. Speaker, recently I had the privilege of being present at the Orangeville Legion for the awarding of the French Legion of Honour to a distinguished World War II veteran in my riding, Mr. Fred Heber.

Mr. Heber was a gunner with the Royal Canadian Artillery from 1941 through 1946. He served in the U.K. and continental Europe during some of the most ferocious fighting of the war.

The Legion of Honour dates back more than 200 years to Napoleon Bonaparte, and is France's highest honour. More than ever, we owe it to our veterans, especially those who gave their lives for Canada, to honour and remember their service and sacrifice. This honour is a fitting tribute to Mr. Heber from France for his role in liberating that country.

This year, as we mark the 100th anniversary of the start of World War I, the 75th anniversary of the start of World War II and the 70th anniversary of D-Day, it is to Canadians like Mr. Heber who we must pay tribute. His service, dedication and sacrifice will never be forgotten.

* * *

CAMP LIBERTY

Hon. Judy Sgro (York West, Lib.): Mr. Speaker, it is said that all evil needs to triumph is for good people to do nothing. Unfortunately, too many good people are sitting back refusing to stop the atrocities now occurring at Camp Liberty.

Camp Liberty is a refugee camp in Baghdad that now houses thousands of MEK members, Iran's primary opposition. These people were fighting for democracy, but now they are fighting daily torment and the very real threat of execution.

If we are to help foster democracy in places like Iran, we need measures that guarantee the basic security of Camp Liberty residents. The Canadian Friends of a Democratic Iran want the UN to send security forces to Camp Liberty today. I want to add my voice to that chorus.

Canada has always stood for what is right, and I ask the government to step up. Inaction should not be a death sentence for those fighting for peace.

* * *

● (1405)

TAXATION

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, CPC): Mr. Speaker, our government has announced our family tax cut, several new tax relief measures to help make life more affordable for Canadian families. A key component of this family tax cut is the enhancements to the very popular universal child care benefit, or UCCB.

Starting on January 1, 2015, we are increasing the UCCB for the youngest children so parents will begin to receive $160 per month instead of the $100 per month currently received for each child under the age of six. We are also expanding the UCCB to children six and over so parents will begin to receive $60 per month for children aged six to 17.

With the enhancement of the UCCB, we are ending the child tax credit, which is not to be confused with the Canada child tax benefit. The Canada child tax benefit, or CCTB, remains untouched with our new family tax relief proposals, so parents will continue to receive that benefit as well.

All Canadian families with children will benefit from these new measures that our Conservative government is implementing to start off the new year in 2015.

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HISTORY OF WOMEN

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, Dr. Frances Oldham Kelsey, born in Cobble Hill, British Columbia, began her work with the American Food and Drug Administration in 1960.

In her first month at the FDA, she was pressured to approve the release of a sleeping pill for pregnant women called thalidomide. She had seen data that women who used the drug repeatedly experienced dangerous side effects.

In 1961, when British reports of severe birth defects in children started, that was the information Dr. Kelsey needed to block approval of the drug in the US, which eventually led to its ban around the world.

Dr. Kelsey should be recognized as a person of national historic significance. In fact, the Historic Sites and Monuments Board of Canada says it that wants to direct more attention to the history of women. However, its guidelines state that a person must be deceased for 25 years before being recognized.

Dr. Kelsey is still alive today, at 100 years of age. It seems wrong that 53 years after her scientific work saved so many, we may have to wait another 25 years for her to be acknowledged.

I urge the minister not to delay and to take the necessary steps to honour Dr. Frances Kelsey.

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B'NAI BRITH CANADA

Mr. Mark Adler (York Centre, CPC): Mr. Speaker, it is my great pleasure to recognize the contributions that B'nai Brith Canada has made to our country since its founding in 1875.

Many Canadians, including myself, my family and friends, have grown up participating in B'nai Brith programs. From attending summer camp to youth organizations and sports leagues, B'nai Brith is a rite of passage for most Jewish youth in Canada.

However, B'nai Brith is more. The organization is one of Canada's premier defenders of human rights. Their annual audit of anti-Semitic incidents is an important tool for policy-makers and law enforcement. They also assist low-income families with housing and food, and just recently opened a state of the art Alzheimer's residence and research facility in York Centre.

Tonight on Parliament Hill, MPs, senators and staff will come together to commemorate this important Canadian institution. We will also honour B'nai Brith's outgoing CEO, Frank Dimant, and the contribution he has made over the last 36 years defending Canadian values.

Incoming CEO, Michael Mostyn, has now taken the helm of B'nai Brith. A lawyer, accomplished businessperson, Michael has been a strong voice in the community. We wish him *mazel tov.*

Canada is a better country because of B'nai Brith. I wish the organization a *yasher koach* and may it enjoy many more years of great success.

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HENRY J. HARPER AND RANDY PAYNE

Mr. Gordon Brown (Leeds—Grenville, CPC): Mr. Speaker, this past summer I was honoured to take part in two 401 bridge dedications in my home town of Gananoque, in my riding of Leeds and Grenville.

The first honoured Constable Henry J. Harper, an OPP officer killed while directing traffic around an accident in 1957. He was a distinguished kayaker who represented Canada at the 1948 Olympics in London, England. He became a police officer because he truly wanted to help people. Gananoque resident Jerry Carmichael was instrumental in gaining Harper this recognition, and I pay tribute to his hard work over a number of years.

The second bridge was dedicated to Corporal Randy Payne, a fallen military police member killed while serving with a close protection team in 2006 in Kandahar, Afghanistan. Corporal Payne was remembered as a dedicated solider, a passionate family man who doted on his wife, Jody, and their children, Tristan and Jasmine, and as a good friend who always had a broad smile and a ready laugh.

* * *

[*Translation*]

MABE CANADA

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, in 2012, 737 workers in the Mabe Canada appliance plant in my riding, Hochelaga, learned that they would lose their jobs and that production would gradually be moved to the United States and Mexico.

After 60 years, the plant closed its doors for good last June, and the employer promised to protect the workers' pension fund.

However, on Monday, some 200 angry employees gathered in front of the closed-down plant to express their displeasure following Mabe Canada's announcement in August that it had declared bankruptcy.

Now, in addition to losing their group insurance, they have seen their pension benefits slashed by 22%, which is the equivalent of $35 million in worker savings.

The federal government has a responsibility here. It could make pension funds a priority when a company goes bankrupt. If the Conservatives are unable to keep good jobs here, it seems to me that they could at least take action and protect the workers' savings in the event of bankruptcy.

● (1410)

[*English*]

FIREARMS ACT

Mr. Ryan Leef (Yukon, CPC): Mr. Speaker, yesterday, the Liberal leader claimed that the common sense firearms licensing act that we introduced, which cuts red tape for law-abiding hunters and sport shooters, was dangerous. He even sent out a fundraising letter to the Liberal elite, asking them to join his fundraising pitch to stop this safe and sensible bill. Let me be clear, the Liberal leader's claims about this bill loosening safe transport regulations are absolutely false.

Our Conservative government is about cutting red tape and ensuring that unlicensed and untrained people do not have access to firearms, at the same time ensuring that we do not ostracize law-abiding Canadian gun owners and sport shooters.

The Liberal leader hides his disdain for Canada's hunting heritage under the pretense of public safety. However, all Canadians know that it is this Conservative government that will stand up for public safety, stand up for law-abiding Canadians, hunters and sport shooters and collectors.

There is only one thing the Liberal leader needs to answer to Canadians about right now. Will he come clean and admit that he did not read the bill before he made his comments about it, or is he just misleading Canadians?

* * *

CHILD CARE

Mr. David Christopherson (Hamilton Centre, NDP): Mr. Speaker, according to a recent study by the Canadian Centre for Policy Alternatives, Hamilton has the eighth most expensive child care rates in the country.

These findings likely come as no surprise to the many families in Hamilton that pay up to $1,200 a month for each child in child care. These astonishing rates are making it harder and harder for families to make ends meet.

The Hamilton Roundtable for Poverty Reduction CEO, Tom Cooper, has said that without access to child care services, many parents and children will not be able to escape the cycle of poverty. Families in Hamilton know they need a child care plan that works for them.

As the *Hamilton Spectator* made clear in an editorial earlier this month:

> Income splitting won't do it. Neither will increasing the universal child tax benefit. Those are Band-Aid solutions that don't address real disparities...

That is why many people in my community of Hamilton Centre are excited about the NDP's $15-a-day child care plan. They know this plan is an investment in their family, their community, and an investment in our Canada.

FIREARMS ACT

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, our Conservative government is committed to standing up for law-abiding hunters, farmers and sport shooters.

Hunting is an important part of our Canadian heritage. Previous Liberal governments have tried to put a stop to this way of life by smothering hunters in red tape.

Our Conservative government believes this is wrong. Hunters are strong conservationists and should be encouraged in their efforts to protect our environment. The NDP disagree.

I was so disappointed yesterday when the member for Esquimalt—Juan de Fuca said that all gun owners were "law-abiding until they are not". Is he really saying that anyone who owns a gun is a potential criminal, just for having the gall to enjoy going hunting in the fall?

I would ask that the member apologize to my constituents who he has just called criminals.

* * *

ARCHIBALD JOHNSTONE

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, I rise to recognize the passing of Senator Archibald Johnstone recently.

Summoned to the Senate in 1998, Archie was most proud of his work for veterans, and especially the all-party committee report with ideas to assist fellow veterans.

He served as a crew member with the RCAF heavy bomber squadron, flying sorties over Europe during World War II. Returning home, he worked with his father to develop Woodleigh Replicas and originated Rainbow Valley, both being some of P.E.I.'s beloved tourist destinations.

Showing active leadership, he served as president of the P.E.I. Federation of Agriculture and as director of the Island Tourism Association. An entrepreneur at heart, he was involved in wholesaling, heavy construction and many other business ventures.

Retired, he never slowed down, and at age 77 took to writing books, publishing several on topics ranging from bomber command to collections on well-known Islanders.

His love for his wife, Phelicia, showed through in all he did.

* * *

● (1415)

TAXATION

Mr. Chungsen Leung (Willowdale, CPC): Mr. Speaker, thanks to our new family tax cut, 100% of families with children in Willowdale will be better off. Every parent in Canada, like the Scrafton family in my riding, will now receive just under $2,000 per year per child.

While we are giving back to Canadian families, the opposition has already promised it would take money away from families. While we are cutting taxes, the Liberal leader wants to raise taxes. While our plan helps 100% of families with kids, the NDP plan helps only 10% of families.

Our tax cut plan will benefit every family in Canada with children, and that is well over four million families. Only this Conservative government can be trusted to put more money back into the pockets of each and every family with children in Canada.

* * *

[*Translation*]

OFFICIAL LANGUAGES

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, the government opened two new Twitter accounts, one in English and one in French, that it is marketing as Canada's voice to the world.

It is obvious that the English account is rather awkward, even grating, but the French account is an absolute disaster. I do not even know where to start—maybe with the sketchy French.

For example, one tweet talks about "captivating" the public's attention rather than "capturing" it. After that, there are several tweets that are nothing but word-for-word translations of jokes written in English.

The worst tweet of all goes like this: "@AuCanada est maintenant sur Twitter, Ouais!"

Once again, this shows the Conservatives' deep lack of respect for francophones. If they want to tweet and put Canadian culture out there, they need to think and write with the proper level of respect for both cultures or they will demonstrate an utter lack of sensitivity toward francophones and Quebec.

Still, that is what we have come to expect from the Conservatives for some time now.

* * *

[*English*]

TAXATION

Mr. Dean Allison (Niagara West—Glanbrook, CPC): Mr. Speaker, Statistics Canada has confirmed what we already knew: Middle-class families are better off under our Prime Minister than under previous governments.

The Liberal leader has promised to reverse benefits for middle-class families, as he believes that the government knows better than parents on how to spend their hard-earned tax dollars. Under our family tax cut, 100% of families with children will receive an average benefit of over $1,100. A single mother with two children earning $30,000 will benefit by $1,500 per year. We know that for the important decisions that affect the lives of children, the decision-making power should be with moms and dads, not with government.

We know that, as families, we are better off in my riding of Niagara West—Glanbrook under our Conservative government. We know that, as families, we are better off in my province of Ontario under our Conservative government. We know that, as families, we are better off as Canadians under our Conservative government.

ORAL QUESTIONS

[*Translation*]

HEALTH

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, over 30 years ago, Quebec banned all advertising directed at children under the age of 13, including advertisements for junk food. This led to a very interesting outcome. According to a recent study, the weekly consumption of junk food in Quebec has dropped by 13% in that time. Quebec has one of the lowest childhood obesity rates in Canada. That is good for health, good for the health care system and good for kids.

If the Conservatives really care about children's health, will they do the same thing, yes or no?

[*English*]

Hon. Rona Ambrose (Minister of Health, CPC): Mr. Speaker, we have been very focused on this issue.

As the member reflects, one in three Canadian children right now is obese, and we are concerned about that. That is why we have not only been investing in research on the issue, but we have also been investing in programs on the ground, like The Play Exchange, which is a competition to design new ways to get kids off the couch and into play. There is also our air miles reward program, which basically gives rewards to people who exercise. People are exercising more.

There is a lot more to do, but we are very focused on this issue.

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, I have no doubt about the minister's good intentions, but precisely because one child out of three is overweight here in Canada, instead of just talking about programs that do not work, let us look at something that has proven to be effective. When junk food advertising to children is banned, childhood obesity is reduced, and the pressure on parents to take them to these junk food emporiums is reduced.

Why do the Conservatives not get on board and ban advertising to children about things like junk food?

● (1420)

Hon. Rona Ambrose (Minister of Health, CPC): Mr. Speaker, there are many things that we have to do to tackle this issue. The most important thing we can do is to get kids, even if they are eating healthy, off the couch, away from video games, out onto the streets, and into the parks and actually exercising.

We have now doubled the child fitness tax credit because we want to make organized sports and informal play affordable for kids. We will continue to focus on this.

[*Translation*]

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, yesterday the Prime Minister acknowledged that despite a court settlement in the 1960s, the victims of thalidomide need more support. For anyone affected by that drug, every day is a struggle, even 50 years later.

Will the government support our motion to provide continued, ongoing support to the victims of thalidomide in Canada?

[*English*]

Hon. Rona Ambrose (Minister of Health, CPC): Mr. Speaker, the government will support the motion. The government looks forward to sitting down with these victims and working with them on their care needs.

This was an incredibly tragic event, and all of us share in that sorrow. It reminds us, day in, day out, of how important it is to ensure that we have the safest drug system in the world, and Canada does have it. We are proud of that. We have to make sure nothing like this ever happens again.

I look forward to my meeting with the victims next week.

* * *

[*Translation*]

STATUS OF WOMEN

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, according to a new study, over one-third of Canadian women have been victims of domestic violence. Domestic violence often affects the most vulnerable people in our society, including Canadians with disabilities, first nation people, and members of the LGBTT community.

Does the Minister of Status of Women plan to convene representatives of victims' groups in order to find concrete solutions to end this epidemic of domestic violence?

Hon. K. Kellie Leitch (Minister of Labour and Minister of Status of Women, CPC): Mr. Speaker, preventing injuries and illnesses in the workplace, including mental health issues, is vital to the health, well-being and economic success of all Canadians.

[*English*]

This is something that we do regularly at Status of Women Canada, whether it be women who are handicapped, women of aboriginal background, or women who are entrepreneurs. We are focused on making sure that the workplace is safe.

Making sure that we eliminate violence against women and girls is a top priority for this government.

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, the minister is correct. The Canadian Labour Congress study found that domestic violence not only impacted Canadians' home lives but, of course, their work lives as well. Seventy-five percent of victims said that domestic violence impacted them at work, and domestic violence costs employers $80 million a year.

The only question we have for the minister as a result of her intervention is this. Will she sit down with the unions and employers to address the impact that domestic violence is having in the workplace?

Hon. K. Kellie Leitch (Minister of Labour and Minister of Status of Women, CPC): Mr. Speaker, I will say to the Leader of the Opposition that I actually had the great opportunity to speak to the president of the CLC just this morning, as well as to the chairman of FETCO, Steve Bedard. Both have agreed to meet with me next week to speak about this specific issue, so that we are making sure that mental health in the workplace is resolved.

* * *

[*Translation*]

VETERANS AFFAIRS

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Mr. Speaker, the Auditor General tabled a scathing report about this government's disregard for our veterans and now the minister is not available to answer questions.

The minister has a well-earned reputation for fleeing the scene to avoid tough questions.

Where are his priorities? Why are the Conservatives hiding instead of being accountable for their disregard for our veterans?

● (1425)

[*English*]

Mr. Parm Gill (Parliamentary Secretary to the Minister of Veterans Affairs, CPC): Mr. Speaker, I want to thank the Auditor General for recognizing that Veterans Affairs does indeed have a robust mental health strategy, which we have put in place, and mental health supports. We provide rehabilitation to our veterans in a timely manner, and we are working to improve the consultation process with veterans.

Also, the Auditor General has identified that there are some unnecessary delays in the processing. We are working to address those issues. We thank the Auditor General for his recommendations.

The Speaker: Order, please. I must remind the hon. member for Westmount—Ville-Marie that it is unparliamentary to point out the presence or absence of colleagues. I know that he will keep that in mind going forward.

The hon. member for Guelph.

Mr. Frank Valeriote (Guelph, Lib.): Mr. Speaker, when the Auditor General reported the government's failure to provide the mental health services that our veterans needed, the minister was out of the country. We hoped to get answers from the department. The veterans affairs committee has cancelled its meeting on the estimates.

We all remember the minister running away from Jenny Migneault, the wife of a veteran with PTSD. Now when veterans have questions about access to mental health services, meetings are put off and cancelled. Why, instead of answering questions and being accountable to veterans, do the Conservatives always cut and run?

Mr. Parm Gill (Parliamentary Secretary to the Minister of Veterans Affairs, CPC): Mr. Speaker, I can assure the hon. colleague on the other side that the minister works hard and consults with veterans across the country all the time. As a matter of fact, he is currently travelling overseas with veterans.

It is a top priority for our government. We are working to address some of the recommendations that were brought forward by the Auditor General to address the concerns when it comes to the unnecessary delays. On this side of the House, we will continue to work in the best interests of Canada's veterans.

Ms. Joyce Murray (Vancouver Quadra, Lib.): Mr. Speaker, yesterday I raised the case of Greg Matters, the 16-year armed forces veteran suffering from PTSD, who was tragically killed in 2012. Greg fought for years for treatment and support, and all he got was a measly $125 a month. He pleaded for psychiatric help in vain. His death could have been avoided.

Yesterday, the parliamentary secretary did not answer my question on this, so I am giving him another opportunity. When will the government finally respect our veterans, fix these problems, and prevent these deaths from happening?

Hon. Rob Nicholson (Minister of National Defence, CPC): Mr. Speaker, no government has brought more respect and more resources to help our veterans, the members of the armed forces, than this government. We have increased the annual health care budget by over $10 million. We work with individuals who are suffering with PTSD. This has been a priority for the armed forces. We encourage everyone who has any difficulties in this area to reach out, and they will get the help that they need.

[*Translation*]

Mr. Sylvain Chicoine (Châteauguay—Saint-Constant, NDP): Mr. Speaker, the level of distress among our veterans has become quite alarming. Despite the Conservatives' promises, absolutely nothing is changing.

In 2009, the government promised to review its mental health strategy to determine whether it truly met veterans' needs. The Auditor General confirmed this week that the government never followed through on that promise.

Why is the minister trying to save money on the backs of veterans? Why does he not make sure that their mental health needs are being met?

[*English*]

Mr. Parm Gill (Parliamentary Secretary to the Minister of Veterans Affairs, CPC): Mr. Speaker, on Sunday our government announced additional mental health support for Canada's men and women in the armed forces, for veterans, and for their families. We are investing in a major new operational stress injury clinic in Halifax and eight other satellite locations across this country.

Our government is committed to our veterans, to our armed forces, and to their families, and we will continue to work on their behalf.

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, let me ask again. In 2009, the Conservatives committed to developing performance measures to assess if the government's mental health strategy was meeting the mental health needs of veterans. The Auditor General showed that the Conservatives never followed up on that commitment. No data was ever collected.

Mental health care is critical for our veterans. Why did the government abandon this commitment?

Mr. Parm Gill (Parliamentary Secretary to the Minister of Veterans Affairs, CPC): Mr. Speaker, it was in fact the Minister of Veterans Affairs and our government who recommended the Auditor General review our mental health program so that we could improve it to provide the very best for our Canadian veterans and their families.

The Auditor General clearly said that Veterans Affairs had put in place important mental health supports. Access to mental health support under the rehabilitation program is timely.

At the same time, the Auditor General has made some recommendations in terms of unnecessary delays, and we are working to address those issues.

● (1430)

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, when our veterans were asked to serve, they did not hesitate. Why will this minister not honour that service?

Nearly one in six full-time members of the Canadian Forces experienced symptoms of mental health or alcohol-related disorders in the last year. Many of those members will soon be leaving the Canadian Forces and looking for assistance from Veterans Affairs.

Does the minister have a plan in place for these veterans so that they are not left waiting?

Mr. Parm Gill (Parliamentary Secretary to the Minister of Veterans Affairs, CPC): Absolutely, Mr. Speaker. Our government has a strong record when it comes to providing support, benefits, and services for Canada's veterans.

It is precisely the reason why we have invested billions of dollars in new additional dollars, even though the opposition has continually voted against virtually every single initiative we have brought forward.

We will continue to stand up for Canada's veterans and their families.

* * *

[*Translation*]

RAIL TRANSPORTATION

Mr. Hoang Mai (Brossard—La Prairie, NDP): Mr. Speaker, the Transportation Safety Board finds that the Conservatives are not doing enough to monitor railway companies.

It seems like the Lac-Mégantic tragedy does not register with the Conservatives. The president of the TSB has called for stronger rail tanker cars and is concerned about the lack of deadline.

When will the government listen to the TSB and protect the public?

[*English*]

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, the safety and security of Canadians is a top priority at Transport Canada.

Each of the recommendations laid out by the Transportation Safety Board with respect to the watch list is being reviewed currently.

That said, Transport Canada has been taking strong action. The worst-offending DOT-111s are out of service already in terms of transporting crude. There is an aggressive phase-out of the remaining DOT-111s that is in process and ahead of a proposed U.S. phase-out.

We are taking strong action at Transport Canada and will continue to do so.

Mr. Mike Sullivan (York South—Weston, NDP): Mr. Speaker, while Conservatives boast, the TSB says the government simply is not getting the job done on rail safety.

Yesterday the president of the Transportation Safety Board, Kathy Fox, said, "...actions taken to date are insufficient". She said, "...a weak company safety culture and inadequate Transport Canada oversight contributed to the Lac-Mégantic accident". She said that Transport Canada still has problems with oversight and inspections.

In light of all this, why is the government still cutting funds for transport safety?

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, the member has it all wrong. Front-line safety continues to get a boost in terms of the operational spending of our rail safety directorate. This government continues to take strong action.

What the watch list did show is that 74 out of 77 watch list items are either fully satisfactory or in progress, and no wonder when we look at what we have. There are new compliance tools coming into force on railway operating certificates and new administrative monetary penalties, all to make railways more compliant in what they do.

With regard to the DOT-111s I spoke of, there are regulations already on new and enhanced standards, and there are new tanker safety—

The Speaker: The hon. member for Parkdale—High Park.

* * *

CANADA POST

Ms. Peggy Nash (Parkdale—High Park, NDP): Mr. Speaker, while millions of Canadians are losing their home delivery services, Canada Post is on track to post record profits. Seniors, people with disabilities, and many other homeowners are all being left behind.

Conservatives claimed these cuts were needed because Canada Post was going to lose hundreds of millions of dollars. Now that Canada Post is turning a large profit, will the Conservatives join with us and fight these cuts, or are they hell-bent on allowing Canada to become the only G7 country without home mail delivery?

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, that is an overly generous reading the facts. Here are the facts.

Canada Post delivered 1.2 billion fewer letters in 2013 than in 2006. Two-thirds of Canadians currently do not receive mail door to door at their home address. Canada Post must balance its books, which is its responsibility, and taxpayers expect it to do that.

● (1435)

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, the Conservatives went on and on about how they had to put an end to home delivery because Canada Post was in the hole.

That is funny, because the corporation just posted a $13 million profit in its third consecutive profitable quarter. Not bad for a company that, according to the Conference Board of Canada and the Conservatives, was supposed to lose $274 million this year.

Will the Conservatives admit that their decision to put an end to home delivery has nothing to do with the crown corporation's finances and everything to do with their ideological attack on our public services?

[*English*]

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, perhaps the member would like to read the annual reports of Canada Post, which show that for the last three years it has consistently turned major losses. That is because 1.2 billion fewer letters were delivered in 2013 than in 2006.

The crown corporation has taken measures to try to turn that situation around, and the member should get behind the five-point plan.

* * *

[*Translation*]

OFFICIAL LANGUAGES

Mr. Pierre Dionne Labelle (Rivière-du-Nord, NDP): Mr. Speaker, if we are to believe the Conservatives and Canada's new French-language Twitter account, all francophones and Quebeckers walk around saying "*ouais*". That is completely ridiculous and out of touch with reality. This is yet another advertising campaign designed in English and then translated.

With the Conservatives, it seems as though there are two official languages in Canada: English and translated English.

How could the Minister of Foreign Affairs allow this nonsense?

[*English*]

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, the question is—

Some hon. members: Oh, oh!

The Speaker: Order. The minister has been asked a question. I see that he is rising to answer the question, and so I will ask members to allow him to do so.

The hon. Minister of Foreign Affairs.

[*Translation*]

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, that is a ridiculous question. The Twitter campaign was designed to promote our values, our country, our culture, our foreign policy and our development strategies. We created two Twitter accounts, one in French and one in English, to reflect Canada's two official languages.

Mr. Pierre Dionne Labelle (Rivière-du-Nord, NDP): Mr. Speaker, the problem is that this reeks of amateurism. Once again, this proves that French is a second-class language to the Conservatives.

The government cannot simply translate English expressions into French. They need to be drafted in French.

This weekend marks the opening of the 15th Sommet de la Francophonie. Is this really the image of Canada that the Conservatives want to project internationally?

Hon. Steven Blaney (Minister of Public Safety and Emergency Preparedness, CPC): Mr. Speaker, I would like to take this opportunity to say that I am proud to rise in the House to answer one of the first questions about the Francophonie that the opposition has asked since its members were elected.

In Canada, Quebec is an official member of the Francophonie thanks to the Conservative government, and New Brunswick will support the candidacy of Michaëlle Jean in order to promote French around the world. We are all very proud of that.

* * *

[*English*]

INTERNATIONAL TRADE

Ms. Chrystia Freeland (Toronto Centre, Lib.): Mr. Speaker, the European Union and Ukraine have signed an association agreement that takes effect January 1, 2016. In the meantime, Europe has already eliminated most tariffs for Ukraine, a form of help equal to $635 million in aid.

Canada and Ukraine are seeking a free trade agreement, but trade negotiations take a long time. Given the strong cross-party support for Ukraine in this House, will the government match the EU's unilateral zero-tariff regime for Ukrainian businesses until our deal is done?

Hon. Ed Fast (Minister of International Trade, CPC): Mr. Speaker, I can assure you that our government is committed to supporting efforts to build a peaceful, democratic, and prosperous Ukraine. Ukraine is a priority market for Canada under Canada's global markets action plan. In fact, this past July, I led a trade mission to Ukraine.

When I compare our record on trade to that of the Liberal Party, I see that over 13 long years, it was able to sign only three trade agreements; this government, over a short eight years, has signed free trade agreements with a total of 38 different countries, and there are many more to come.

● (1440)

TAXATION

Hon. Scott Brison (Kings—Hants, Lib.): Mr. Speaker, TD Bank's report, "The Case for Leaning Against Income Inequality in Canada", recommends making our tax system more progressive. TD cites an IMF report that shows that tackling inequality is good for growth.

TD Bank, the IMF, and Mark Carney have all warned against growing income inequality here in Canada. Why will the Conservatives not listen to these experts and cancel the regressive income-splitting scheme that will actually make income inequality worse?

Hon. Jason Kenney (Minister of Employment and Social Development and Minister for Multiculturalism, CPC): Mr. Speaker, apparently the member for Kings—Hants does not read *The New York Times*, because if he did, he would have read the huge benchmark study that celebrated the fact, at least for us Canadians, that Canada's middle class has surpassed that of the United States for the first time ever and that we have the wealthiest middle class in the world.

We also have seen a significant reduction in the number of Canadians living below the low-income line. In fact, thanks to our increase in the basic personal exemption and other progressive changes, we have lifted over 1.2 million low-income Canadians off of the tax rolls altogether.

Hon. Scott Brison (Kings—Hants, Lib.): Mr. Speaker, apparently, the minister did not listen to the late Jim Flaherty, who questioned whether income splitting would benefit society. Apparently, the minister does not listen to the C.D. Howe Institute, which says that it will do nothing for 86% of Canadian families.

They are all warning that income splitting will increase inequality, and the IMF and the TD Bank have told us that rising inequality is bad for growth. Even if the Conservatives do not care about the unfairness of inequality, why are they going ahead with income splitting when it is bad for jobs and growth?

Hon. Jason Kenney (Minister of Employment and Social Development and Minister for Multiculturalism, CPC): Mr. Speaker, first, the member himself supported income splitting in his Tory leadership platform. Second, we did listen to constructive criticism, which is why we capped the benefit for income splitting at $2,000 for families, ensuring that two-thirds of the benefits from the overall package would flow to modest- and low-income families. Third, this change is part of the universal choice in child care benefit enhancement, which will deliver benefits to 100% of families.

If benefiting more people is the criterion for supporting tax cuts, why did the Liberal Party vote against and continue to oppose the only tax cut that 100% of Canadians enjoy, which is the cut in the GST?

LABOUR

Ms. Niki Ashton (Churchill, NDP): Mr. Speaker, a new survey has found that 33.6% of workers have faced domestic violence and that this violence follows workers to their jobs every day. It can continue throughout the day through abusive texts, emails, or phone calls, and it has a devastating impact.

Will the Minister of Labour convene a round table meeting that includes labour, employers, and government officials as a first step in dealing with this widespread problem?

Hon. K. Kellie Leitch (Minister of Labour and Minister of Status of Women, CPC): Mr. Speaker, preventing illness and injury in the workplace, particularly mental health issues, including domestic violence, is an essential component of the health and well-being of all Canadians.

As I said earlier in this place, I have already spoken just this morning with the president of the Canadian Labour Congress, Hassan Yussuff, and his counterparts at FETCO and the chairman there, Steve Bedard, to make sure that we are meeting next week to address this issue and move forward on it.

This is a combined responsibility. Whether it be government, union leadership, or employer leadership, we do have to be in this together, and I would implore the members opposite to please stop voting against the things that we are trying to do to improve the mental health of Canadians.

Ms. Niki Ashton (Churchill, NDP): Mr. Speaker, the issue of domestic violence requires federal leadership, and that is what we are here calling for.

[*Translation*]

We cannot continue to sweep the issue of domestic violence under the rug. The numbers speak for themselves. One-third of workers have faced domestic violence, and 35% said that they know at least one colleague who has been a victim of violence.

Will the minister show some leadership and convene a round table to find effective solutions to the problem of domestic violence?

[*English*]

Hon. K. Kellie Leitch (Minister of Labour and Minister of Status of Women, CPC): Mr. Speaker, this government actually has shown leadership, and the opposition continues to vote against those opportunities to support Canadians, both in the workplace and at home.

Whether it be eliminating violence against women and girls, making sure an action plan is in place for murdered and missing aboriginal women, or making sure those things are in place for the mental health of those in the workplace, I encourage the opposition to please get on board and vote for what we are putting forward to make sure Canadians are safe and healthy.

● (1445)

[*Translation*]

Ms. Mylène Freeman (Argenteuil—Papineau—Mirabel, NDP): Mr. Speaker, the statistics are troubling.

A total of 82% of the workers who reported being victims of domestic violence stated that it affected their work performance. What is more, 40% said that it kept them from going to work and nearly 10% lost their jobs as a result.

Does the minister understand the gravity of the situation and does she really intend to implement effective solutions?

[*English*]

Hon. K. Kellie Leitch (Minister of Labour and Minister of Status of Women, CPC): Mr. Speaker, when it comes to preventing illness and injury in the workplace, it is job number one at the labour program. That is why, just two weeks ago, employees unions, employers, my deputy minister, and I met together in Toronto at a large forum to address these issues: mental health, and making sure that issues of harassment and other things in the workplace are addressed.

We are ahead of the ball on you on this one. We have already done it. I hope you will participate in the future.

The Speaker: I would remind the minister to address her comments to the Chair, not directly at her colleagues.

The hon. member for Halifax

Ms. Megan Leslie (Halifax, NDP): Mr. Speaker, domestic violence is not just an issue for workplaces. Half of the women and girls in Canada will face physical or sexual violence in their lifetimes. More needs to be done to support women who are trying to escape this violence—especially, first nation, Inuit, and Métis women, who face violence at catastrophic rates.

Will the government work with the NDP to create an action plan to end violence against women?

Hon. K. Kellie Leitch (Minister of Labour and Minister of Status of Women, CPC): Mr. Speaker, violence against women and girls is simply unacceptable. This government is on the record of stating that again and again.

However, I do find it strikingly odd. The opposition opposes every action we have taken to combat criminals and support victims. I guess I just find it passing strange that it is asking for this today, when this government has moved forward on a number of initiatives, whether that be safe streets, whether that be a victim's bill of rights. It votes against them all. I encourage the opposition to get on board, and let us make sure we are eliminating violence against women and girls

* * *

INFRASTRUCTURE

Mr. Larry Maguire (Brandon—Souris, CPC): Mr. Speaker, the opposition's record on infrastructure is abysmal. The Liberals did nothing in 13 years in power. The NDP has voted against every penny that we have ever put forward. That is quite a contrast from our Conservative government, which has put the Building Canada plan in place and enhanced the gas tax, doubled it, indexed it, and made it permanent.

Would the Minister of Infrastructure, Communities and Intergovernmental Affairs inform the House on the important announcement made by the Prime Minister this week?

Hon. Denis Lebel (Minister of Infrastructure, Communities and Intergovernmental Affairs and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, I would like to thank my colleague for his work and support on this important matter.

Last week, the Prime Minister announced a significant investment in federal infrastructure. This investment adds up to our government's unprecedented and historic investment to ensure Canada's future economic growth for years to come—investments in national historic sites, Canadian Armed Forces facilities, research centres, small-craft harbours, and the Canadian Coast Guard, just to name a few—and we have done that while balancing the budget.

* * *

PUBLIC SAFETY

Mr. Randall Garrison (Esquimalt—Juan de Fuca, NDP): Mr. Speaker, in the wake of the Liberal sponsorship scandal, the Office of the Public Sector Integrity Commissioner was created to give principled whistle-blowers a place to go.

Conservatives promised it would stop corruption and abuse.

Now, *La Presse* is reporting that serious allegations of abuse within the RCMP are contained in a report from the integrity commissioner.

Instead of fighting the publication of this potentially explosive report in court, what action is Minister of Public Safety and Emergency Preparedness taking, now that he is aware of these serious allegations of wrongdoing in the RCMP?

Hon. Steven Blaney (Minister of Public Safety and Emergency Preparedness, CPC): Mr. Speaker, as the member knows, this issue is in front of the courts, so it would be inappropriate to comment.

However, this being said, we expect the RCMP to conduct itself with the highest standards.

While I am on my feet, I want to thank every police officer protecting us in this very House and across the country, making this country safe.

● (1450)

[*Translation*]

Ms. Rosane Doré Lefebvre (Alfred-Pellan, NDP): Mr. Speaker, what is troubling is that the government is trying to deny its responsibility when it comes to the integrity of the RCMP.

This government is spending its time trying to suppress the integrity commissioner's report instead of addressing the reprehensible behaviour within the RCMP.

What is the point of having a Public Sector Integrity Commissioner if he cannot look into shortcomings in our federal police service? The minister really needs to take responsibility and stop hiding behind the courts.

What will he do to ensure integrity within the RCMP?

Hon. Steven Blaney (Minister of Public Safety and Emergency Preparedness, CPC): Mr. Speaker, as I just said, this issue is in front of the courts, but we expect the RCMP to conduct itself with professionalism and integrity.

I am pleased to confirm that as of Monday, we expect to have some important developments. If members will recall, we wanted to improve accountability within the RCMP and put in place some new institutions. Now it is time to take action. Stay tuned, as they say, for news is coming.

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CBC/RADIO-CANADA

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, in addition to stacking the board of directors with party cronies, the Conservatives have their hands all over CBC programming.

Outraged by a documentary that revealed the many connections between the Conservatives and ideological movements, the Prime Minister's press secretary, Carl Vallée, contacted the information director repeatedly to complain. According to the Prime Minister's Office, the documentary confirmed what it calls its "worst suspicions" about the public broadcaster.

Can the Prime Minister tell Canadians at home what those "worst suspicions" are?

[*English*]

Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Canadian Heritage, CPC): Mr. Speaker, the CBC ombudsman is charged with representing the interests of the public by investigating and addressing complaints such as the one referred to by the member. In this particular case, the ombudsman said the rules of journalistic standards and practices for the presentation of opinion documentaries had not been correctly applied in the airing of *La droite religieuse au Canada*.

[*Translation*]

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, that is the art of quoting very selectively. Like any other citizen, Mr. Vallée can complain about content from our public broadcaster.

However, when the Prime Minister's press secretary threatens an information director, that is another story. When the director took a stand, Carl Vallée wrote back that they would "have to consider other options", and that is a threat. When those threats come from the office that controls the purse strings, that is a really big problem.

How can the Minister of Canadian Heritage and Official Languages possibly think that Canadians believe her when she says that the cuts to CBC were not ideological? Come on.

[*English*]

Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Canadian Heritage, CPC): Mr. Speaker, I am not sure if the member actually heard the response to the question. There is a lot of smoke and mirrors there, a lot of accusations, but we will take the word of the ombudsman on this matter. He ruled on this and indicated that in terms of the rule on presentation of opinion documentaries, it had not been correctly applied in the airing.

Do not listen to anyone else; listen to the ombudsman. He made the ruling and said it was incorrect.

Oral Questions

INFRASTRUCTURE

Hon. Judy Sgro (York West, Lib.): Mr. Speaker, for most Canadians, there is nothing better than spending time with family after a long day at work, but for many in the GTA, getting home now takes much longer. Traffic gridlock in Toronto costs the economy up to $11 billion and adds frustration and expense to the work day. Worse yet, it robs people of quality time with their families.

Rather than running ads and re-announcing and re-announcing old promises, as the government does, when is the government going to take things seriously and start investing in the serious infrastructure and transit needs of all of our cities?

[*Translation*]

Hon. Denis Lebel (Minister of Infrastructure, Communities and Intergovernmental Affairs and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, our government has invested more in public transit infrastructure than any other government in this country's history.

Transit corporations across the country recognize that, and we have done it with due regard for jurisdiction. Cities and provinces are responsible for public transit.

The Liberals want to centralize everything in Ottawa, and so does the NDP. We are doing our job with due regard for our partners' jurisdiction.

[*English*]

Mr. Adam Vaughan (Trinity—Spadina, Lib.): Mr. Speaker, federal infrastructure spending has dropped by 90% this year. The money that the government has promised municipalities will not arrive until after the next election. Many of the roads and bridges were built by the federal government almost 50 years ago, and it is those roads and bridges that are now falling apart and need help now. Calgary's infrastructure deficit is $3.2 billion. Clearly, sending Conservatives to the House of Commons has not helped that city.

If the federal government knows that its own roads and bridges need repair, why does it not know that cities in this country need the same help? Why will it not fund those cities now? Why will it not step up to the plate now? Why is it missing in action?

● (1455)

Hon. Denis Lebel (Minister of Infrastructure, Communities and Intergovernmental Affairs and Minister of the Economic Development Agency of Canada for the Regions of Quebec, CPC): Mr. Speaker, that is completely wrong.

Last summer everybody in the country was saying that there was too much work on the streets and the roads of this country, that we have problems with the traffic because there was work on the roads everywhere.

That is completely false. The money is already available. For the gas tax fund, we are working with all provinces and territories. We have already invested more than $600 million this year for projects, and there is a lot to come.

That is completely wrong. Our government is delivering—

The Speaker: Order. The hon. member for Vancouver Kingsway.

INTERNATIONAL TRADE

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, this week, 65,000 Canadians petitioned Port Metro Vancouver, calling on this government to halt shipments of endangered whale products through Canadian territory.

We have learned that Canada is being used as a conduit to ship prohibited meat from the most endangered whales on Earth, from Iceland to Japan, despite Canada's international commitment not to trade in those species.

Will the minister stop this facilitation of trade in the most endangered species on earth?

Hon. Ed Fast (Minister of International Trade, CPC): Mr. Speaker, I would be glad to take that member's question under advisement. Our government has been very clear that we stand against the trade in endangered species.

However, it also allows me to point out the hypocrisy of the NDP. This is a party that stands in this House, day after day, attacking our efforts to expand legitimate trade around the world, which would open up new markets for Canadians, open up new markets for Canadian investors.

On this side of the aisle, we stand up for Canadians, we stand up for Canadian companies, and we stand up for Canada's interest.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, the minister has the power to stop this practice, if he wants to, just as the U.S. has done.

Port Metro Vancouver says:

> ...the shipment of meat from a [convention]-listed [endangered] species is inconsistent with Canada's trade priorities and is something...[we do] not support.

In February, the Minister of Foreign Affairs called on world governments to “protect our threatened species” and act “before it's too late”.

Will the Minister of International Trade heed the Port of Vancouver and his own colleague's advice before it is too late?

Hon. Ed Fast (Minister of International Trade, CPC): Mr. Speaker, I can assure the member that all trade that takes place within Canada and with its trading partners takes place in accordance with Canadian law, as well as international law. We stand up for the protection of endangered species.

I will go right back to the NDP members. They are talking about trade. This is the party that is ideologically opposed to trade, that has opposed almost every single trade initiative that this government has brought forward.

It is time for the NDP members to stand up in this House and understand and articulate a clear support for Canada's trade and investment objectives all around the world.

NATIONAL DEFENCE

Mr. Corneliu Chisu (Pickering—Scarborough East, CPC): Mr. Speaker, recent events in eastern Europe have plunged what was a calm and stable region into a state of heightened tension. The military aggression from the Putin regime towards Ukraine is completely unacceptable.

This is why Canada has already made a significant contribution to Operation Reassurance. This includes CF-18 fighter jets for Baltic air policing, the deployment of HMCS *Toronto* in the Mediterranean, and numerous training exercises by our armed forces personnel being conducted in Poland.

Could the Minister of National Defence please update the House on our government's action to support the people of Ukraine?

Hon. Rob Nicholson (Minister of National Defence, CPC): Mr. Speaker, I can confirm to this House that the first shipment of surplus military equipment to Ukraine has left via C-17 strategic airlifter this morning from CFB Trenton.

This shipment includes 3,000 pairs of boots, 2,400 coats, 3,500 pairs of pants, and 3,300 pairs of gloves, and it responds directly to a request for assistance from the Ukrainian government.

We will also provide a military field hospital, as well as equipment such as tactical communications systems, tactical medical kits, and both night and thermal vision goggles.

Make no mistake; we stand in solidarity with the Ukrainian people. Once again, we are sending the message to Putin that he needs to get out of Ukraine.

* * *

[*Translation*]

LIBRARY AND ARCHIVES CANADA

Hon. Stéphane Dion (Saint-Laurent—Cartierville, Lib.): Mr. Speaker, the collection and acquisitions at Library and Archives Canada are lamentable: 98,000 boxes of documents are collecting dust and $15 million has been wasted on digitization that still has not materialized. Such are the horrors uncovered by the Auditor General of Canada.

The minister blames the previous administration, but then how did that administration remain in place for four years if it was so incompetent? Also, if things were going so poorly, then why cut $9.6 million or 10% of LAC's budget?

● (1500)

[*English*]

Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Canadian Heritage, CPC): Mr. Speaker, Library and Archives Canada plays an important role in preserving the documentation and heritage of our country.

The issues identified in the report did occur under the previous leadership at Library and Archives. Our government has put new leadership in place. Mr. Guy Berthiaume and LAC is now developing a more robust digital strategy for implementation, which begins in the spring of 2015.

TRANSPORTATION

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, twice in the last three years, Transport Canada said it was creating a federal inventory of derelict vessels, but the government does not define what a derelict vessel is or give any indication it will deal with the growing problem of abandoned boats, barges, and other water craft

The Union of B.C. Municipalities made a suggestion to set up a removal program and designate the Canadian Coast Guard as receiver of wrecks and derelicts.

When will the minister respond to the calls for concrete action on derelict vessels?

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, the member will know that Transport Canada provides for safe waterways free from ship-source pollution. With respect to vessels, the consideration is whether navigation is obstructed.

The member will also know that it is the owner of a vessel who is responsible for its removal, including removing the vessel if it becomes stranded. Should it become an obstruction to navigation, then the responsible departments of the government will act decisively.

* * *

PUBLIC SAFETY

Mr. Rob Clarke (Desnethé—Missinippi—Churchill River, CPC): Mr. Speaker, yesterday the House debated the common sense firearms licensing act. These measures, introduced by our Conservative government, represent the first change to improve the firearms licence system in nearly 20 years and are welcomed by law-abiding Canadians from coast to coast to coast.

Yesterday, the Liberal leader said he was opposed to these common-sense measures. Later, he put out a misleading fundraising campaign wherein he claimed that this bill would allow restricted firearms to be brought to shopping malls.

Could the Minister of Public Safety please tell us what this bill would actually do?

Hon. Steven Blaney (Minister of Public Safety and Emergency Preparedness, CPC): Mr. Speaker, let us be very clear. This bill keeps all the safety rules regarding the transportation of restricted firearms. However, that is not what the Liberals have said. Whether the Liberal leader has intentionally misled the House and Canadians or has not read the bill, he should apologize, tell the truth and say that this bill, while increasing public safety, is respecting law-abiding citizens.

* * *

[*Translation*]

RAIL TRANSPORTATION

Ms. Isabelle Morin (Notre-Dame-de-Grâce—Lachine, NDP): Mr. Speaker, the people of Lachine, Saint-Pierre, Dorval and Notre-Dame-de-Grâce are worried.

With so many rail lines running through our neighbourhoods, people are concerned for their safety. The Transportation Safety Board's report released yesterday is once again critical of the Conservatives' inaction. That is not reassuring.

What is more, the Conservatives have been cutting funding for transportation safety from their budgets for the past five years. I want my constituents to feel safe.

Will the government stop playing games with their safety and finally compel the transportation companies to improve their safety measures?

[*English*]

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, that member was at committee today when officials testified that in fact, for example, the transport of dangerous goods directorate's budget is at $20 million, up from $13 million.

Clearly, we are making the right strategic investments to ensure that our oversight system is in hand. However, we have taken a number of other very important measures, everything from DOT-111s, removing the most offensive from the transport of crude oil, working on new standards for a new tanker design, information-sharing with municipalities, and additional safety measures for runaway trains. I could go on and on—

The Speaker: Order, please. The hon. member for Ahuntsic.

* * *

[*Translation*]

HOUSING

Mrs. Maria Mourani (Ahuntsic, Ind.): Mr. Speaker, the Minister of State for Social Development misled the House by suggesting that housing co-operatives will be able to provide long-term subsidies after their agreement expires. However, that is not the case.

What is more, according to the minister, funds were supposedly transferred to the provinces to maintain funding for affordable housing after the agreements expire. The housing co-operatives do not know what the minister is talking about.

Can she tell us how much money was transferred to save affordable, co-operative housing?

● (1505)

Hon. Jason Kenney (Minister of Employment and Social Development and Minister for Multiculturalism, CPC): Mr. Speaker, I do not have the figures for that specific transfer with me now, but I would be pleased to provide the hon. member with the exact information.

That being said, our government has increased its investments in affordable social housing, particularly through a very effective program to help the homeless find housing. We will continue in that direction.

The Speaker: That concludes oral questions for today.

Ms. Hélène Laverdière: Mr. Speaker, in a moment, I will ask for the unanimous consent of the House to table documents in both official languages.

During question period, the Minister of Public Safety and Emergency Preparedness said that we have never asked questions about the Francophonie, when we asked two questions in that regard just two days ago.

I would like to table in the House copies of the two questions for the minister's review.

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

Some hon. members: No.

The Speaker: There is no consent.

* * *

[*English*]

EASTERN SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN CANADA ACT

(On the Order: Private Members' Business:)

November 20, 2014—Second reading and reference to a legislative committee of S-1001, An Act to amend the Eastern Synod of the Evangelical Lutheran Church in Canada Act—Hon. Laurie Hawn.

Hon. Laurie Hawn (Edmonton Centre, CPC): Mr. Speaker, there have been consultations, and I believe that you will find unanimous consent for the following motion.

I move:

That, not withstanding any Standing Order or usual practice of the House, Bill S-1001, an Act to amend the Eastern Synod of the Evangelical Lutheran Church in Canada Act, be deemed to have been read a second time and referred to a Committee of the Whole, deemed considered in Committee of the Whole, deemed reported without amendment, deemed concurred in at report stage and deemed read the third time and passed.

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

Some hon. members: Agreed.

(Motion agreed to, bill read the second time, deemed considered in committee of the whole and reported without amendment, concurred in at report stage and deemed read a third time and passed)

* * *

[*Translation*]

BUSINESS OF THE HOUSE

Mr. Peter Julian (Burnaby—New Westminster, NDP): Mr. Speaker, I would like to start by talking about the official opposition's priorities this week. As you know, a few days ago we exposed the fact that the Conservative government had taken back—or stolen—$1.1 billion from our veterans. That priority has been a focus of ours in the House. We are pleased to see the Conservatives taking a first step towards a resolution. As we know, the Conservatives have given back part of the money they had taken from veterans, and we will, of course, continue to stand up for our veterans. We strongly believe that Canada has a debt to our veterans and that they deserve better than what this government has done.

[*English*]

This week, we are defending those who are victims of thalidomide, who have effectively been left by both the government and a pharmaceutical company, and have lived through very difficult lives. We appreciate that the government is going to be supporting our push for compensation for those victims.

Those have been some of our priorities for this week. I would like to ask my colleague on the government side what the priorities will be for the government in the coming days.

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, notwithstanding the fact that the comments on our commitment to veterans made by all of my colleagues opposite are completely untrue, our commitment to our veterans in this country in terms of the level of funding we have given them has been unprecedented. Frankly, there has not been one nickel that we have clawed back from veterans. In fact, we have spent over $5 billion more on veterans since taking office than the previous government.

I would like to take this opportunity to remind all members, once again, on the eve of this year's Grey Cup, that the Saskatchewan Roughriders are the defending Grey Cup champions. They are known not only as Saskatchewan's team but also Canada's team. I ask all members to once again applaud the efforts of the Saskatchewan Roughriders, as they are the backbone of the CFL, our great football institution in this country. I see that my colleagues share my enthusiasm.

It is a pleasure to rise this afternoon on behalf of the government House leader to give the weekly business statement to my colleague opposite. This afternoon, we will continue with the NDP opposition day debate. Tomorrow, we will return to second reading debate on Bill C-35, the justice for animals in service act, also known as Quanto's law.

On Monday, before question period, we will start the second reading debate on Bill S-6, the Yukon and Nunavut regulatory improvement act. This bill is the final step toward completing the legislative portion of Canada's action plan to improve northern regulatory regimes. After question period, we will start the report stage of Bill C-2, the respect for communities act, which was recently reported back from the public safety committee. This bill will ensure that our communities, and especially parents, will have a say before drug injection sites are opened.

On Tuesday, we will start the report stage debate on Bill C-43, the economic action plan 2014 act, No. 2, which has been considered by the hard-working finance committee and several other committees this autumn. Bill C-43 would implement measures from this year's federal budget and other newer measures that would support jobs, economic growth, families, and communities, as well as improve the fairness and integrity of the tax system as the government returns to a balanced budget in 2015.

On Wednesday, we will have yet another NDP opposition day, as confirmed yesterday by the government House leader. That will be our last supply day of the autumn, so we will consider the supplementary estimates and an appropriations bill that evening.

Thursday will see us resume debate on Bill C-40, the Rouge national urban park act, at third reading. My colleagues from the greater Toronto area will be keen to see progress on this legislation, which would create Canada's first urban national park.

GOVERNMENT ORDERS

● (1510)

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SURVIVORS OF THALIDOMIDE

The House resumed consideration of the motion.

The Acting Speaker (Mr. Bruce Stanton): When the House last debated the question, the hon. Parliamentary Secretary to the Minister of Citizenship and Immigration had four minutes remaining in the time for his remarks. After that he will have five minutes of questions and comments.

The hon. Parliamentary Secretary to the Minister of Citizenship and Immigration.

Mr. Costas Menegakis (Parliamentary Secretary to the Minister of Citizenship and Immigration, CPC): Mr. Speaker, Canadians want to know that when they are prescribed a medication, it has been rigorously reviewed by one of the most exacting safety regulators in the world. They also want to know about any new facts as soon as possible after they emerge so they can continue to make informed decisions in discussion with their health care providers. That is why the new authority in Vanessa's law regarding mandatory label changes is so important.

The thalidomide tragedy made us all aware that drugs are powerful chemical or biological substances and that while these can provide many benefits, they also have the potential to have unwanted side effects. Sometimes these side effects are serious enough to be life-threatening, permanently debilitating and, in rare, instances even fatal.

Health care institutions are uniquely positioned to identify and report these serious adverse reactions. Although most drugs are prescribed by a family doctor and used outside of a hospital setting, the most serious side effects result in patient hospitalization. As a result, adverse reaction reports serve as an important source of safety information. However, to date, adverse drug reactions have been under-reported.

That is why, with the new authorities provided in Vanessa's law, Health Canada will be working with provinces to develop a system for health care institutions to report serious adverse drug reactions and medical incidents directly to the department and to ensure the department provides critical and timely feedback to health care providers about the adverse reaction reports it receives.

With the passage of Vanessa's law, the minister will have new regulatory tools to draw upon when the possibility of an unforeseen serious risk has been identified. The minister can now order a label change or a recall. Once the relevant provisions are enforced, the minister will also be able to order new tests or studies on the product, ongoing monitoring of the product's use, or a thorough reassessment of existing evidence about the product.

It is also important to note that the minister has multiple ways of addressing a safety risk to the public that do not necessarily involve removing it from the market. It is important to keep in mind that any time a drug is pulled from the market, it can have significant consequences on patients who may rely on that drug to treat serious and debilitating conditions.

Vanessa's law has introduced tougher measures for those who do not comply with the Food and Drugs Act. The maximum fine has been increased to $5 million and/or two years in prison. In addition, courts will have the discretion to impose even higher fines if they determine that a person has knowingly and recklessly endangered human health. This sends a strong message that marketing unsafe drugs in Canada is completely unacceptable. Unfortunately, there are always a few who choose to engage in unethical behaviour. That is why the higher penalties that Vanessa's law have introduced are vital.

The large number of changes recently introduced by this new legislation have the potential to greatly enhance patient safety in Canada and to demonstrate how our health system is continuously evolving to better protect Canadians and keep pace with scientific knowledge. They reflect our determination as parliamentarians to reduce the risk of tragic events of the early 1960s ever occurring again.

We have learned from the experience of thalidomide and we are pleased to support the motion before the House today.

● (1515)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I appreciate the comments from the member. We had a great discussion and debate today on the issue of thalidomide. One of the things we need to focus more attention on is the fact that it is more than just the cash and the one-time settlement; it is the continual care that needs to be provided in Canada through our provincial jurisdictions. Whether it is the health departments and in some situations the family services department, they all need to be sensitive to the needs of the individuals who require the additional support.

Would the member pick up on the point that we have provincial stakeholders that need to be brought into the discussion to ensure that the type of support is consistent no matter where individuals who were victims of thalidomide back in the 1960s live? We have to ensure comprehensive and compatible services are being delivered to all clients.

Mr. Costas Menegakis: Mr. Speaker, I want to add my voice, as I said earlier today, to the fact that the House is united on this very important issue. It is an excellent example of how we can come together when we have a cause about which we all feel so passionately.

To respond to the member's question, we all know that this tragic event of the 1960s should not happen again, and we should work together in collaboration with our friends, partners and provinces in this effort.

Certainly, reviewing the proposal put forward by the Thalidomide Victims Association of Canada is very important for us, and the Minister of Health will be meeting with the association as well very shortly.

Ms. Peggy Nash (Parkdale—High Park, NDP): Mr. Speaker, it was back in the 1990s, under former prime minister Brian Mulroney, that the Conservative government required thalidomide survivors to sign an indemnity form giving up their right to sue in exchange for accepting a small, one-time payment that did not even begin to cover the expenses of a lifetime disability. We see the impact of that decision today, where so many of these survivors are struggling and are facing a bleak future without significant additional assistance.

Does the member opposite agree that Canada has a moral obligation to provide compensation for the thalidomide survivors?

Mr. Costas Menegakis: Mr. Speaker, I thank the member for her interest and passion in wanting to see some important relief for folks who have unfortunately been affected by ingesting thalidomide so many years ago.

Health Canada has learned from this tragedy, as we all have. Important improvements have been made to reduce the risk of this kind of terrible event from occurring again, including an overhaul of Canada's drug regulatory framework.

The new law we put in, Bill C-17, Vanessa's law, certainly has strengthened our regulatory tools to ensure that something such as the thalidomide tragedy never occurs again in our country.

● (1520)

Mr. Ben Lobb (Huron—Bruce, CPC): Mr. Speaker, it is a pleasure to rise this afternoon to speak to the motion.

There are three pieces to the motion, but the important point of the motion is to protect and respect the rights and dignity of people, and ensure they can live the next number of decades with support and respect.

There is obviously a financial component to the support, but there is also the emotional component as well as support throughout the disabled communities.

I was not around in the fifties of sixties, but we see how technology has changed through the years. There is a wealth of information for young mothers and young families today. Before an individual is even thinking of having a child, there is a wealth of information available. There are unlimited books, but there are obviously online resources available today outlining what individuals should do and not do, what they should take and not take. These resources were not as readily available decades ago, certainly not in the late fifties and early sixties, and it is truly unfortunate they were not.

Young couples in the late fifties, early sixties, thinking about starting families would listen to their families, their family doctors and take their advice. For an expectant mother having morning sickness or trouble sleeping, the doctor would have prescribed thalidomide to try to alleviate the symptoms so being pregnant would be a little more tolerable. That expectant mother would have taken the doctor's advice, which would have been based on the evidence that doctor had at the time to try to alleviate the symptoms of the expectant mother.

These families put their trust in the system over 50 years ago. Unfortunately for over 100 families in our country and thousands around the world, there were some pretty serious consequences. In some cases, the families faced these consequences their entire life.

Victims of thalidomide are now in their fifties and have faced a lifetime of making adjustments. They have spent a lifetime trying to compensate for their disabilities and continue on with their lives.

The Thalidomide Survivors Association of Canada did a study a few years ago. One was commissioned in 2011 and one in 1998. One of the remarkable pieces of the study was how many victims of thalidomide were motivated to have as normal a life as they could in Canada. The rate of employment among these individuals was around 73% in 1998.

However, as I said, I am sure thalidomide victims spent their entire lives trying to compensate for their disabilities and have had to overuse parts of their bodies that an average person would not have to use. Now that they are in their fifties, they are faced with a lot of pain. This report identifies the pain in all the different joints that victims of thalidomide experience.

When the motion talks about support, this is one of the components we need to recognize. The reports that came forward from the study in 2011 also indicated that the employment rate among thalidomide victims was in decline, so we need to recognize that when we talk about support. In addition, we also need to recognize the fact that these people are in physical pain. The report notes this. We can just imagine the rigour they have gone through to have a normal life.

Obviously there are a lot of extra costs associated with being disabled and trying to have a normal life, which a person such as myself may not experience, such as a device to reach something, a device to shower or a device to operate a vehicle. These all cost extra dollars and that needs to be recognized.

● (1525)

When we talk about respect and dignity and allowing people to lead dignified lives, not only in their younger years, but as they age into their fifties, sixties and seventies, that is also what this motion is about. Parliamentarians and Canadians support this.

Another component that is worth mentioning is timeframes. This product was on the West German market in the late 1950s, and went off the market in 1961. In Canada, it was a different story. It was not off the market until late 1962, so there was a bit of a timeframe there. That leads to the next point that I would like to talk about, which is the regulatory monitoring and recall, all the components that are the responsibility of Health Canada.

After this event, Health Canada swept through with changes that would revolutionize Canada and allow it to become one of the leading countries in areas such as this. However, the point of Health Canada's mandate is looking at the regulation and efficacy of drugs, monitoring and recall, all the issues involved in that. It could not just be changed in 1962, 1963, or 1964, and then be forgotten for 100 years; it needed to be continually looked at, changed, and monitored.

That is why I was so proud in November when a bill put forward by my colleague from Oakville, which he had spent many years of his life working on, received royal assent. On November 5, the member for Oakville saw Vanessa's law come into effect.

Aside from components such as monitoring, recall, adverse reactions, fines, and jail times for pharmaceutical companies that fail to do their jobs in performing due diligence, another component is the reporting of adverse reactions. We know that very few adverse reactions are actually reported. It is under 15%. Vanessa's law will ensure that adverse reactions are reported, so that Canadians will know and Health Canada will have a better understanding.

Frances Oldham Kelsey has been in the news recently. She worked with the FDA in the 1960s, and many years prior to that. Her comment was that there was not enough data or research to allow the product to enter the market in the United States. That was one of the failings of almost 50 of the other countries around the world that allowed this product into the market. She is a hero. This may not have been reported in the news, but there were samples distributed throughout the United States. Therefore, in spite of what she was able to accomplish, pharmaceutical companies were still able to give samples to doctors to give to their patients, young mothers.

The motion is timely. People watching at home and members of Parliament recognize that this is a great debate. This is one where all parliamentarians can have a good debate, in a very collegial manner, to benefit the Canadians who have had a lot of tough times in their lives. If we take a look at this report, we can see that they have worked very hard and tried very hard throughout their lives. We should all be proud of them for what they have been able to achieve, considering the options they had starting out.

I am very happy to speak about this today. I thank the Thalidomide Victims Association of Canada for continuing to push forward for these people, to bring it to the forefront and get it to the House of Commons for debate, so we can continue to support these people in any way that we can.

● (1530)

[*Translation*]

Mrs. Sadia Groguhé (Saint-Lambert, NDP): Mr. Speaker, we all appear to be on the same page with this motion, which is extremely important.

Furthermore, it is important to consider the compensation that the government will give the victims of this drug. However, I have a question for my colleague.

We are talking about fair compensation. What does the government have in mind, to ensure that this compensation is similar to that being offered by other countries?

[*English*]

Mr. Ben Lobb: Mr. Speaker, I think that the Thalidomide Victims Association of Canada would have some of that information. Obviously, I do not have that information. However, the association is going to meet with the minister next week, and I think that will be a starting point at least.

Certainly in any of the material I have read from the Thalidomide Victims Association of Canada, it does not list a dollar figure, and I am not necessarily sure that the victims are looking for a specific dollar figure.

We mentioned respect, dignity and support, and when we put all of those things together, I think that is where we start to look at how to support these people as they age in maintaining a meaningful lifestyle that is as independent as possible.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is quite an honour today to participate in this debate. It is one of the good days in this place when we feel we are making progress to right a wrong, and it is a historic wrong.

I thank my hon. colleague for again mentioning Vanessa's law.

I was quite struck when Bill C-17 was first tabled to realize that even after the thalidomide scandal, the Minister of Health in this country lacked the power to recall a pharmaceutical drug until we passed Vanessa's law in this place. That is decades of inaction against an obvious threat.

We have not yet done enough as a society and as a Parliament to ensure transparency and proper regulation of the pharmaceutical industry. We have further to go, although Vanessa's law represents a significant turning point in being willing to insist on recalling drugs and ensuring that the positive and negative drug trial results are published, to avoid a future thalidomide disaster.

I want to thank my hon. colleague and all MPs in this place for making some progress for both the victims of thalidomide and toward avoiding a future disaster of that order.

We really need to control the pharmaceutical industry.

Mr. Ben Lobb: Mr. Speaker, I do not think we would have moved as far as we have with Bill C-17, Vanessa's law, if not for the member for Oakville.

We were elected at the same time, but the member for Oakville was faced with a terrible death in his family. He has made it one of his life's missions to educate Canadians and people around the world on some of the glaring weaknesses in our regulatory regime. I believe that he has raised the level of knowledge in debate in the House of Commons on this topic, and he should be thanked as much as possible. He has done a great job.

Often the pharmaceutical companies' best defence is to pay a fine, and then they are off scot-free in a lot of ways. However, Vanessa's law changed that, and anybody in a company, especially at senior levels, who knows of an issue with a drug and continues to produce it will face severe penalties in fines, which could include jail time. I think that is the most important piece of this legislation. It makes those executives and senior managers responsible for the products they are selling to Canadians.

● (1535)

Ms. Peggy Nash (Parkdale—High Park, NDP): Mr. Speaker, it is one of the more important days in the House to be able to stand and speak. It is not only a subject which is extremely important, but one in which, because of co-operation on all sides of the House, we are able to have a serious and full debate without resorting to the extreme partisanship that sometimes takes place in the House.

I am pleased this afternoon to share my time with the hon. member for Churchill.

During my time, I would like to speak first of all about the importance of drug safety and of regulations.

Sometimes governments today, and many people and theoreticians in our society, talk about the value of deregulation, of leaving everything up to the marketplace. Surely, the issue of public health and safety, and something as specific as drug safety, are a very key and important role for government. In the case of thalidomide, the government clearly did not do its job. The government, for whatever reasons at the time, failed to protect the health and safety of Canadians.

The use of the drug thalidomide in Canada has been rightly called one of the most serious drug catastrophes anywhere.

I have met individuals who were affected by thalidomide. They are charming people. They are like normal people everywhere, except they have very serious physical deformities. The people I have met are incredibly courageous and dignified. In spite of the incredible barriers they face, they try to live their lives as fully as possible, and with as much dignity as possible.

It is important that we have a strong regulatory regime to ensure that we have drug safety. It is important for Canadians to count on their government, whether it is in the area of pharmaceuticals, or it is food safety, transportation safety, all areas where people would normally rely on their government to look out for their best interests.

In the case of thalidomide, we had a situation where a drug that was not permitted by other governments was approved and sold in Canada. It was a drug that was designed to reduce nausea in pregnant women. Women rely on their doctors and on public safety laws to ensure their safety, especially during pregnancy. In my own pregnancies, I was hyperconscious of my safety. Pregnant women are always concerned about what they are breathing in, what they are eating and drinking, to make sure that the safety of the fetus is protected. In the case of thalidomide, unlike other governments, the Government of Canada failed.

I want to salute my colleague from Vancouver East for her work in the broad field of health, and also her work with thalidomide survivors. I also want to thank her for bringing forward today's motion. The motion calls on the House to provide full support to the survivors of thalidomide, recognize the urgent need to defend the rights and dignity of those affected, and provide support to survivors in co-operation with the thalidomide survivors task force.

It is important that the relationship be one of collaboration, co-operation, and respect, not of charity. These individuals did nothing wrong. Their parents did nothing wrong. They believed in the government and the regulatory regime of the day, and sadly they were failed.

I have been contacted by many community members about this, all calling for the government to right this wrong, and to support the thalidomide survivors in Canada to ensure they not only get compensation and support, but to ensure that such a public health disaster never happens again.

● (1540)

I have a letter that is particularly moving. It is from a constituent who elaborates on the facts that we now know about thalidomide and its impact throughout the 1960s. She was personally affected by this public health catastrophe because her sister was one of the victims of thalidomide. I was very moved by the letter from this constituent. She wrote to me and my provincial counterpart about her sister, Kim Beeston, the very first thalidomide baby born in Canada, who was delivered in hospital in Toronto on January 20, 1962.

A photo of her with her parents holding their bright-eyed, smiling girl was featured in *The Globe and Mail*. For years Kim was followed by the media. She became an avid swimmer, competed in wheelchair basketball, and hitchhiked across Canada with her dog Sam. She was an activist, pressing for wheelchair-adapted housing. However, she then began to withdraw because her body began to fail her and she had chronic pain. Sadly, she passed away over a decade ago in a one-bedroom public housing unit in Toronto.

She had a great deal of scarring across her body because of the impacts of thalidomide. She had almost non-existent legs and very deformed feet and toes. She was born with the damage of thalidomide, and her sister said that its shadow trailed her to her death.

The day after she died, her father took his life. He left a note addressed to his daughter. He was apologizing to her, said her younger sister. He felt responsible that he could not be there 24/7 to care for her. Ultimately, he was blaming himself.

This family's story is a lesson about the forgotten fallout of thalidomide. The need to relieve the victims' suffering is evident. The tragedy of the Beeston family began when Kim's late mother swallowed a pill with her doctor's blessing. The ripples of that single act never stopped.

On behalf of Kim and her family, the sister wrote:

> It is time the Canadian Government took responsibility for this horrific event in our history, the remaining Thalidomide Survivors deserve no less!

Therefore, I would urge all members in the House to think not only of the Beeston family but of all of the thalidomide survivors. Let us ensure that these survivors are compensated, are supported, are treated with respect, and that their needs are dealt with in terms of support and accommodation for the rest of their days. Let us also reaffirm to Canadians that we must never, ever fall prey to ideological communications that somehow convince us that government does not matter and that everything should be deregulated and left up to the private sector alone, because that indeed was the origin of this tragedy.

I will conclude there. However, I would like to thank my colleagues on all sides of the House for this important debate today. I urge the government and all of us to get this done quickly.

● (1545)

[*Translation*]

Mr. Raymond Côté (Beauport—Limoilou, NDP): Mr. Speaker, I would like to thank my colleague for her speech.

Clearly, thalidomide victims feel that the government needs to take action, but there is the added challenge of getting the Canadian government to focus on the issue. Unfortunately, the past has shown us that the federal government's focus is often elsewhere, no matter what party is in power.

There are some very troubling aspects to this issue. We learned that the thalidomide survivors task force has been trying since March to get a meeting with the Minister of Health. They have been unsuccessful. In September, the group sent the minister a report. This week, the minister admitted to *The Globe and Mail* that she had not yet read the report.

I would like to know what the hon. member for Parkdale—High Park thinks about that inaction. Is she confident that thalidomide victims will get justice in the future?

Ms. Peggy Nash: Mr. Speaker, I would like to thank my colleague for his question.

If we compare the reactions of this and previous governments to the reaction of governments in Germany or the UK, for example, we see that the latter have already compensated thalidomide victims. In fact, they give the victims thousands of dollars every year. In the United Kingdom, for example, each victim receives $98,000 Canadian annually. It is an important recognition of the government's responsibility for having caused this tragedy.

On a side note, it is really unbelievable that the minister did not even read the report from the thalidomide survivors task force.

However, today we have the opportunity to turn that inaction around. We need to take urgent action to support and compensate the survivors.

[*English*]

Ms. Jinny Jogindera Sims (Newton—North Delta, NDP): Mr. Speaker, I want to thank my colleague, the member for Vancouver East, for bringing this motion forward and for her very eloquent and emotional speech about a very important subject.

Those of us who were young at the time this happened and heard the stories, or were part of some of that debate or at least listened to the debate around thalidomide, were really touched by it. Many of us were very fearful. I remember being very fearful when I was about to have my first child about whether this could happen to my baby. There was a lot of fear instilled at the time because of what we saw and heard.

My question to my colleague is around deregulation and proper oversight. I hear so often of the need to get rid of red tape and let the market explode with free choice and all of those kinds of things. However, I think this kind of thing is a marked reminder of why we need regulations and why government has an important role to play. Could the member expand further on that idea?

Ms. Peggy Nash: Mr. Speaker, I think that gets to the crux of the question here.

Free, in terms of free the market, sounds very good, but in fact what we saw with thalidomide is that there was a terrible price to pay. It is not free. We all learned as we became adults that rules are usually there for a purpose, and there are some rules that we need to obey because they make for a better society, whether it is a stop sign or not allowing poisons to be ingested by pregnant women.

As I said earlier, sometimes ideology that talks about free this and free that is very seductive, but a society needs to co-operate. We all act more productively, more coherently, and more safely when we act in concert.

Safe regulation and coherent regulation is part of that responsibility. We failed in the past; let us not fail in the future.

● (1550)

Ms. Niki Ashton (Churchill, NDP): Mr. Speaker, I am honoured to rise in this House to speak to our opposition day motion. It is truly a historic opposition day motion that serves to realize justice for the victims of the thalidomide scandal and for their families.

We know that in 1961 the Government of Canada approved the sale of thalidomide as a safe drug to treat nausea in pregnant women. The drug had tragic consequences for many families. The government has never apologized for the devastation it caused. After decades of discussing compensation, it provided an inadequate one-time payment to survivors. Our motion calls upon the government to right the wrong and commit to support thalidomide survivors.

What is critical for us is threefold. One, we need the government to right the wrong and support thalidomide survivors in our country. Two, we need to recognize that drug safety is a clear federal responsibility. The federal government approved this drug as safe for use by pregnant women and bears the responsibility for the suffering of innocent Canadian families. Three, victims of thalidomide have waited for over 50 years to get the support they deserve. Canada's thalidomide survivors are considerably worse off than their peers in other countries. They need support and compensation now.

We know that this is truly a global tragedy. Approximately 10,000 thalidomide survivors were born worldwide. We may never know how many Canadian families were ultimately affected by thalidomide, but today fewer than 100 survivors are still alive in Canada.

Decades of dealing with the consequences of thalidomide have left survivors dealing with very severe and debilitating pain. In many cases, their health care needs exceed what provincial health care systems are able to provide. Fifty years of attempting to work around their limitations has taken its toll on them. Many survivors are now suffering from nerve damage and painful wear and tear of their bodies. This has caused enormous challenges for them, including loss of ability to use their limbs to care for themselves; damage to their spines and joints, which severely limits their mobility; limited ability to maintain employment; and dependence upon others for basic tasks, such as using the toilet, dressing, and preparing meals. The deterioration of their health has placed them in a precarious financial situation in which they are dependent upon aging parents, unable to work, and further losing their self-sufficiency.

While the Government of Canada began discussing compensation for families affected in the 1960s, the only support provided to the families to deal with their urgent needs was a small lump sum payment made in 1992.

We recognize today that we were pleased to see the government's support for our opposition day motion; however, in that support, we also expect a true understanding of the concept of righting the wrong. It involves not just an apology but financial compensation.

As the status of women critic, I work with advocates for disabled women and disabled women themselves. I am constantly struck by how disabled women in Canada face some of the highest rates of poverty, some of the highest rates of violence, and some of the highest rates of marginalization.

In fact, we know that as many as 75% of disabled women in Canada are unemployed. The average employment income for women with severe or very severe disabilities was only $17,459 per year in 2006. Obviously thalidomide survivors could relate to that experience. We know that disabled women in particular, but also people with disabilities more broadly, often face extreme housing insecurity. They are either unable to access affordable housing or the affordable housing that may exist is not accessible to people living with disabilities.

I have also come to know through my work that advocating for women, particularly women with disabilities, is particularly challenging, because organizations that represent the disabled are cash-strapped and often have to deal with major restrictions when it comes to applying for funds and grants to be able to continue their advocacy, if it is even allowed, which in many cases it is not, as we have seen under the current government.

● (1555)

There is no doubt that thalidomide survivors have fallen into the category of the severely disabled, but in order to understand what they went through, we need to recognize that their story has everything to do with the federal government having shirked its responsibility decades ago.

We know from other countries, including the U.S., that rigorous work was done to ensure the safety of thalidomide, and it became clear that it was not safe at all. However, in Canada, the same was not done. The same due diligence was not exercised by the federal government at the time.

Many women, who I am sure were very happy to know that they were pregnant, were told by their doctors, people they trusted, who in turn trusted others, that thalidomide would be okay, and they took it to deal with difficult symptoms during pregnancy. However, it is particularly disturbing that this chain of command went through the federal government.

The federal government had, and continues to have, a responsibility to ensure the safety of the pharmaceuticals that Canadians use. However, the government at the time shirked that responsibility. It is a simple, clear pinning of responsibility on the government, which failed to do the due diligence that was required at the time. Sadly, it led to devastating impacts.

This is very much connected to the issue of maternal health, which is an issue I have been very involved with as the Status of Women critic for the NDP. We are pleased to see that the government is supporting this motion, but at the same time on the broader issue of maternal health, we have seen the Conservative government failing many times to take a leadership role.

I will speak for a moment about the importance of supporting pregnant mothers, and mothers after they have had children, making sure that they and their children, whether babies, toddlers or grown children, are healthy.

The reality is that we do not see that kind of leadership and support from the current federal government. In fact, in Manitoba there is a cutting-edge program known as "Strengthening Families", which focuses on the health of indigenous women, children, and families in 16 first nations in the province. Even though it has received accolades from experts in the field of maternal health and has made a marked difference for first nations in Manitoba, it is devastating to know that the government is willing to cut the program by the end of this fiscal year. Therefore, success, when it comes to maternal health, is clearly not recognized by the Conservative government and not valued, because if it were, the program would be extended.

Maternal health is an integral part of the discussion around thalidomide. It an integral part of the discussion on how we can move our country forward and ensure that women, children, and families are better off across Canada.

As we deal with these broader issues, I am honoured to stand here today with my colleagues. In particular, I want to recognize the leadership of my colleague from Vancouver East, who has stood up for these 95 Canadians and the so many more who, sadly, are not alive to tell their story. They need justice, and ultimately their families need justice, and Canada needs to see that justice as well.

[*Translation*]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I thank my colleague from Churchill for her presentation.

I would like to tell her that having been born in the 1960s myself, my first experience with the consequences of thalidomide came when I met classmates in my own classes who unfortunately were affected because their mothers had taken this drug. I became aware of this illness very early. I am very moved to see that this motion is getting unanimous support in the House this afternoon and that everyone wants to move forward on this.

I want to ask my colleague whether she thinks that this wonderful unanimity that we have here today could possibly lead to the creation of a real program, so that this issue could be resolved before the next election, which is 11 months away, and whether it could become in some way a tangible example of the empathy this House has for the people we represent.

● (1600)

Ms. Niki Ashton: Mr. Speaker, I thank my colleague for sharing his personal experience.

When I was a little younger, we learned in school about the progress that had been made, so that we would know that thalidomide was dangerous, for example. Now the entire House has an opportunity to change the course of history. As Canada's leaders, we have an opportunity to show some leadership.

I hope that the Minister of Health and her government will respect the spirit of this motion, namely the need for urgent, immediate action. We are losing more and more victims every year, and their families are also waiting for us to act as soon as possible. We must do so.

[*English*]

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, I thank my colleague for her excellent discussion and for taking this tragic case in Canadian history, which has impacted so many families and so many lives, and through her speech describing not just the role that must be taken by government, but also the consequences if that role is not taken properly and responsibly by government to protect those who, through no knowledge of their own, were being given a drug.

In one of my first years here in Parliament, I moved a private member's bill to ban a form of chemicals in children's toys. The bill passed through the House unanimously and went to the Senate. The reason we banned this chemical was that it would cause great disruptions within children, including cancer, We used for the principle of the legislation a thing called the "precautionary principle", enshrining for the first time in law the idea that we should be cautious in approving things, particularly if there are early indications of problems.

I am very glad to see the government supporting this, including compensation for the victims who are still alive and with us. The challenge I have with government is around its agenda of deregulation, of handing over the duty to protect the screening of these drugs increasingly to the pharmaceutical companies that are promoting and selling the drugs. To deregulate and allow the so-called fox to watch the henhouse is a troubling pattern.

I do not think right can be made to the victims who suffered by this drug being administered and given to pregnant mothers. That is going back and remains important today, but going forward, how can we have a government that actually protects Canadians and does not ask companies to do something they are ill-equipped to do, which is to be both the promoter and the tester of the safety of the very drugs they are looking to make a profit from?

I wonder if the member could make some comments to those observations.

Ms. Niki Ashton: Mr. Speaker, I thank my colleague from Skeena—Bulkley Valley for turning part of the focus of this discussion to the role of the government in regulation. While we are working in good faith on this very issue, the reality is that the current government has an abysmal record when it comes to looking out for the safety of Canadians. We are not just seeing a dangerous path being taken when it comes to pharmaceuticals. As we have seen with our own eyes, communities in this country have paid a high price for deregulation when it comes to rail safety. We have seen it when it comes to environmental safety. We have seen it when it comes to our food supplies.

Regarding this spirit that has taken over and the desire of the government to right wrongs of the past, I hope that same sentiment and precautionary principle will be taken and applied, and that a result the Conservatives will increase regulation and support those who keep us safe, in whatever sector they might be, so that we do not end up here 50 or 60 years later having to find recourse for the deep, tragic mistakes that we have made.

ROUTINE PROCEEDINGS

● (1605)

[*English*]

COMMITTEES OF THE HOUSE

PROCEDURE AND HOUSE AFFAIRS

Mr. Dave MacKenzie (Oxford, CPC): Mr. Speaker, there have been consultations between all parties and if you seek it I believe you will find consent for the following motion. I move:

> That it be an instruction to the Standing Committee on Procedure and House Affairs to: (a) examine policy options for addressing complaints of harassment between members of the House of Commons; (b) make recommendations concerning a code of conduct for members for the prevention and resolution of harassment in the workplace, including a clear definition of harassment; (c) make recommendations concerning a fair, impartial and confidential process, including options for the role of an independent third party, for resolving complaints made under the code; and (d) make recommendations concerning training and education initiatives to ensure compliance with the code; and that the committee report its findings and recommendations to the House with all due haste.

The Acting Speaker (Mr. Bruce Stanton): Does the hon. member for Oxford have the unanimous consent of the House to propose this order to the committee?

Some hon. members: Agreed.

The Acting Speaker (Mr. Bruce Stanton): The House has heard the terms of the order. Is it the pleasure of the House to adopt it?

Some hon. members: Agreed.

(Motion agreed to)

GOVERNMENT ORDERS

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SURVIVORS OF THALIDOMIDE

The House resumed consideration of the motion and of the amendment.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, it has been interesting to listen to the many comments and debate on what is a very important issue that obviously touches a number of Canadians in a very real and tangible way, as we try to do what is right, and that is provide the compensation that is necessary to compensate for the tragedy that occurred during the 1960s.

The motion says:

> That, in the opinion of the House: (a) full support should be offered to survivors of thalidomide; (b) the urgent need to defend the rights and dignity of those affected by thalidomide should be recognized; and (c) the government should provide support to survivors, as requested by the Thalidomide Survivors Taskforce.

On the surface, this is a motion that does need to be supported. It is encouraging to listen to the many members standing in their place and indicating support. That has come from members of all political parties, including from the leader of the Green Party.

I suspect, and we all hope, that it will in fact pass with the unanimous support of the House. I know representatives from the advocacy group, the task force, were hoping to see a strong commitment going forward, prior to meeting with the Minister of Health.

What we are witnessing today is just that, a commitment to recognize that what happened in the past does need to be rectified, even though there appears to have been some form of compensation package many years ago. Obviously, that compensation package has fallen short, and there is a huge need for us to provide an adequate package that would at least provide the type of care and financial compensation to improve the quality of the lives that have been directly affected.

In looking at being able to provide some comments, I did read one article in particular in *The Globe and Mail* from last week. I would encourage members, if they have the opportunity, to read the article. It is a very touching article. There is a photograph attached of Johanne Hébert, someone who was touched by thalidomide, and it tells of the impact it has had on her life; she is now 52 years of age.

If members get the chance to look at it, they will find it is a wonderful story. It highlights the issue in the sense of a personal story, also presenting some of the facts that have led us to where we are today.

I appreciate the fact that the New Democratic Party has used one of its opposition days as a way to build that consensus inside the House of Commons, which will give the support we believe is necessary to advance a very important issue, that being compensation.

If I might just give some of the background, thalidomide was actually synthesized in West Germany back in 1954 and was used as a sedative or anti-nausea drug for pregnant women. Health Canada licensed thalidomide for prescription in 1961, even after reports of the drug causing birth defects in 1960, and it remained legal until March 1962.

There was an indication that there were some problems. As has been pointed out, the U.S. actually never did authorize it. It is also important to recognize that there were a number of countries—I believe it was more than 50 countries—that actually did authorize the drug. It is not unique to Canada. It is a drug that was authorized here, unfortunately, and we all know what took place as a result. Even after the reports of the drug causing birth defects in 1960, it did remain available until 1962.

● (1610)

At the time it was unknown to doctors that the drug could pass through the barrier of the womb and harm the developing fetus. Experts estimate that thalidomide led to the death of approximately 2,000 children, and caused serious birth defects in more than 10,000 children. This does not include the potential thousands of miscarried and stillborn babies.

We cannot help but wonder about the feelings and emotions at the time. I was born in 1962, which would have been in the timeframe in which many women across Canada who felt nauseated or had morning sickness would have been inclined to take this particular drug, which was being recommended by doctors. At the time, many doctors were in fact recommending this drug. As any pregnant woman would do, in consulting with her doctor, they followed that advice.

On the one hand, a doctor prescribed a very safe medication, to the best of his or her knowledge, that would ultimately provide some relief to a pregnant mum, only to find out that the drug was not in fact safe. One can only imagine the social impact, even mentally, for pregnant mums back then once it was discovered that the medicine they had taken had ultimately led to a child having to endure excruciating pain. It is hard to imagine someone having to go through that.

As has been pointed out, an estimated 10,000 children had some form of birth defects. This does not include the potential thousands of miscarriages to which I made reference. For those who survived, the birth defects included missing or stunted limbs, deafness, blindness, disfigurement, cleft palate, and internal disabilities such as stunted growth or missing organs, cardiac defects, disease, and many other abnormalities.

It has been pointed out that Canada was one of the last countries to end the sale of this particular drug. As has been already pointed out by a number of members, there are some 95 thalidomide survivors in Canada, obviously all around the age of 50, who are living with deteriorating health and disabilities.

There have been a number of lawsuits against pharmaceutical companies, resulting in compensation plans here in Canada. In 1991, after a decade-long campaign by the War Amps of Canada, the federal government announced a $7.5 million compensation plan for survivors, with one-time payments ranging from $52,000 to $82,000. It was the understanding at that time that these Canadians would not survive long. Many had that thought.

However, today, as was pointed out, we have 95 thalidomide victims who are still surviving but having to endure serious ill health, chronic pain, and chronic disabilities, which impair their ability to care for themselves.

That is why I said earlier in some of the questions I put forward that we not only need to acknowledge the role we have to play in terms of compensation and coming up with financial compensation, but we also have to ensure that there is the practicality of providing that care. We can do that by working in co-operation with different provincial agencies that ultimately deliver a lot of the care we are referring to, specifically health care and living arrangements, which would include having specialists visit the homes of some of the clients.

● (1615)

By comparison, I made reference to countries such as Germany and Britain earlier, where they have already come up with some compensation packages. Members of the Liberal Party and I believe that it is a two-part compensation. There is the immediate financial compensation and the ongoing financial compensation, which ensures that their health and well-being are taken care of. In Germany and Britain, some of the cases amount to somewhere in the neighbourhood of $88,000 to $100,000 annually per person.

The motion itself requests that the government provide support to survivors based on requests from the thalidomide survivors task force, to which I have referred for the efforts it has put in. We have, no doubt, over the last number of years, had members of Parliament —some more than others—who have really tried to tune in to this particular issue and do what they can in advancing it and advocating for it. However, the real champions here, in my opinion, are the advocacy groups. They are the individuals who have been able to persevere and make sure the government does the right thing, and it has been a long time in coming.

They are the real heroes on this particular issue, and I extend my congratulations. Hopefully, that is not premature. I do believe that the goodwill we see here today will continue on into the very important meetings that are going to be taking place between the Minister of Health, the advocacy group, and the victims of thalidomide.

The task force actually launched an official campaign, called "Right the Wrong", which called on the government to provide survivors with $100,000 annually per person and a $250,000 lump sum payment. I am not sure if that is the actual amount that is being advocated today. However, it is important that we have these types of advocacy groups to bring something that is tangible and that we can bring to the table, which the government can look at and appropriately budget for. I think this is a reasonable suggestion, and while the health minister has not yet met with the victims, we do understand that the meeting will take place.

There are some other important points that are worthy of mention. As I have indicated, there are the 95 survivors today who are living with this severe disability. Canada's drug approval system failed these Canadians once. They need the compensation and the government's support now and for the rest of their lives. The government has a clear responsibility to assist thalidomide survivors who suffer from severe pain and disability and are unable to take care of themselves.

Personally, I think what makes this a unique situation is the innocence of it all. I pointed this out earlier. We had a drug that was brought into Canada. We had Health Canada, which gave its approval for the drug, and then we had medical doctors recognizing that the drug had been approved by Health Canada and believing it was okay for them to prescribe the drug. That is what they did, not knowing about the consequences.

● (1620)

It is important to recognize that we have the science today for the clinical testing of medicines, or new drugs coming on stream and that the checks we have in place today are there in part because of this experience we had during the 1959 to 1961 time span. I would like to think that Health Canada learned a great deal on how bad things could get if it did not do its job or it did not do it right. On the whole, in comparison to around the world, Health Canada does a great job in ensuring drugs have been approved and are safe. However, there is room for improvement.

One of the ways we have demonstrated this improvement is Vanessa's law, legislation that was passed unanimously by the House. It was a private member's bill brought forth through the initiative of one member who was able to share it with the House. The House saw the value of Vanessa's law and that bill received unanimous support. The biggest benefactor of that is the public as a whole, because knowledge is gold.

In discussion with our health critic, she mentioned that Europe posted the clinical trials for new medications. We should look at this. There are different ways to look at why we are not as transparent in providing the information to the public when drugs are faulty or cause adverse reactions. Are we doing enough on the issue of public information? There are ways we can still improve on the system. As I say, Vanessa's law is a great example of how we can still make a difference.

I want to emphasize something I had mentioned at the beginning. We should try as much as possible to put a real face on this issue. Earlier today I read an article from *The Globe and Mail* from last week. I do not know the day it appeared on Internet, but I suspect it was printed in the newspaper. It is a wonderful story.

I want to compliment Johanne Hébert for having the courage and the wisdom to share her story, through *The Globe and Mail*, with all Canadians. It is because of individuals like her that we are able to build on consensus and make a difference in Ottawa. I would like to think that the reason we will pass this motion unanimously is because of the efforts of individuals like Johanne and others who have done such a wonderful job in presenting this case and showing that we have not provided justice on this issue.

Hopefully by passing this motion, and the Minister of Health meeting with the advocacy group, that justice is just around the corner. We know it cannot be quick enough.

Therefore, we within the Liberal Party would ask the government, particularly the Minister of Health, to act hastily in trying to resolve this and provide that agreement as quickly as possible.

● (1625)

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I certainly appreciate the support from the hon. member. I would agree with him that the real heroes are the incredibly strong advocates, the thalidomide survivors who have had the courage to speak out and to be visible. They have brought forward this incredible tragedy of what is happening 50 years after to full public light. For sure, the *Globe and Mail* article from last Saturday was pretty amazing.

We should also thank a public relations firm called Campbell Strategies, a former member of Parliament. People at that firm have been working truly pro bono with the Thalidomide Survivors Task Force for about a year and a half on this issue. We all recognize it is really hard to bring something forward and get that kind of national attention. When it happens and things come together, it is very powerful. That is what has happened. The very important role and ongoing work that Campbell Strategies has provided in supporting the thalidomide survivors with a communications strategy has helped them to bring this story forward.

The member mentioned Bill C-17. He also mentioned that in Europe clinical trials are fully disclosed. He is correct; that is the situation.

We debated Bill C-17 in the House and it was passed unanimously. In committee, the NDP brought forward probably 23 amendments, several of which were about full disclosure in clinical trials. Whether the trials are positive or negative, our belief is that we need to have full transparency and disclosure. This information is often used by researchers and it is often information that is used in other clinical trials. That kind of full and public disclosure is really important. Unfortunately, all of those amendments were defeated. The bill itself is a very important step forward, but I would agree with him that we still have more work to do on this file.

Does the member believe it is critical to have public oversight of these kinds of issues in terms of drug safety? We never want to see a repeat of what happened with the women who took thalidomide, thinking it was a safe drug. This kind of oversight is very critical.

● (1630)

Mr. Kevin Lamoureux: Mr. Speaker, it is absolutely critical, as we move forward, to look at ways in which we can improve upon the system. However, I never really believe that we have to reinvent the wheel. If there is a system out there that is working well and seems to be effective in providing more transparency and accountability, then there is nothing wrong with taking a good idea. I made reference to the European model, which is something the Liberal Party health critic has talked about. It is something we should move toward.

I share the sense of frustration that I detect from the member when bringing forward amendments. In other governments, from what I understand and have been told in the past, amendments from opposition parties were given real consideration, and quite often amendments would pass. However, that has not been the case with the Conservative government, and I know it can be frustrating when one is trying to improve upon legislation.

In regard to the member's other comments, we can always sympathize, but empathy is another thing. Having been born with this crippling disability and having to live one's life in the type of pain and discomfort the victims of thalidomide have had to endure for 50 years plus, is something we cannot really comprehend. This is why I want to highlight how brave these individuals have been, not to mention the parents of an afflicted child back then, who quite possibly had a sense of guilt.

We owe it to the survivors and their families to get this thing right and to do it hastily.

Ms. Libby Davies: Mr. Speaker, this has been a very good debate today, and it is a very important issue. We often debate and talk about issues in very broad terms and examine legislation that can be very sweeping. We have even looked at 1,000-page omnibus bills that cover everything from A to Z. Therefore, I find it significant that today we are focusing in on something very specific. It is about 95 people who have survived under very difficult circumstances because of the drug thalidomide. We do not usually have this kind of debate.

We felt compelled to bring this forward in the House because we wanted to see Parliament speak with one voice. We wanted to see action. We wanted to see this issue dealt with in a way that was just and with a proper settlement.

The debate today has been very good. It kind of takes us out of our work in a way of looking at the big picture. It forces us to look at individual lives.

I was very fortunate to meet two of the survivors on Tuesday at the press conference we held. I was so inspired by both of the women for their courage and how down to earth they were in their approach to life. At the same time, I tried to imagine the difficulties they live with every day.

It strikes me that this also speaks to our health care system. In fact, many people in our society have conditions, illnesses and situations. The question on home care and caregiving is huge in our country, and I thought I would touch upon that. Obviously we need to pay attention to that. We have huge issues around supporting caregivers and a need to give much better financial support, because so many families are now facing this as an issue.

● (1635)

Mr. Kevin Lamoureux: Mr. Speaker, I will address both comments.

First, with regard to the uniqueness of the motion itself, I think it provides a great deal of comfort, not only to members of the House, but to Canadians as a whole. Our country has a population in excess of 35 million people, but we have set aside today to talk about the lives of 95 people. That would branch out to include 95 people and their respective families and friends, and it expands from that point.

We have an initiative that ultimately focuses on a relatively small number of Canadians, but it is a very important issue. We do not underestimate the importance of it, and that is the reason it is being debated.

Prior to this, there would have been discussions. We heard from individuals who said they did not like what was happening, that they wanted justice for thalidomide victims, and so forth. This narrows the focus, and I see that as a positive thing.

With regard to the broader issue of health care, I used to be a health care critic for the province of Manitoba, and I very much understand the importance of health care to all Canadians. I will save my comments on that particular issue for another debate, as it would probably take me a few hours to share my concerns. I always thought that health care was one of those things that identifies us as Canadians. It is a part of who we are, and we have to protect it.

[*Translation*]

The Acting Speaker (Mr. Bruce Stanton): It is my duty pursuant to Standing Order 38 to inform the House that the question to be raised tonight at the time of adjournment is as follows: the hon. member for Drummond, Parks Canada.

Mrs. Sadia Groguhé (Saint-Lambert, NDP): Mr. Speaker, I would like to inform you that I will be sharing my time with my colleague, the member for Joliette.

Thank you for giving me the opportunity to speak to this motion, which was introduced by my colleague from Vancouver East. Before continuing, I would like to highlight the remarkable work my colleague has done in her riding and in Parliament for many years to develop our public health policy.

I am therefore very pleased today to contribute to her efforts by supporting this motion, which seeks to right an historical wrong. The motion that has been introduced in the House seeks to expand the federal government's support to victims of thalidomide, to recognize their rights and to defend their dignity, which has been too long forgotten.

I would like to review the facts and the history of these events. In 1961, the government of Canada approved the sale of thalidomide. This drug was deemed not to be dangerous, and it was prescribed to treat the nausea experienced by pregnant women. In fact, thalidomide led to a large number of miscarriages and serious congenital defects. The birth defects we are talking about are particularly disabling: deafness, blindness and missing limbs and organs.

In the 1960s, about 10,000 children affected by thalidomide were born in the world. The devastating effects of this drug on their health were quickly apparent. However, thalidomide continued to be sold in Canada until August 1962, even though it had been withdrawn from sale in September 1961 in the other countries where it had been marketed. We will never know the exact number of Canadian families who were affected by this terrible disaster, but we know that there are still about 100 survivors today.

Although the use of this drug had tragic consequences for many families, the government has never apologized for the harm caused. I would remind the House that this drug was approved for market by the federal government of the day. Therefore, it makes perfect sense for the government to acknowledge the consequences of its actions and fulfill its obligations in this regard.

We are asking, first, that the government symbolically acknowledge the mistake it made and offer an official apology to the victims and their families. While that is a modest gesture, I think it is essential to help restore their dignity. However, merely acknowledging the government's responsibility will not erase the extent of the harm done. That can be measured only in terms of the survivor's current health status.

It is absolutely crucial that the House be informed of the victims' terrible health conditions, so it can grasp the absolute necessity of assisting them. Decades of dealing with the consequences of thalidomide have left survivors dealing with very severe and debilitating pain. Most survivors have to cope with the loss of the ability to use their limbs to care for themselves and damage to their spine and joints, which severely reduces their mobility.

Their situation means that they depend on someone else, very often family caregivers, for tasks as basic as dressing or eating. These functional limitations prevent them from participating in ordinary social activities and, in particular, from holding employment. Their health puts them in a socially vulnerable situation and leaves them financially dependent on their aging parents.

In view of their circumstances, the government initiated talks about compensating the affected families in the 1960s, but the only support provided consisted of a very small lump sum paid out in 1992, to respond to crisis situations. Their health needs greatly exceed that lump sum and even the capacity of provincial health care systems.

It is therefore absolutely essential, in the name of our humanity, for the government to provide them with assistance without delay and leaving aside all partisan labels. I am therefore very happy that the Minister of Health announced yesterday that she intends to support the motion. That support shows that when it comes to public health, the proposals made are sound and appropriate, and it shows the importance of listening to the families and the survivors.

Our approach, as in all areas, is responsible and carefully thought out. We work hand in hand with the public and our partner groups, and this enables us to identify social needs, assess their urgency, evaluate their impact and look for constructive solutions that will advance social justice in co-operation with the people affected and the provinces.

● (1640)

We can then put in place what is an essential plan for compensation.

The foreign examples show that this is possible. In the United Kingdom, the government recently established an annual subsidy for survivors' health care. The funds are administered by a trust and come from the government and the distributor of thalidomide. I believe it is fair, based on the principle that no one should profit from the harm done to others, that the companies that may have profited from the distribution of this drug should pay to meet the needs of the victims.

In the United Kingdom, that system provides for average annual payments of approximately $88,000 to the victims, who can use the funds according to their needs, to improve their quality of life. We should draw on that example.

I am therefore asking the Minister of Health to work with the Thalidomide Survivors Task Force to negotiate the creation of an assistance program. The purpose of the program would be, as it was in Britain, to set up a fund for thalidomide survivors consisting of two components. First, there would be a one-time payment to survivors to help them meet their immediate, urgent needs, particularly with respect to health care, assistive devices and everyday living. Second, there would be a monthly payment for survivors based on their level of disability, to help them meet their medical needs and provide routine care.

The program should also set up an independent body to oversee the establishment of the fund and its administration. Lastly, it would have to provide for a monitoring, oversight and assessment system that will be entrusted to an independent agency.

Let us reach out to fellow Canadians who seek our help. Let us help them regain their dignity. The survivors are aging, and their families are not able to provide the care they require. We must now find a solution that will allow them to live in dignity and get the support they need.

Today we are facing up to reality, and with the support of all parties for this motion, we are about to put together a humane, fair and constructive solution for the victims and their families.

● (1645)

Mr. Raymond Côté (Beauport—Limoilou, NDP): Mr. Speaker, I wish to thank my colleague from Saint-Lambert for her remarks.

Now that the harm has been done, it is time to find a way to put things right, and compensate, at least in part, the few remaining victims for what are going through. We know that there are in fact very few of them left in Canada. In a way, the compensation, or what it represents in terms of cost, is thus a very small thing in the final analysis.

Other countries have shown the way, and we are very pleased with the fact that the government is supporting the compensation approach in order to actively support for the victims.

Does my colleague think that Canada should adopt an approach similar to what we are seeing in Germany or the United Kingdom, two countries that have shown great compassion and have acted in a very practical way?

Mrs. Sadia Groguhé: Mr. Speaker, I wish to thank my colleague for his question.

Quite obviously, it is essential to ensure that the right to reparations is limited by the response from the government resulting from this motion.

There have been precedents, of course. I mentioned the United Kingdom, as well as Germany. I believe we have some very concrete examples from which we can take our cue. Above all, we must listen to the requests from the families and victims, making them our own in a positive and constructive way so that the help they receive will truly cover all their needs.

[*English*]

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I would like to thank my colleague for her very fine comments today. She was very thoughtful in her approach, as all members have been in the House today.

My colleague asked about settlements in other countries and whether that was something we should follow here. That is interesting for us to talk about. However, at the end of the day, this motion compels the government to act. It opens the door and allows the survivors task force to meet with the government. It sets a framework.

I do want to say that we will be watching that very carefully. We want to see that there is immediate follow-up. We do not want to see this dragged out. It needs to be resolved quickly.

I wonder if the member would agree when I say that with this motion, if it is passed on Monday, as I believe it will be, we, as individual members of Parliament, parties, and Parliament as a whole, have to be very vigilant. We have to work with the survivors to make sure that there is follow-up. We have to hold the government to account and make sure that it does live up to the spirit and the words of the motion so that progress is made.

We do not want any delays here. We want to see a process that can unfold quickly, and we want to see a resolution.

● (1650)

[*Translation*]

Mrs. Sadia Groguhé: Mr. Speaker, I wish to thank my colleague for her question.

Decades have passed, of course, since the consequences that have marked the lives of the victims and their families first arose; there are roughly a hundred of them left today. I believe it is more than time to take action, and to do so quickly.

There is no doubt that we will be vigilant in every way to ensure that following adoption of the motion before us today, follow-up action is actually taken as urgently as possible. That is really not negotiable.

The unanimous consent to the motion that we are seeking today must be followed by practical measures, and we will naturally be there to ensure that there is follow-up and that real change finally takes place in the lives of the victims and their families.

Ms. Francine Raynault (Joliette, NDP): Mr. Speaker, with your permission, I would like to begin my speech with an announcement. This morning, at 4:30 a.m., my constituency assistant Stéphanie Roy gave birth to a little girl: Gabrielle.

Some hon. members: Oh, oh!

Ms. Francine Raynault: Yes, Mr. Speaker, we have been waiting for this baby for a long time. I am sure my colleagues join me in bidding Gabrielle welcome and wishing all the best to Stéphanie and Dany.

I would take this opportunity to draw a parallel with the motion before us today. While Gabrielle has had the good fortune to be born in good health, other children have not been so lucky. Some will say that is fate, but what we do sometimes affects the lives of unborn children. There are of course personal choices that are strongly recommended for women, such as abstaining from alcohol and tobacco. Beyond those individual choices, however, we have choices to make as a society. In this House, we have the privilege and the heavy responsibility of discussing, analyzing and considering very carefully all kinds of bills that will affect the health of Canadians.

In 1961, right in the middle of the "thirty glorious years", probably carried away by the excitement of breakneck scientific development, the Government of Canada approved thalidomide for sale. The drug promised to control nausea in pregnant women. I should say that a few years later, I became pregnant with twin girls. I learned that I had twin girls when I gave birth, when they came into the world. I can assure you that I had to take medication during that time. Although thalidomide was no longer on the market, a slight fear persisted. It was a great scientific advance! Unfortunately, the promise of a trouble-free pregnancy quickly faded. Babies began to be born with deformities like missing organs, deafness and blindness.

Having a child is always a wonderful thing, and I know whereof I speak. When a child is born with deformities, however, it is sad for the entire family. Such a child is seriously compromised for life, and for the parents, there is an additional burden of hard work to bear in addition to the great sadness they will feel for the rest of their lives.

We are not here to decide whether thalidomide is good or bad. It is bad, and I think we have all known that for a long time. We are here to figure out how we can act responsibly and provide support and compensation for victims of thalidomide. It is surprising that we are still talking about it after so many years, if we consider that this medication was pulled from the shelves in the 1960s, but here we are. The federal government has a responsibility to ensure that drugs entering our country are safe. In this case, we may have failed in our duty. Perhaps additional studies should have been conducted; perhaps we should have waited a bit. Regardless, it is our duty to take responsibility as a government, and we need to provide support for thalidomide survivors.

It is hard to know how many Canadians were victims of this medication, how many miscarriages were not linked to this medication or how many victims have died from their deformities since the 1960s. It is hard to say.

What we do know, however, is that there are about 100 thalidomide survivors who are living today with severe, constant pain. Some of them have spinal column problems, which prevents them from getting around on their own. Others cannot look after their basic needs, such as eating or going to the bathroom. One hundred people may not be much compared to the population of Canada, but for every person who has been unhealthy their entire life, it is a daily struggle.

In 1991, the Conservative government offered a lump sum payment to thalidomide victims and asked them to sign an agreement stating that they would not ask for more. Unfortunately, this was sort of a way of buying peace, since the amounts offered were not nearly enough to look after the needs of these victims and their families, who are faced with a health care system that, unfortunately, is not designed to meet their needs.

● (1655)

We have not heard a thing since then. I do not want to lecture anyone, but there is no denying that there have been successive Conservative and Liberal governments since the 1960s, and I find it rather surprising that no one ever saw fit to resolve this situation.

That sends a rather odd message to Canadians: even if we make bad decisions, it is not a big deal because it is of no consequence.

These days, the number of drugs on the market continues to grow. Tonnes of products cross our borders and new biotechnologies are constantly being developed. Do we not want a responsible government under such circumstances?

If we choose to properly compensate the thalidomide victims, it will show how serious we are about the health of our communities. However, if we continue to do nothing, it will show that we do not care whether people suffer as a result of our bad decisions. Such negligence will also lead to questions about how we approve the products that come into our country. I therefore believe that we need to take action.

Other countries have given much more. In England, for instance, the government took on the responsibility of compensating survivors and their families. Interestingly enough, it also asked the drug manufacturer to do its part. In total, survivors receive some $88,000 a year. This money helps survivors carry out the most basic daily tasks in relative comfort, making their lives more enjoyable.

In Germany, survivors were given a one-time lump sum, as well as regular payments of up to $10,000. This country also created a fund worth 30 million euros to cover specific needs.

Here, the Thalidomide Survivors Task Force is calling on the government to negotiate the creation of a program to provide a one-time payment to cover immediate needs as well as monthly payments. The amount of those payments would be based on the level of each person's disability.

I do not believe that fair, equitable compensation for thalidomide victims is too much to ask for. As I was saying earlier, it is our responsibility as a government to protect Canadians in all circumstances.

Protection does not come only from the army and the police; it is also a question of judgement. We need to make the right decisions for Canadians. The government made a mistake and now it needs to set things right. Of course, that was 50 years ago, but we are still talking about it today.

As thalidomide survivors age, they experience a lot of pain, and their families are exhausted. Even though there are not many of them, it is up to us to help them; it is our duty.

We need to find a solution right now that will enable them to live with dignity. These survivors need to know that their suffering does not arise from their government's utter negligence, but from a sad accident of history.

If the government is to take responsibility and prove to thalidomide survivors that we can do something about this, the House must support my colleague's motion. If I understand correctly, that seems to be the case.

This will enable us to mitigate the hardships of those who are suffering and relieve the burden on their families to a certain extent. That is our duty given the social solidarity to which Canada has always aspired, and we must act accordingly.

As they say, better late than never.

● (1700)

Mr. Raymond Côté (Beauport—Limoilou, NDP): Mr. Speaker, I thank the member for Joliette for her speech. Like all of us here in the House, I was delighted to hear that one of her assistants had a baby. Actually, that is the best example I can think of to start off a speech. Being pregnant and becoming a parent is the best thing that can happen to a person, but when tragedy strikes, particularly a tragedy brought about by circumstances that could have been avoided, it casts a pall on the whole event.

Obviously, we cannot go back and do it over again. We can, however, try to make up for it, as I explained earlier. Fortunately, the House as a whole is reaching out to thalidomide victims and giving them the kind of support that will improve their lives or at least mitigate the injuries inflicted upon them.

One issue here is the time it takes to act. Can my colleague tell us how urgent it is for us to act and to take the first step without getting hung up on the details?

Ms. Francine Raynault: Mr. Speaker, I thank my colleague for the question.

Indeed, it is important to act very quickly to help these people who have suffered from this medical failure, which has brought about so much suffering, not only for the people born with defects, but also for their families. The families have had to provide them with constant care. It must be very painful knowing that your child cannot play or go to school like most children can. As a parent you cannot play football or hockey with your son if he has no arms, no legs, just a body that might be seriously deformed.

My colleague is right. We must act quickly to give these people and their families the help and support they need and to provide them with a better life than they have had for the past 50 years.

[*English*]

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I would like to tell my colleague that I thought she made a beautiful speech. I also loved the way she began by talking about the birth of her staff person's new baby.

I feel we have all been touched by this issue in a very personal way. I have often chatted with various members of the House about people they know in their ridings who are thalidomide survivors or about letters and emails they have received. It has been very personal.

I just want to comment that last night members of the Thalidomide Survivors Task Force went home and were already getting back to work. With the help of Natalie from Campbell Strategies, they typed up a list of members of Parliament who were born in the years 1961 to 1963. I am not going to read that out because I do not want to embarrass anyone, but they had to do some research to figure that out.

I think they were making the point that there are many people touched by this tragedy, even people born in those years whose mothers did not take thalidomide, which I am sure they are very thankful for. It really makes people think if they were born in those years.

I wanted to put that on the record, because members of the task force did that work and thought about members of Parliament who were born in those years.

● (1705)

[*Translation*]

Ms. Francine Raynault: Mr. Speaker, I thank my colleague for all the work she does on the health file.

Earlier, I mentioned that I had twins in 1968. That gives you an idea of my age. It was not easy to carry two babies. Digestion was a bit of a challenge. I took drugs to help with that. As I was saying earlier, I always wondered whether my twins would be normal at birth. Even though I was not taking thalidomide, the worry was there and stayed there for months.

I hope no one will ever again take drugs, whether they are for pregnant women or not, that give people disabilities.

[*English*]

The Acting Speaker (Mr. Bruce Stanton): Before we get under way with resuming debate and the hon. member for Etobicoke Centre, I will let him know that there are only about seven and a half minutes remaining in the time permitted for the business of supply this afternoon. I will give him the usual signal, and we will wrap up at that time.

The hon. member for Etobicoke Centre.

Mr. Ted Opitz (Etobicoke Centre, CPC): Mr. Speaker, I would like to thank all members of the House for the speeches they have made throughout the day on this very important topic.

I was born in 1961, so by the grace of God go I. Growing up in the sixties and seventies, I knew people who were affected by this. In fact, I went to school with one, and I stand in that person's honour to speak today.

I say without equivocation that our government absolutely empathizes with all victims of thalidomide. Like other health-related tragedies in our country's history, and I think back to tainted blood and Hepatitis C and the thalidomide tragedy, none of this will be forgotten by our government, nor by any Canadians. Nothing can ever undo the pain and the suffering and the incredibly challenging and difficult circumstances that these people and their families have had to endure.

However, thalidomide was not just a failure of the Canadian drug protection system; it was also an international failure of tragic proportions. Countless miscarriages were caused by the drug. More than 12,000 thalidomide babies were born in 46 countries around the world during the early sixties, including more than 100 in Canada. Only 8,000 of those 12,000 children survived past their first birthday, and there are fewer and fewer survivors every year.

To think that so many children were born with severe birth defects because their mothers were given a new medication to alleviate morning sickness is something that in this day and age we have a difficult time comprehending. The number of survivors in Canada is now less 100, as I alluded to a minute ago. At this stage, the physical challenges they have faced all their lives are only getting worse. Their health, like so many of us who grow older, is deteriorating. As I said at the beginning of my remarks, I am exactly in that age bracket, born in those years, and when this topic came up this was foremost in my mind.

However, for them, even the simplest of tasks, like getting dressed or preparing a meal, things that we all take for granted, are additional daily challenges. It is incredibly difficult to continue to do these things. As their parents and their loved ones and they themselves are aging, their lives are increasingly more difficult.

In the late sixties and early seventies, thalidomide survivors and their families did take legal action against the various companies that manufactured or distributed thalidomide. Eventually they were awarded settlements, but in most countries these settlements included monthly or annual payments based on the level of disability of the individual.

In Canada, the story was quite different. There were no trial verdicts. Families settled out of court at the time. As part of their settlement, they were not to discuss the amounts of those settlements. Not surprisingly, this resulted in a very wide disparity in the compensation amounts, with varying settlements for individuals with similar levels of disability. It was a disturbing outcome, to say the least.

Manufacturers of drugs have a legal and a moral responsibility to the users of their products. In this instance, I would argue that they failed to live up to that responsibility.

Over the last few years, we have seen more and more countries that were affected by the thalidomide tragedy consider or provide compensation for victims. Let us not forget that while these countries have recently stepped up, Canada was one of the few at the forefront, in 1991.

The government at the time paid $7.5 million to thalidomide survivors who were born in Canada and whose mothers had taken the drug Kevadon or Telimol during their pregnancy. It was meant to supplement the amount provided to victims by the drug manufacturer, which at that time was thought to be enough.

Jurisdictions around the world differ widely on how they compensate thalidomide survivors. There was an $89-million class action settlement this year in Australia and New Zealand, with about 100 victims and the drug distributor. In 2009, Brazil provided victims a one-time lump sum of $100,000 in U.S. funds, whereas Italy is providing its victims with a yearly sum of 43,000 Euros.

Accordingly, in the United Kingdom, the government announced $80 million over 10 years, in December 2012, for the Thalidomide Trust, for additional financial support for England's remaining 325 survivors, many of whom are unable to work and require adaptive homes and cars in order to function.

In Germany, where the largest number of European survivors reside, individuals are provided with a lump sum linked to the severity of the disability, and a monthly allowance for life. The average amount for Germans survivors is 10,000 euros per year.

● (1710)

In Ireland, survivors and their families entered into a compensation agreement with the thalidomide manufacturer for a lump sum, depending on the severity of disability, and a monthly allowance for life.

The Japanese government shared the cost of its $18 million compensation plan with the manufacturer in an out-of-court settlement.

In Scandinavia annual payments, depending on the level of disability, averaged between 6,000 Euros and 20,000 Euros a year for survivors up to 2010. The average amount following 2010 increased to between 9,000 Euros and 30,000 Euros a year. Unfortunately, in Spain survivors have never received compensation from the manufacturer. Hopefully that will be redressed.

Our government may be able to learn from these examples. The Minister of Health said this week she was absolutely committed to having a discussion with the Thalidomide Victims Association of Canada about the situation of survivors and the proposal that they have put forward. This will be an opportunity to share and explore what has been done in other jurisdictions also facing these same challenges.

The Minister of Health is always looking for ways to protect Canadians from unsafe health products. Her record includes giving the government new tools to better respond to drug safety issues, such as the power to recall unsafe drugs, impose stiff financial penalties, and require mandatory adverse reaction reporting by health care facilities.

Health Canada is making more drug safety information available to Canadians than ever before so that they can make informed decisions for themselves and for their families. While these new measures do not ease the burden of victims, the victims' story helped inspire tougher rules for the testing and licensing of drugs, which has led to Canada having one of the safest and most rigorous drug approval systems in the world. The government is always looking for ways to help patients as a result, and I know that the Minister of Health is eager to learn more about the increasing health needs of thalidomide survivors as they approach old age and the complex health needs that can arise.

It is more than just talking and more than just listening; it is also about understanding what has happened and learning from those circumstances. At the time, drug manufacturers touted the drug as safe for use. Doctors believed the drug to be safe. Federal drug regulators classified them as safe. We now know they were anything but safe. The events surrounding the thalidomide scandal reinforced the recognition that drug safety is of paramount importance to all of Canada.

We of course have Vanessa's law right now, which is helping us in regulating our drug system and making it even safer through all the protections that are in it.

I will leave it at that, Mr. Speaker. Thank you for the opportunity to stand up and speak on behalf of thalidomide victims. It is something I grew up with and have an understanding of. In fact, several constituents have raised this concern with me, and I am honoured to address it on their behalf.

● (1715)

The Acting Speaker (Mr. Bruce Stanton): It being 5:15 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

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

Some hon. members: Yes.

The Acting Speaker (Mr. Bruce Stanton): I declare the amendment adopted.

(Amendment agreed to)

[*Translation*]

The Acting Speaker (Mr. Bruce Stanton): 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 Acting Speaker (Mr. Bruce Stanton): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Bruce Stanton): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Bruce Stanton): In my opinion, the yeas have it.

And five or more members having risen:

Mrs. Sadia Groguhé: Mr. Speaker, the NDP is requesting that the division be deferred until Monday, December 1, at the expiry of the time provided for government orders.

The Acting Speaker (Mr. Bruce Stanton): Accordingly, the recorded division stands deferred until Monday, at the expiry of the time provided for government orders.

[*English*]

Mr. Dave MacKenzie: Mr. Speaker, I believe if you seek it you will find unanimous consent to see the clock as 5:30.

The Acting Speaker (Mr. Bruce Stanton): Is that agreed?

Some hon. members: Agreed.

The Acting Speaker (Mr. Bruce Stanton): It being 5:30 p.m., the House will now proceed to the consideration of private members' business, as listed on today's order paper.

PRIVATE MEMBERS' BUSINESS

[*English*]

CANADA PENSION PLAN AND THE OLD AGE SECURITY ACT

The House proceeded to the consideration of Bill C-591, An Act to amend the Canada Pension Plan and the Old Age Security Act (pension and benefits), as reported (with amendment) from the committee.

The Acting Speaker (Mr. Bruce Stanton): There being no motions at report stage, the House will now proceed, without debate, to the putting of the question on the motion to concur in the bill at report stage.

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC) moved that the bill be concurred in.

The Acting Speaker (Mr. Bruce Stanton): The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. Bruce Stanton): I declare the motion carried.

The Acting Speaker (Mr. Bruce Stanton): When shall the bill be read a third time? By leave, now?

Some hon. members: Agreed.

Mr. Dave Van Kesteren moved that the bill be read the third time and passed.

He said: Mr. Speaker, I welcome the opportunity to be here this evening to talk about my private member's bill, Bill C-591, which proposes changes to the Canada pension plan and the Old Age Security Act.

When I first introduced the bill, it set out to deny Canada pension plan and old age security survivor benefits to anyone convicted of murdering their spouse, common-law partner, or parent. This would apply to the allowance of the survivor benefit, the CPP death benefit, the CPP orphan benefit, and the CPP survivor benefit.

Initially, the bill only proposed to deny benefits to those who were convicted of first and second degree murder. However, after listening to concerns expressed in the House and after consultations

with the Canadian public, I decided to expand the bill to include those convicted of manslaughter.

First, let me explain why manslaughter was not included at the start. Unlike murder, manslaughter is an offence where the death is not intended, although there may be intent to cause harm. The crimes can range from near accidental deaths to near murder. As members can imagine, this leaves a large gray area.

Initially I was concerned that due to the wide spectrum of cases that manslaughter can present, denying survivor benefits might not be right in certain situations. Because of this, I initially left those convicted of manslaughter outside of the bill.

I was also very pleased that the government moved amendments, seconded by the NDP, to ensure that manslaughter be included. The bill now proposes that in a manslaughter case where the sentence is suspended, that is, the convicted person does not serve time in prison, they would still be eligible to receive survivor benefits. A suspended sentence tends to be given when there are exceptional circumstances surrounding the act of manslaughter and when the person is not considered a danger to society.

It is extremely rare for someone to be convicted of manslaughter and be given a suspended sentence, but it does happen. Let me give an example. Consider a woman who has suffered a history of violent abuse at the hands of her husband. If she is convicted of manslaughter but receives a suspended sentence, she would still be eligible for survivor benefits. However, I repeat that in the vast majority of cases, a person convicted of manslaughter would be denied benefits.

We all agree that murder and manslaughter are reprehensible acts. That is why I felt compelled to bring forth this serious issue to Parliament. This bill is not just important to me, but to all of those who believe that a victim's rights should come before a criminal's. It will bring the act in line with a long-standing judicial principle. That principle states that no one convicted of a crime should benefit from that crime. That is what my private member's bill aims to do.

I also want to point out that, once this bill is passed, its provisions will be applied retroactively. That means that anyone convicted of murder or manslaughter who has been receiving Canada pension plan or old age security survivor benefits will have to repay the government. Fortunately, the changes to legislation we are talking about today will affect very few people. About 30 people each year in Canada would be denied survivor benefits due to these circumstances.

I have been assured that the government will make every effort to ensure that these people are denied any survivor benefits. That is why the Department of Employment and Social Development reached out to victims advocacy groups and other stakeholders. Stakeholders have been asked to notify the Department of Employment and Social Development when a convicted murderer or person convicted of manslaughter applies for Canada pension plan or old age security benefits.

I was pleased that this bill has received unanimous support in the House and at committee by all parties, and I would also like to acknowledge my colleague from Hamilton Mountain for her advocacy on this issue. I encourage all members of this House to continue to support this piece of legislation and to pass it quickly so that it may become law as soon as possible.

This bill is about doing what is right for Canadians, and that is what all of our constituents sent us here to do.

● (1720)

[*Translation*]

Mrs. Anne-Marie Day (Charlesbourg—Haute-Saint-Charles, NDP): Mr. Speaker, I would like the member to clarify two things.

First, he spoke about the provisions of the bill being applied retroactively. People who have previously committed murder, for example, would have to repay the survivor benefits they received. As of what year will this retroactive measure apply?

Second, he said that about 30 people would be affected, but according to the statistics I have here, approximately 81 women and 13 men are murdered every year in Canada.

● (1725)

[*English*]

Mr. Dave Van Kesteren: Mr. Speaker, in her first question, the member asked when this retroactive part of the bill would take place. It would take place when the bill becomes law and would apply to those who have been receiving benefits, so anyone in prison today who has been receiving benefits, for whatever period of time it has been, would have to pay the government back.

The other question was with respect to the difference in the percentages of males versus females. If I understand her question correctly, she is absolutely correct that in most cases there would be a larger percentage of males than females.

Hon. John McCallum (Markham—Unionville, Lib.): Mr. Speaker, as has been said, all parties support the bill, including the Liberal Party. We are certainly in favour of it.

Just to follow-up the last question regarding retroactivity, if someone is already in prison for having murdered his wife, his future benefits would be taken away, but is the member also saying that after having received those benefits for, let us say, 10 years, he will be obliged to repay that money? What if he does not have the money? How would that work?

Mr. Dave Van Kesteren: Mr. Speaker, the answer to the question is, yes, he would have to repay that money right back to the start.

There have been cases of hardship, as I know the hon. member is aware, which the government would of course recognize and work with. However, any accumulated money that is available would be paid back to the government.

[*Translation*]

Mrs. Anne-Marie Day: Mr. Speaker, I would like to thank the Liberal member for following up on that question. I would like to ask him part of the question again.

I have a friend whose father murdered her mother with a rifle in 1986 or 1987. I would therefore like to know as of what year the retroactive measures will apply. Will they go back as far as the 1940s, 1950s, 1960s, 1970s?

[*English*]

Mr. Dave Van Kesteren: Mr. Speaker, yes, it would. It is a terrible, tragic situation she cited. I do not know the particulars, but all those who have been receiving benefits would be obligated by law to repay those benefits. As I said in my opening remarks, there will be some, but fortunately not many, in this situation. However, the law would be retroactive.

[*Translation*]

Mrs. Anne-Marie Day (Charlesbourg—Haute-Saint-Charles, NDP): Mr. Speaker, today, I would like to join with my colleagues in putting our laws in order.

We are talking here about closing a glaring loophole, correcting a serious flaw and providing redress for what was previously a rather cruel reality. That is why most of us got into politics. That is why I did, in any case.

It is also a matter of recognizing that the NDP is a champion in protecting victims, families and loved ones who are grieving

The bill before us today seeks to prohibit the payment of a survivor's pension, death benefit or orphan's benefit to an individual who has been convicted of first or second degree murder or manslaughter of the contributor.

I would like to speak to the members of the House regarding three important things about this bill, namely the reason why it was not passed earlier, the fact that it was amended in committee and the connection between the bill and the work of women's groups.

To begin, I would like to talk about the history that led to this bill. The NDP provides a platform for people who are grappling with unjust situations. Many of them come to meetings in our ridings to share their concerns with us.

That was the case with the hon. member for Hamilton Mountain who, in 2011, received a letter saying that a man had murdered his wife and, after being convicted of manslaughter, that individual received a survivor's pension.

A survivor's pension is typically paid to the spouse or common-law partner of a deceased contributor. I find it quite surprising that the person responsible for the death of their spouse or common-law partner can receive that pension.

That same legislative loophole applies to the death benefit or orphan's benefit when an individual who has been convicted of first or second degree murder or manslaughter of the contributor. The law allows murderers to profit from the death of their spouse or one of their parents, which flies in the face of a well-known principle of law, namely that no offender should benefit from their crime.

However, the eligibility criteria for government benefits allow just the opposite. To fix this situation, the hon. member for Hamilton Mountain introduced a bill in June 2011.

Why did the Conservatives wait so long before addressing this flaw? The member for Chatham-Kent—Essex, who sponsored the bill, even admitted that this loophole has been around for a very long time.

The NDP has been calling for these changes for a long time. We are very pleased that we brought this issue to the attention of the government and the House, and in particular the need for legislative amendments.

Furthermore, I must mention the work that was done in the Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities.

Since I started my term in 2011, it has been rare to see the government accept amendments to bills. In the version sent to the committee, the bill dealt only with individuals found guilty of first or second degree murder.

Some witnesses pointed out that excluding manslaughter from the bill was a significant flaw. However, as I mentioned earlier, this bill is designed to fix a flaw and not to create more. The NDP's private member's bill, which inspired this bill, also included manslaughter.

According to Heidi Illingworth, the executive director of the Canadian Resource Centre for Victims of Crime, a great number of family-related homicides and spousal murders result in a plea bargain to reduce the charge to manslaughter.

That is why the NDP wanted to include manslaughter in Bill C-591. The Conservative member for Chatham-Kent—Essex acknowledged that this measure had been proposed earlier by the member for Hamilton Mountain. This idea was taken into account and included in the bill we now have before us.

I also want to talk to the House about what kind of impact this bill will have on Canadians, but especially on women's groups.

I am currently the member for Charlesbourg—Haute-Saint-Charles. Previously, as members know, I had a career working with women's groups.

● (1730)

As the former president of the Regroupement des groupes de femmes de la région de la Capitale-Nationale in Quebec City, I was confronted with the horrors women face on a daily basis, whether it be harassment, domestic violence and spousal abuse, or sometimes even murder.

Still today, the statistics show that women are much more likely to be victims of spousal homicide. According to police data, in 2011, 81 women and 13 men were victims of spousal homicide in Canada.

Every year in Canada, women and men are murdered, and sometimes the perpetrator is a family member. Now, imagine how bitter those close to the victim are when they find out that the person responsible for their loved one's death collects money as a result.

That just adds salt to the wounds of the victim's loved ones. This bill, which is basically an NDP initiative, eliminates the possibility of a spouse receiving such benefits following a conviction. The Woman Abuse Working Group's action committee expressed its support for Bill C-206 introduced by the hon. member for Hamilton Mountain, which the hon. member for Chatham-Kent—Essex reintroduced as Bill C-591.

Now that we see that the government is interested in our initiatives, in our ideas and in the bills we have already introduced, I would like to advise it to consider the bill that the member for Churchill recently introduced, which is a national action plan to deal with violence against women.

Of course, the government could also hold an inquiry into the missing and murdered aboriginal women. In closing, it is important to emphasize that the integrity of the Canada pension plan is of the utmost importance to Canadians.

Years ago, the NDP introduced a bill calling for change. When we see something break, it is important to fix it. A conviction for first or second degree murder, either voluntary or involuntary, is the punishment for a reprehensible act. The offender should not be rewarded for or benefit from the crime.

It is unfortunate that the Conservative government waited so long to introduce a bill to resolve this obvious problem. We therefore support this bill, and we are delighted to see that the Conservatives are finally recognizing the need to fix this problem.

● (1735)

Hon. John McCallum (Markham—Unionville, Lib.): Mr. Speaker, this has been a remarkable show of co-operation, which is relatively rare in the House.

[*English*]

I understand that all parties are in total agreement that this is a good bill, and we wish to pass it. As a consequence, I do not think I have to wax too long on something on which we all agree.

However, I also like the amendment that manslaughter would be included except in cases where the person does not go to jail, which is relatively rare. I think that is a good liberal compromise, shall we say?

Sometimes when something so self-evident is presented, one wonders why we had not done it decades ago, because for decades in this country, we have been rewarding people who kill their wife or husband by giving them old age security. One wonders why some previous Liberal or Conservative government did not fix that many years ago. Even an NDP MP could have presented a private member's bill. It did not happen, but in any event, it is happening now and I think all of us are pleased with that.

I think that is really all that one has to say.

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC): Mr. Speaker, I want to thank both hon. members for their kinds words and for their succinct understanding of how we have all worked collectively. I applaud them for mentioning that.

As the member for Markham—Unionville noted so well, we can all take credit and we can all take some of the blame. However, today we are all here together and we are going to correct this problem.

As was noted, it is a rare occurrence in this House. Oftentimes, we seem to battle each other. However, every one of us recognizes that this is something that must end. I am very pleased to have been able to present this bill, and I am also very pleased to have been able to work with this House in such a cordial manner to come to an agreement.

I hope that this bill will now move quickly through the Senate and quickly become law, so that we can rectify something that was so wrong and turn it into something that is so right.

The Acting Speaker (Mr. Barry Devolin): 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 Acting Speaker (Mr. Barry Devolin): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Barry Devolin): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Barry Devolin): In my opinion the yeas have it.

And five or more members having risen:

The Acting Speaker (Mr. Barry Devolin): Pursuant to Standing Order 98 the recorded division stands deferred until Wednesday, December 3, immediately before the time provided for private members' business.

● (1740)

[*Translation*]

The hon. member for Drummond not being present to raise the matter for which adjournment notice has been given, the notice is deemed withdrawn.

[*English*]

It being 5:41 p.m., the House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 5:41 p.m.)

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