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Speaker: The Honourable Anthony Rota



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HOUSE OF COMMONS

Wednesday, October 21, 2020

The House met at 2 p.m.

Prayer

• (1400)

[*Translation*]

The Speaker: It being Wednesday, we will now have the singing of the national anthem led by the hon. member for Argenteuil—La Petite-Nation.

[*Members sang the national anthem.*]

STATEMENTS BY MEMBERS

[*English*]

COMMUNITY SUPPORT IN SURREY

Mr. Randeep Sarai (Surrey Centre, Lib.): Mr. Speaker, I would like to take this opportunity to recognize some of the outstanding individuals and organizations in Surrey who have been helping members of our community get through these challenging times. I say thanks to all the front-line workers for their tireless work; to the staff at Surrey Memorial Hospital, with one of the busiest ERs in North America; to the unstoppable philanthropist Manjit Lit, who donated \$100,000 to the Surrey Hospitals Foundation; to the SPARK Foundation for providing care packages; to Surrey-Cares for providing funding grants; to the Guru Nanak Food Bank for food boxes; to Bhupinder Hothi at Taco Del Mar, Goodrich transportation, Channel Punjabi and the Aria banquet hall for providing meals to front-line workers; and to all the volunteers who have sewn thousands of masks for the most vulnerable and needy.

Finally, I say thanks to the many, many others in our community I have not mentioned today who are selflessly helping to make the lives of others a little bit easier during these unprecedented times.

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• (1405)

GOVERNMENT CONSULTATION

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, time and again business owners, community groups and first nations have demanded respectful consultations from the government. In Lockport, Manitoba, in my riding, the Minister of Public Services and Procurement made the unilateral decision to move

forward with repairs to the St. Andrews Lock and Dam with little to no consultations with local government, businesses or the community.

In fact, my office reached out repeatedly to the minister and the minister's office for a month requesting a departmental briefing, but they would not even pick up the phone to give me a call. Instead, my office received a short description of the asset and a summary of ongoing work onsite. It was 600 words. That is all the government thinks Manitobans deserve: 600 words. This is an insult to me as an elected representative and the thousands of Manitobans who are directly impacted by this callous top-down approach.

The Liberal government needs to remember that its members work for Canadians, not the other way around. They should quit acting like dictators and just pick up the phone.

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HUMAN RIGHTS

Mr. Sameer Zuberi (Pierrefonds—Dollard, Lib.): Mr. Speaker, today at noon, the Subcommittee on International Human Rights released a statement on the situation of the Uighur people and other Turkic Muslims in Xinjiang, China. The statement was consensus-based. Members from all parties agreed to it.

We learned in two full days of deeply disturbing testimony that between one million and three million Uighur people are currently being held in concentration camps by the Government of China. This includes men, women and children, some as young as 13. We learned about inhumane and unspeakable treatments. Rape, torture, permanent sterilization and forced abortion are widespread. We learned that some products we use here in Canada are almost certainly tainted by forced labour.

Legal experts, including Irwin Cotler, said this amounts to crimes against humanity and genocide. Canada has a responsibility to protect. We must redouble our efforts in working with other countries to stop this unfolding genocide against the Uighur people.

*Statements by Members**[Translation]***HOMELESSNESS**

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, with winter on its way, community organizations in Salaberry—Suroît and the CISSS de la Montérégie-Ouest integrated health and social services centre are working together to create a mobile heated unit to support people experiencing homelessness. The partners are adapting a bus that will drive around the streets of Salaberry—Suroît, giving people a place to have a coffee, warm up and attend to their basic needs. Support workers and volunteers will be aboard to provide an essential measure of human warmth.

I would like to applaud the hard work and leadership of Claude Théorêt from Pacte de rue; Marilou Carrier and André Couillard from the Maison d'hébergement dépannage de Valleyfield, an emergency housing organization; Roger Gagné and François Labossière of the Knights of Columbus; Steve Hickey of the social ministry services; Annie Jalbert-Desforges of the City of Salaberry-de-Valleyfield; and Louis-Philippe Boucher of the CISSS de la Montérégie-Ouest.

I thank them from the bottom of my heart and on behalf of the Bloc Québécois and everyone in Salaberry—Suroît.

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*[English]***SMALL BUSINESS WEEK**

Mrs. Marie-France Lalonde (Orléans, Lib.): Mr. Speaker, I am pleased to stand in the House today to recognize all the incredible small business owners in Orleans and across Canada for this year's Small Business Week.

[Translation]

I would like to take this opportunity to pay tribute to all small businesses from coast to coast to coast and to thank them for their resilience and strength during these trying times.

[English]

In particular, I am thinking of Beachcomber Hot Tubs in Orleans, which has shown incredible adaptability. The business pivoted well by creating an online store to sell their product. They are not the only ones who have shined in Orleans this year. The Orleans School of Rock has been amazing in spreading the love of music in Orleans and offering classes despite the pandemic.

The government recently announced new support measures for businesses, and we will continue to do whatever it takes to support our small businesses across the country. I thank them for their strength.

[Translation]

Hats off. This incredible work must go on.

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FIGHT AGAINST COVID-19 IN LÉVIS—LOTBINIÈRE

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, in my riding of Lévis—Lotbinière, most people take very seriously the preventive measures to fight against COVID-19. I wish to per-

sonally congratulate my constituents and thank them for all the sacrifices that most of them have made so far, whether it be by wearing a mask, limiting visits with family and friends or celebrating important events and holidays differently. I also want to thank them for all the sacrifices they have made in their workplaces and schools. Every meaningful act taken by each individual is noteworthy and makes a difference.

It is all these small acts that will lead us to victory in the battle we are waging. In these difficult times, we have a duty to give the best of ourselves, to work together to win this final battle. Let us all be patient, resilient and united. Together we will see the light at the end of the tunnel.

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● (1410)

*[English]***FUNDRAISING FOR RARE DISEASE**

Mr. Nathaniel Erskine-Smith (Beaches—East York, Lib.): Mr. Speaker, Beaches—East York constituents, Terry and Georgia Pirovolakis are committed to saving their toddler Michael, who suffers from an ultra-rare neurodegenerative disease known as SPG50. Among many other devastating outcomes of this disease, Michael's life will be cut incredibly short without a cure.

Our east-end community has stood beside Terry and Georgia as they have worked tirelessly to raise funds with the hope of finding a cure. Most recently, Terry trained intensely and biked from Toronto to Ottawa, where he met the Prime Minister, to help raise awareness and funds. The goal is to raise \$3 million for experimental gene therapy, and they have raised an impressive \$1.6 million to date. Those who want to help can go to curespg50.org.

So that those in the House, in particular, can understand the scale of community support, there were more “curespg50” lawn signs in some parts of East York than political signs in the last election. I ask the House to join me in recognizing Terry and Georgia's tireless devotion on the journey to cure Michael. I ask our federal government to support both them and our east-end community here in Toronto in that journey as well.

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*[Translation]***SMALL BUSINESS WEEK**

Ms. Rachel Bendayan (Outremont, Lib.): Mr. Speaker, this is Small Business Week, a time to recognize the exceptional contribution of our SMEs. Whether we are talking about our cafés, corner stores or family restaurants, they all are an integral part of our communities and our daily lives.

Small business owners continue to make enormous sacrifices during the second wave of the pandemic. I do not know when the pandemic will end, but I can guarantee that our federal government will stand by them for as long as it takes.

*Statements by Members***AVIATION INDUSTRY***[English]*

This Small Business Week, I am particularly proud of the collaboration between our business community and our federal government. Whether it is with respect to the wage subsidy, the emergency loans or our new rent program, all of these historic measures are thanks to their input and collaboration. I thank those who worked with us for their commitment to create the jobs and growth that will ensure that the Canadian economy comes roaring back.

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NAVRATRI

Mr. Bob Saroya (Markham—Unionville, CPC): Mr. Speaker, this week, Hindus across Canada and around the world are celebrating Navratri. This nine-night festival takes place every year in the fall as a celebration of the victory of good over evil. When Navratri concludes on the 10th day, people in northern India celebrate Dussehra by distributing sweets and setting off firecrackers. The festival is also marked by painting one's home and wearing new clothes.

I hope that everyone observing Navratri over the next several days has a joyful and safe festival season. On behalf of Canada's Conservatives, I would like to extend my best wishes to the Canadian Hindu community. May good always prevail over evil, and may light always triumph over darkness.

Happy Navratri.

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PARKINSON'S DISEASE

Mr. Adam van Koevorden (Milton, Lib.): Mr. Speaker, I am proud to be a voice in Parliament today for the over 100,000 Canadians living with Parkinson's disease and the 10,000 or so Canadians who will be diagnosed this year.

I recall Muhammad Ali lighting the Olympic flame in Atlanta after his Parkinson's diagnosis and watching Michael J. Fox on TV while he fought his symptoms. Parkinson's hits close to home for me as well, because my dad, Joe, was diagnosed about eight years ago. Since then, my dad has been an active volunteer and organizer with Parkinson Canada and its annual SuperWalk.

When it became apparent that the SuperWalk would be changing this year due to COVID-19, my dad, Joe, got walking. He set an incredible goal of walking one million steps this summer. Amazingly, he completed those steps in his hometown of Peterborough with his small but mighty Peterborough Parkinson community, and they raised a lot of money too.

Better treatments and a cure for Parkinson's are out there. I want to thank Parkinson Canada, Dr. Anthony Lang, the Michael J. Fox Foundation, and David Spinney for doing so much for people with Parkinson's. I encourage everyone to support their local SuperWalk next year.

I am proud of my dad.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, for months the Trudeau government has been promising to support the airline industry for Canadians, and they continue to see nothing. Flight attendants and baggage handlers have been furloughed, and pilots are struggling to get flight hours. Passengers' flights have been cancelled. Air traffic controllers have been laid off, and service jobs in airports have become virtually non-existent.

Air Canada has cancelled dozens of regional routes. WestJet is no longer flying to Atlantic Canada or Quebec City, and both Sunwing and Porter Airlines have not operated flights since March.

How much more adversity does this sector have to face before the government will act? To get our economy back up and running, we need to safely fly people and goods across our country, as well as abroad.

We need to see rapid testing at airports. We need to see our regional routes restored. Finally, we need to see a plan from the Liberal government that keeps Canadians safe, protects jobs and does not leave the future of Canada's airline sector up in the air.

● (1415)

The Speaker: I just want to remind the hon. members that, when making statements, asking questions or talking at all in the House, they are to refer to other members by their title or the riding they represent, not by their proper name.

The hon. member for Kamloops—Thompson—Cariboo.

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MISSING AND MURDERED INDIGENOUS WOMEN AND GIRLS

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, the Liberals have failed to deliver an action plan to address violence against indigenous women and girls. It has been 16 months, and the government has been sitting on the result of the national inquiry's final report. The government sure loves process, but again fails to deliver action.

Last week, Canada's Ombudsman for Victims of Crime released a letter to the government indicating the time to act is now. She wrote, "We can no longer only talk about what we should do. We need to take action NOW, because Indigenous lives are at risk every day."

The Native Women's Association issued a report card last spring, giving the Liberals a resounding fail.

Statements by Members

In the last election, Conservatives pledged to develop an action plan that would advance reconciliation, address violence and achieve measurable improvements for indigenous women and girls, but from the Liberals there has been nothing but talk.

Indigenous women and their families are wondering when the Liberals will deliver a plan. Will it be this year, next year, or never?

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HEALTH CARE IN ALBERTA

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, as Canadians, we value equity and fairness, and our health system reflects those values, guaranteeing that all Canadians, no matter where they live, will get quality, publicly delivered, universally accessible health care. However, in Alberta our cherished public health system is under attack. This attack is affecting women's lives and livelihoods disproportionately.

This week, we learned that due to the cuts Jason Kenney has made to health care, the maternity clinic in Medicine Hat is closing its doors. This clinic provides 9,000 prenatal visits per year. In addition, it was announced that 11,000 Alberta health service jobs, primarily in laboratories, housekeeping, food services and laundry, will be cut. These positions are predominantly held by women. In March, we called these workers "essential", and now they are just another casualty in our premier's war on public health care.

Will the minister commit to protecting women in Alberta and the rest of Canada? Will she withhold transfer payments if Jason Kenney refuses to adhere to the Canada Health Act?

* * *

[*Translation*]

MARIE-PAULE GAUDREAU

Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ): Mr. Speaker, I would like to take a moment to send birthday greetings to Marie-Paule Gaudreau, better known as Madame Boulianne or "grand-maman Bou", a remarkable woman who will celebrate her 103rd birthday on October 23.

Madame Boulianne is a fighter. She had 14 children and now has 41 grandchildren and nearly 90 great-grandchildren. She has brought some exceptional individuals into this world, people who have always dedicated themselves to the development of our region, whether through hockey or politics.

As well as being in perfect health, Madame Boulianne has a sense of humour like no one else. The fact that she and I are of different political stripes gave her a good laugh. Today I want her to know that her positive attitude and her faith are inspiring.

This woman has seen it all—as she put it so well—and refuses to let the current crisis bring her down. In accordance with current public health measures, she is willing to celebrate her 103rd birthday quietly this year, but definitely plans to organize a big party with her loved ones for her 104th next year.

The world needs more positive women like you, Madame Boulianne. Thank you for everything and happy birthday.

ÉDUC'ALCOOL ORGANIZATION

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, this month Éduc'alcool is celebrating its 30th anniversary.

Thirty years ago, five people of vision had the grand idea of creating an alcohol "user's manual" for Quebeckers who choose to drink. What a success story this has been. It is hard to find a Quebecker these days who has not heard the slogan "Moderation is always in good taste". The Société des alcools du Québec, or SAQ, purchased that slogan for the symbolic sum of \$1. In my opinion, that is one of the best deals Quebec ever made.

Éduc'alcool has made a notable contribution to the progress Quebeckers have made when it comes to drinking. Awareness and prevention campaigns have had a real impact. Now Éduc'alcool is much more than an awareness raising organization. It is a partner known and respected by Quebec authorities.

The work continues. We know that excessive drinking still results in too many unfortunate incidents. That is why I invite my colleagues, Quebeckers and Canadians to participate in Éduc'alcool's contest in October, which encourages people to count their drinks and stick to the limits.

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● (1420)

BUSINESSES IN VAUDREUIL-SOULANGES

Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.): Mr. Speaker, I am pleased to rise today, during Small Business Week, to commend small businesses back home in Vaudreuil—Soulanges for their hard work.

The past eight months have really tested the resilience of small business owners, but they worked hard and found creative ways to meet this challenge. I would also like to commend Joanne Brunet, Philippe Roy and Marie-Eve Ménard, from Développement Vaudreuil—Soulanges, as well as Pierjean Savard, Jean-François Blanchard, Mathieu Miljours, Nadine Lachance and their team at the Chambre de commerce et d'industrie de Vaudreuil—Soulanges. They have been supporting the economy in our region since March through several programs, including the Achat local VS campaign.

[*English*]

Finally, during Small Business Week, I wish to thank all those in my community of Vaudreuil—Soulanges who continue to support our small business owners and our local economy. It has never been more important to shop local, and I encourage our entire community of Vaudreuil—Soulanges to do so leading up to the critically important holiday season.

ORAL QUESTIONS

[English]

PUBLIC SAFETY

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, first the Prime Minister said he was going to make a decision on Huawei before the last election, and he did not. Then he said he was going to listen to our allies before he made a decision, then he did not. Our Five Eyes allies have all decided that Huawei cannot be in our 5G infrastructure.

Will the Prime Minister come clean with Canadians and admit he wants Huawei to be part of Canada's 5G network?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, emerging 5G technologies have the potential to meet an explosion in consumer and industrial demand for faster and higher-capacity networks. We want to ensure that Canadians benefit from the latest 5G innovations. At the same time, the safety and security of Canadians will always be our number one priority. We will never compromise on issues of national security. That is why we are working with our allies, and with our experts in intelligence and security services, to take the right decision for Canadians.

Hon. Erin O'Toole (Leader of the Opposition, CPC): And he will never make a decision, Mr. Speaker.

[Translation]

Sweden has a long history of human rights advocacy. This week it went a step further and banned Huawei from its 5G networks, describing China as a threat to its national security. The Liberals often like to point to Sweden as a model, but not this time.

Why is the Prime Minister afraid to put public safety and security ahead of a Chinese company?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the safety and security of Canadians and our communities will always be our number one priority.

At the same time, we will continue to work with our allies, our partners and security and intelligence agencies to make the best decision for Canada. We will continue to do what is in the best interests of Canadians.

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ETHICS

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, the more things change, the more they stay the same.

Investigative journalists have revealed that the Prime Minister gave a large contract for ventilators to a Liberal friend. Frank Baylis was a Liberal MP just six months before obtaining the contract. He is now a ventilator manufacturer. What a coincidence. He was awarded a contract worth more than \$200 billion.

Is the Prime Minister talking about calling an election to cover up his role in corruption scandals?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from day one we have taken action to ensure we have the supplies needed to keep Canadians safe and healthy. An important part

Oral Questions

of our strategy consists of establishing partnerships with industry to guarantee a safe supply of ventilators.

I would not want my hon. colleague to mislead the House. There is no contract for ventilators between Public Services and Procurement and Baylis Medical.

Canada is well equipped. We are using a little less than 10% of our current ventilator capacity.

• (1425)

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, that is interesting.

FTI was created only seven days before being awarded a contract worth more than \$200 million. In May, the Prime Minister said that we would receive 30,000 ventilators by the end of the year. The most recent public figures indicate that we have only received 2%.

Does the Prime Minister award contracts to professionals or to friends?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I would not want people to worry. We are currently using 10% of our ventilator capacity. We have received more than 3,500 and we will be taking delivery of more ventilators in the coming weeks.

As far as the contract is concerned, we are acting on the recommendation of an expert review panel and at the request of the Public Health Agency of Canada. Public Services and Procurement Canada officials awarded a contract for 10,000 ventilators to FTI. PSPC has no involvement with agreements reached between FTI and its suppliers.

[English]

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, a 10% result means the Prime Minister is failing Canadians once again. Yesterday the Prime Minister was willing to call an election to cover up the truth as to who was getting contracts from the government.

This morning we learned that former Liberal MP Frank Baylis signed a contract with the government that pays his company over \$200 million for ventilators. Even in a once-in-a-century pandemic, Liberals find a way for Liberals to help themselves to taxpayer dollars.

How many more contracts did the Prime Minister hand out so that the Liberals could make money during a COVID pandemic?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, since day one we have taken action to ensure that we have the supplies needed to keep Canadians safe and healthy. Canada is well equipped with ventilators. We are now using less than 10% of our current capacity. We have received thousands and will be receiving thousands more in the coming weeks.

Oral Questions

Following the recommendation of an expert review panel, and at the request of PHAC, PSPC officials awarded the contract to FTI for 10,000 ventilators. PSPC has no involvement with agreements reached between FTI and its suppliers.

* * *

[Translation]

POST-SECONDARY EDUCATION

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, in 2015, we heard the Liberals say “Canada is back” on the international stage. Then there was the Aga Khan scandal. In 2019, we wanted to talk about the environment, but then there was the first part of the judicial appointments scandal. In 2020, we wanted to invest in the fight against COVID-19, but instead we are investing in the WE Charity scandal. Again in 2020, we want to talk about helping struggling businesses, but we are talking about the Liberal Party’s wage subsidy scandal. We never get to talk about what people care about and are interested in. I want to know what the Prime Minister thinks about an issue that is of interest to Quebeckers.

What does he think about the censoring of a University of Ottawa professor?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we all need to be conscious of the power of our words. We support respect for others and listening to communities. Our priority is to always take real action to combat racism in all its forms.

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, it seems the Prime Minister forgot to put maple syrup in the Pabulum. It tastes a little bland.

This week, we wanted to revisit the matter of the WE Charity, but we had to talk about the judicial appointment process again. When we wanted to talk about the judicial appointment process, we had to talk about the \$237 million that was given to a Liberal friend, so we know that a friend is a friend.

The Prime Minister has gotten to the point where he is trying to hide his scandals behind other scandals. However, the real scandal is that there are young people who are really concerned about racism and there is a professor who is truly afraid.

What does he think about that?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, our chief concerns during this pandemic are the health and safety of Canadians and ensuring equal opportunity for all. That is what we will keep doing by working directly with Canadians.

However, I can understand why the Bloc Québécois might feel worried and distressed when it sees the federal government take concrete action every day for Quebeckers. Our federal government is helping Quebec families. Our federal government is helping Quebec businesses. Our federal government is working hand in hand with the Government of Quebec to help Quebeckers. That must be a nightmare for the Bloc Québécois.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, the pandemic has created major challenges for students. Students are having a hard time paying tuition fees and finding work.

The Prime Minister promised \$900 million to help students, but instead of helping them, he helped his good friends at WE Charity.

Would the Prime Minister rather trigger a federal election or help students who need help?

• (1430)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, this pandemic has put students and recent graduates in an extremely difficult situation.

We announced a solid plan to support them, including the Canada emergency student benefit, which is helping more than 700,000 young people, as well as the creation of jobs, placements and training opportunities, including over 84,000 summer jobs, up to 40,000 student work placements and 9,500 other opportunities through the youth employment and skills strategy. We have also doubled the Canada student grants. Young people are at the heart of our recovery. We will always be there for them.

[English]

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, the entire WE scandal was based on trying to help students, and instead of helping students, the government helped its close friends at WE. Now it has become very clear that while students are struggling, while they are afraid, while they are worried, while they cannot pay their bills and while they are not sure if they will find jobs, the government would rather risk plunging our country into an election than help students.

Were they just empty words, as I said, when the Prime Minister promised to help students, or will the Prime Minister get to work and actually help those in need?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, not only have we pledged to help students but we have helped students.

Students have been at the heart of the challenges faced by this pandemic. Therefore, we announced a comprehensive \$9 billion plan to support them, including the Canada emergency student benefit, which provided direct financial support to over 700,000 students and recent grads. We created jobs, placements and training opportunities, including over 84,000 Canada summer jobs, up to 40,000 student work placements, an additional 9,500 opportunities through the youth employment and skills strategy. We have doubled the Canada student grants.

We will continue to be there for our students all through the country.

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HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, today, with tens of thousands of businesses closed across the country and limits on gatherings everywhere, the Prime Minister is on the edge of calling an unnecessary election to cover up his scandal.

Polling locations for a federal election are often in schools or community centres, even in long-term care facilities and hospitals where there are restrictions related to COVID-19.

Before the Prime Minister made this afternoon's vote a matter of confidence, did he consult with Dr. Theresa Tam about how a federal election could spread COVID-19 and, if so, what advice did she give him?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, Canadians expect their Parliament to work to deliver for them through this pandemic and indeed over the past many months we have done that.

The government has worked with Parliament to deliver on the Canada emergency response benefit, deliver on the wage subsidy, deliver supports for seniors and for youth. We have also worked with manufacturers to create PPE. We have moved forward on testing. We have moved forward with the provinces on keeping Canadians safe, and we will continue to focus on that.

We certainly hope the opposition parties choose to continue to make Parliament work constructively because we want to keep delivering for Canadians.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, let us be really clear. This threat of an election is all about the Prime Minister wanting to go to an election. He is out there doing this and that. However, he did not answer the question.

We have restrictions across the country on the size of gatherings. He is asking Canadians to sacrifice, and he is not willing right now to say if he consulted with Dr. Theresa Tam on what would happen if we had a federal election and how much that would spread COVID-19. Why?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, throughout this pandemic we have reassured Canadians that Parliament continues to function, that our institutions are strong, that our democracy remains strong. We watched parliamentarians work together to deliver a historic aid for Canadians.

Obviously, we do not want an election; Canadians do not want an election. However, Canadians need to know their Parliament continues to work constructively. It does not mean we need to agree on everything, but it does mean we need to be able to come together and deliver concretely for Canadians. That is exactly what we plan to do on this side of the House.

• (1435)

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, never before in parliamentary history has the creation of a committee become a confidence motion. That is all on the Prime Minister.

We are in the middle of the pandemic. He has shut businesses down and there are restrictions on gathering sizes. On October 6, Elections Canada said it needed at least four months to prepare for a general election in the middle of the pandemic. Today, the Prime Minister cannot even say if he talked to Dr. Theresa Tam.

This is what I want to know, very clearly. Did the Prime Minister consult with Dr. Theresa Tam about a federal election potentially spreading COVID-19 and, if so, will he make her advice public?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we have been engaged with Elections Canada and other officials from the very beginning, as people reflect on the possibility of an election, which could theoretically happen at any time in a minority Parliament.

However, our focus is on delivering for Canadians. Our focus is on working with all members of the House to deliver concretely for Canadians. We want the House to work constructively, as it has in the past. What the members opposite now get to face, in a few minutes, in the vote is whether or not they want Parliament to work constructively for Canadians.

* * *

[Translation]

PUBLIC SERVICES AND PROCUREMENT

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, Baylis Medical says it was approached on March 26 about producing ventilators. On March 31, Rick Jamieson created FTI Professional Grade. On the same day, the government announced the end of the bidding period. On April 11, Ottawa signed a \$237-million contract with FTI. On April 16, FTI signed a contract with Baylis to produce the ventilators.

How is that contract different from the sponsorship scandal?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, an important part of our strategy to ensure the health and safety of Canadians consists in developing partnerships with industry to secure a safe supply of ventilators.

We are well equipped already, but we are waiting for even more ventilators to arrive. We are acting on the recommendations of an expert panel and at the request of the Public Health Agency of Canada. PSC officials awarded the contract to FTI for 10,000 ventilators. PSC has no involvement with agreements reached between FTI and its suppliers.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, the Prime Minister knows full well that FTI is a shell company. It was created specifically to be able to connect with Frank Baylis and his business. It is all there. In my first question, I mentioned the dates. It is clear. A shell company receives a government contract for \$237 million that is transferred to Frank Baylis. The Prime Minister knew full well that Frank Baylis could not get the contract directly.

Why is he agreeing to play this type of game?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, once again, Public Services does not have a contract with Baylis Medical for ventilators. We acted in accordance with the recommendation of an expert review panel. PSPC officials awarded a contract to FTI for ventilators. PSPC had no involvement with the agreements reached between FTI and its suppliers.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): What a good deal, Mr. Speaker, a \$237-million contract to a company that did not even exist. On top of that, we were paying double the price for ventilators manufactured by Medtronic. This means we overpaid by \$137 million for ventilators purchased from a company that did not exist one week earlier. Baylis has that contract. The Prime Minister cannot convince me that this was not all planned.

How many other Liberal Party friends have gotten contracts like this since March?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from day one we have taken action to ensure we have the supplies needed to keep Canadians safe and healthy in this unprecedented pandemic.

We worked with industry and partners to obtain ventilators. We will continue to purchase the supplies needed to keep Canadians safe during this pandemic.

* * *

COVID-19 EMERGENCY RESPONSE

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, the government decided to make today's vote on WE Charity a confidence vote. It is the same government that told us earlier that next week it will introduce legislation to support businesses. When we talk about support for businesses we are talking about wage subsidies, rent subsidies and support for companies in red zones.

What exactly are they telling us? Either we stop talking about Liberal scandals or they will forget about businesses. Essentially, we are being blackmailed.

Who do they think they are to be holding businesses hostage?

• (1440)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the beginning, we have been working to support businesses, Quebec families and workers across the country. We have continued to work with the opposition parties to ensure that we are serving Quebeckers and all Canadians well.

If the Bloc Québécois members have decided that they have had enough of a federal government that takes real action every day for Quebeckers and Canadians, then that is their issue. Perhaps that is why they want an election.

We do not want an election. We want to continue to meet our commitments to Quebeckers and all Canadians every day.

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, the Bloc Québécois has had enough of the corruption. It is as simple as that.

The Liberals do not want to call an election for the sake of SMEs. On the contrary, they are ready to sacrifice SMEs to trigger

an election. They do not want to call an election for health transfers during a pandemic. No. They do not want to call an election for the sake of financial support for seniors either. They do not want to call an election for the sake of the economy, the environment or supply management. They want to call an election to cover up a Liberal scandal in which they are taking taxpayers' money and giving it to Liberal friends.

Will they finally understand that the priority is the pandemic and not their friends?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, during this pandemic, we need a Parliament that works together, even though we may not always agree. We need a robust democracy, but we also need to be able to deliver services for Canadians and Quebeckers as we have been doing since the beginning of this pandemic.

The Bloc Québécois members have been talking about wanting an election for several weeks now. It is up to them to explain that. What is more, it is up to them to vote, like all the opposition parties, on whether to continue working collaboratively in this Parliament or not.

We will see what they will do in half an hour.

* * *

AEROSPACE INDUSTRY

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, Quebec's aerospace industry lost hundreds more jobs last week, including 250 jobs at Pratt & Whitney on Montreal's south shore, to give just one example. The aerospace sector provides high-quality, well-paid, knowledge-based jobs.

How many more jobs does the sector need to lose before this government reacts?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we are fully seized with the serious problems that COVID-19 has created for the airline and aerospace industries. As mentioned in the Speech from the Throne, we are working to implement solutions that provide the aerospace sector with the support it needs.

To date, \$1.1 billion in support for airline industry workers has been provided through the wage subsidy. We continue to help workers in the aerospace industry. We will continue to be there to support workers across the country. That is why we need to keep working and not play partisan games, which is what the Conservatives are always doing.

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, the fact is, the government does not have a plan for the aerospace sector. A recent PBO report revealed that Canada would not achieve its goals with the supercluster strategy and that the aerospace sector has been abandoned.

Canada's vast territory creates an opportunity for the sector to innovate, giving us a coveted edge over our international competitors.

When will the Liberal government come up with a plan for the aerospace sector?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, since taking office five years ago, we have worked with the aerospace industry in Quebec and across the country to secure good jobs and a promising future for this industry, which is important to Canada and the rest of the world. We will keep working with Canadian innovators and aerospace companies. We will keep making the necessary investments.

We understand that COVID-19 is hitting the industry hard, but we will continue to step up by providing direct assistance to workers. We are also working with the sector to find longer-term solutions.

* * *

PUBLIC SERVICES AND PROCUREMENT

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, FTI Professional Grade Inc. was created seven days before winning a \$200-million contract. That company is a partner of Frank Baylis. Frank Baylis manufactures Baylis ventilators. Frank Baylis was an MP just six months before the contract was awarded.

What is the truth?

Why the cover-up?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from day one, we have been working with Canada's industries to deliver the services and equipment we need during this unprecedented pandemic. On the recommendation of public health, Public Services Canada signed an agreement with FTI Professional Grade. We have no agreements with any of FTI's suppliers.

We know that we need ventilators to keep people safe. That was our priority. The health and safety of Canadians will always be our priority.

* * *

• (1445)

[English]

HEALTH

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, for months the Prime Minister asked Canadians to follow public health advice. For months he asked Canadians to consult Dr. Tam and health authorities for their well-being, for the health of all Canadians. Just two weeks ago, the Prime Minister cancelled Thanksgiving and said we had better be prepared to cancel Christmas, and today he will not answer our question on whether he asked Dr. Tam about having an election in a pandemic.

Will the Prime Minister admit he's willing to put his electoral fortunes ahead of the well-being of Canadians?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the well-being of Canadians is what this government has been focused on since day one. We have delivered on supports for families and for seniors. We have delivered on supports for students and workers. We have delivered for small businesses, and in Small

Oral Questions

Business Week we heard across the country how much of a difference what we have done has made.

Furthermore, we continue to work with public health officials, and I can assure members that Elections Canada has worked very closely with health officials to determine what the best paths forward are. I have full confidence in Elections Canada to be able to do those things.

Our focus is on continuing to deliver for Canadians. It is up to the opposition to decide if they want to make Parliament work.

* * *

PHARMACARE

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, it has become very obvious to Canadians that the Prime Minister is trying to force an unnecessary election, but our country is facing an unprecedented pandemic. Canadians are deeply concerned about their health and also about paying their bills and feeding their families. The Prime Minister says he wants to help Canadians, but he is clearly more interested in playing politics.

My question is this: When the Prime Minister committed to pharmacare in the throne speech just two weeks ago, was he serious or was that just another hollow Liberal campaign promise?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the very beginning of this pandemic, we have stepped up to help Canadians, to help families, to help workers, to help small businesses and to ensure that the provinces have adequate PPE and testing facilities. We have flowed billions of dollars to the provinces to make sure we are reopening schools safely. We are supporting our most vulnerable. Every step of the way, we have worked constructively with members of all parties to deliver in this pandemic.

Today, unfortunately, opposition parties need to make a choice about whether or not they want to work collaboratively and constructively, which does not mean agreeing on everything, but does mean moving forward and focusing on Canadians. That is the choice they get to make.

* * *

CHILD CARE

Ms. Leah Gazan (Winnipeg Centre, NDP): Mr. Speaker, COVID cases are increasing and people are worried about their jobs, their kids and the health of their loved ones. Instead of building a universal child care and early learning system that would help families, the Prime Minister would rather throw us into an election. If the Liberals really cared about families and parents who must make the difficult decision between going back to work and taking care of their kids, they would work with the opposition to find a solution.

The government bragged about its commitment to child care in the throne speech. Was this really a commitment to help families or just another empty pre-election promise?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we were proud to stand before Canadians with that throne speech and talk about child care, talk about pharmacare and talk about the investments we were going to be making to recognize the gaps that COVID-19 has demonstrated in our social safety nets, in the fabric of Canadians' lives, and work closely with all others to fill them. We flowed historic investments to support families, to support working moms and to support Canadians from one coast to the other to the other to deliver for them, and we are going to continue to do that.

The opposition parties need to choose whether they want to work constructively in this House or not. We will see.

* * *

COVID-19 EMERGENCY RESPONSE

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mr. Speaker, the Canada-U.S. border between Thunder Bay and Manitoba is part of my riding. We know that border restrictions to non-essential travel have been effective in limiting the introduction and transmission of COVID-19 into Canada from other countries.

Can the Prime Minister please update the House on measures our government is taking with regard to our border?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I thank the member for Thunder Bay—Rainy River for his hard work as a health care professional as well as an MP.

Since January, we have taken multiple measures at our border to protect the health and safety of Canadians by limiting the introduction and spread of COVID-19 in Canada. We made the extraordinary decision back in March to introduce reciprocal border restrictions for non-essential travel with the U.S., and just this week we announced its extension for another month.

We will continue to do what is necessary to keep Canadians safe, and will always base our decisions on the best public health information available.

* * *

● (1450)

[Translation]

HEALTH

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, the Leader of the Opposition and the hon. member for Calgary Nose Hill asked the Prime Minister a very simple question: Did he or did he not consult Dr. Tam about holding an election during this second wave of the pandemic?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I have immense trust in Elections Canada and its ability to make our democracy work. From the beginning of this crisis, we have shown that despite the pandemic, or perhaps because of it, it is essential to make our parliamentary and democratic institutions work, and that is what have done. We have worked with our partners here in the House, we have worked with the provinces, we have worked with Canadians to meet their expectations during these tough times, and that is what we will continue to do.

The opposition needs to decide if it wants to continue to collaborate here in the House.

Mr. Alain Rayes (Richmond—Arthabaska, CPC): Mr. Speaker, we have a Prime Minister who wants to trigger an election and blame the opposition for it. This Prime Minister wants to cover up his scandals involving WE Charity, judicial appointments and money given to his Liberal cronies.

The question posed by the Leader of the Opposition and the member for Calgary Nose Hill is extremely simple: Did the Prime Minister ask Dr. Tam if we could call an election during the second wave of the pandemic, yes or no?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, in our country and in our robust democracy, there are systems governing elections. Elections Canada is doing the work to ensure that when there is an election, whether that is in three weeks or three years, all will be ready despite the pandemic. We have confidence in our institutions, and Canadians can have confidence in their institutions.

What the opposition parties must do is decide if they wish to continue collaborating and working constructively in the House, yes or no.

* * *

[English]

INDIGENOUS AFFAIRS

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, the Prime Minister's failure of leadership turned the tensions over the Nova Scotia lobster fisheries into a crisis. He ignored it until violence erupted. People were hurt and buildings were burned. However, that is his MO, is it not? It is do nothing, send out a couple of tweets, do nothing some more and then blame everyone else. What is worse is that as vandalism and violence escalated, he decided to join the debate here in Ottawa a couple of days ago a thousand kilometres away.

Why does the Prime Minister not finally pick up the phone, talk to the people on the ground and actually do his job?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, obviously we strongly condemn the acts of violence, racism and threats we have seen in Nova Scotia. I have to be clear: For productive conversations to continue, we need to fully implement this right, so the violence must end.

We will continue to work with both first nations and industry leadership to find a path forward, ensuring a safe, productive and sustainable fishery for all harvesters. The Minister of Fisheries and Oceans and the Minister of Crown-Indigenous Relations will be appointing a special representative very soon to continue fostering further dialogue between commercial harvesters and first nations. We will continue our discussions with the Mi'kmaq, nation to nation.

Oral Questions

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, this crisis has raged on for over a month. Fishers on all sides condemn the Liberal government's lack of action. Even a former top DFO official in the region said the government "mishandled this situation terribly".

Now the Prime Minister wants to force an election, just for his own self-interest, just to keep covering up his own scandals. For once, maybe he should actually lead. The Prime Minister could protect indigenous and non-indigenous people, keep their communities safe, and ensure conservation and a prosperous fishery for all in Nova Scotia.

The Prime Minister allowed it to become a crisis. What is he actually going to do to fix it?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, for 21 years, since the Marshall decision, federal governments of all different stripes have made progress on resolving this issue and recognizing the inherent rights of Mi'kmaq first nations fishers. We will continue to do so.

A number of years ago, our minister of fisheries from Beauséjour moved forward on strong agreements with the Mi'kmaq. We are continuing to move forward constructively and productively, not to solve this with just a band-aid but to solve this issue once and for all, in partnership with the Mi'kmaq and all people of Nova Scotia.

* * *

• (1455)

[Translation]

ETHICS

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, all we want is a committee to look into the WE Charity scandal on behalf of Quebecers. We would be freeing up the four committees that were looking into the scandal and create one new one. We are actually making the government's job easier in the midst of a pandemic, as long as it answers our questions, but the Liberals are doing everything they can to stop us from talking about the scandal. They shut down Parliament this summer in an attempt to dodge the issue. They forced the finance minister to resign, and now they want to topple their own government just to avoid answering our questions.

What are they hiding from Quebecers?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I understand why the Bloc wants an election so badly. For the past six or seven months, the federal government has been delivering the goods, literally, for Quebecers, helping Quebec families, Quebec workers and small businesses. It has been working in partnership with the Government of Quebec.

We will continue to support Quebecers. It cannot be easy, politically speaking, for the Bloc to see a federal government doing so much good for so many Quebecers.

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, if only that was the extent of our problems, things would be much easier.

It is not the opposition that is paralyzing Parliament but rather the growing number of Liberal scandals. Today we learned that the Liberals awarded a \$237-million contract to Frank Baylis, who was

a Liberal member of the House just last year. It was an untendered contract, much like the one involving WE Charity, awarded through a shell corporation created just seven days before receiving the Liberal cheques. If we had to set up a committee at every instance of Liberal cronyism, Parliament would be paralyzed for quite some time.

How many special committees are we going to need to get through all the Liberal scandals?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, since the beginning of this pandemic, we have been working with all parties in the House to "deliver the goods". We delivered the CERB, the Canada emergency wage subsidy, personal protective equipment and testing supplies. We delivered by supporting the safe restart of classes for our students. We worked very closely with the provinces. We will continue to work with all members of the House to support Canadians. The opposition must make a choice.

Do opposition members want to continue working productively or not?

* * *

[English]

AVIATION INDUSTRY

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, yesterday, we saw hundreds of aviation workers protesting here on Parliament Hill, pleading for the government to provide them with a plan that gets them back to work.

It has been over 200 days since both Porter and Sunwing Airlines have operated flights, with both Air Canada and WestJet suspending dozens of routes. Because of the Liberal government's failure, flight attendants have been furloughed, pilots are struggling to get flight hours and air traffic controllers have been laid off.

When will the Prime Minister finally deliver a plan for the aviation sector?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we recognize that many sectors have been extremely hard hit by this pandemic, particularly the airline sector, among others. That is why the wage subsidy has helped the airline industry with over \$1.1 billion in support.

We will continue to work to support our airlines as we go through this difficult situation. We know we need to have a strong airline industry once we come through this pandemic. That is what we are focused on. We continue to work with partners. We continue to support workers across this country. We will ensure that Canada stays a strong leader in airlines and aeronautics.

Oral Questions

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, I have met with over 30 stakeholders in just the past four weeks, and they continue to tell me how desperately they need a plan or some kind of action from the government. We have heard that the government is starting to consult and work on solutions for the sector, but the fact is it should have been listening long before now.

Just today, the EU removed Canadians from the list of approved travellers, and the ripple effects of the Prime Minister's negligence will continue to grow.

Has the Prime Minister given the Minister of Transport a directive and a deadline to address this critical situation, yes or no?

• (1500)

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, as a government we have been squarely focused on the safety and security of Canadians. Now, we have seen other parties and other leaders not be as responsible in terms of doing the things that are protecting from the spread of COVID-19, but we will continue to ensure that what we do in terms of closing the borders and keeping Canadians safe is always top of mind.

Yes we are there to support small businesses and large, we are there to support workers, and we will continue to, but we will always make our decisions based on protecting Canadians from this pandemic first and foremost.

* * *

HEALTH

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, can the Prime Minister please share whether he consulted with Dr. Theresa Tam on how a federal election would be held during a national pandemic? What is the science-based approach to keep Canadians safe? If an election is called today, how will immunocompromised Canadians be able to go to the polls?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the beginning we have worked with scientists and health experts, and we know full well that Elections Canada has continued to work to ensure we are able to hold an election in a safe way.

We do not want an election, and the choice is up to the opposition parties whether they want to keep working productively and constructively in Parliament or not. That is what they are facing as a choice, and that is what we will see shortly.

* * *

PUBLIC SAFETY

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): Mr. Speaker, online hate is an ever-increasing and pervasive threat that has dangerous implications. We have seen racism simmer and rise. We have seen members of this House face the consequences. We have lost too many lives to despicable acts of violence in Canada and globally. We need concrete action.

Can the Prime Minister please inform the House about our progress in addressing the Christchurch call to eliminate terrorist and violent extremist content online?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I thank the member for her advocacy on behalf of her constituents.

Too many people have been victimized by online hate, and we have seen the results of this too many times. That is why, yesterday, we announced over \$700,000 in funding to YWCA Canada to examine hate speech trends while developing online tools and digital literacy training for young Canadians.

We are also working toward establishing requirements for social media platforms to remove such hatred within a reasonable time or be held accountable. We are working together to address harm caused by online hate.

* * *

HEALTH

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, the Prime Minister refused to answer the question from the member for Calgary Nose Hill, the member for Durham and the member for Richmond—Arthabaska. The question is simple: Why is he refusing Canadians an answer to a simple question on how a federal election would be held during a pandemic? What is he afraid to tell us, and why is he afraid to give this House a science-based approach to an election during a pandemic?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we are continuing to focus on delivering for Canadians in this pandemic, on keeping Canadians safe.

The members of the opposition have brought forward a motion that is clearly of non-confidence in this House, and they will then need to decide whether they want to continue to work collaboratively in this House, or not. That is the choice they get to face.

On this side of the House, we are not interested in an election. We are dealing with Canadians. We are delivering for them every single day. The choice is up to the opposition.

Hon. Erin O'Toole (Leader of the Opposition, CPC): “Keeping Canadians safe”, Mr. Speaker.

The Prime Minister has had multiple joint press conferences with Dr. Tam. In September, he said this: “Every step of the way, we were informed by our experts as to how to keep Canadians safe”.

Today, the Prime Minister's silence is an admission that he has not consulted Dr. Tam or experts ahead of threatening a general election in the second wave of a pandemic. Will the Prime Minister put the health and well-being of Canadians first, today? Will he rise in this House and undertake not to force a general election, before public commentary and opinion from Dr. Tam and Elections Canada?

Oral Questions

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the choice is up to the opposition parties. They moved a motion that is clearly not in confidence of the government. They have decided that they no longer want to work constructively in this House to deliver for Canadians. It is their choice.

On this side of the House, we are not interested in an election. We have much work to do to continue to deliver for Canadians. The question before the opposition members today is whether they want to continue to work constructively for Canadians. We shall soon see their answer.

Some hon. members: Oh, oh!

• (1505)

The Speaker: I just want to remind hon. members that calling people names that are unparliamentary is not really acceptable. I want to remind them to watch their language. I know times get emotional in here and sometimes things run away from members, but they should be careful.

[*Translation*]

The hon. member for Lévis—Lotbinière.

* * *

JUSTICE

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, according to the media, the criteria for a Liberal appointment to the bench are party membership, putting up signs, participating in a party event, working the phones during an election campaign, being volunteer of the month and, of course, being a member of the Canadian Bar Association.

Are these really the Liberals' new criteria for a judicial appointment in Canada? This is absolutely scandalous.

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, we brought in major reforms to the judicial appointment process in 2016. We strengthened the role of independent judicial advisory committees. We created a more rigorous, open and accountable system that better reflects Canada's diversity. Appointments are based on merit, on the needs of the courts and on each candidate's area of expertise.

We are proud of the extremely competent members of the legal profession who have been appointed since our improved system was introduced. They come from diverse backgrounds and, yes, they have different political affiliations.

* * *

SMALL BUSINESS

Ms. Annie Koutrakis (Vimy, Lib.): Mr. Speaker, this is Small Business Week, and SMEs are vital for our recovery and the best way to boost the economy. Small businesses in my riding of Vimy have been hit hard by the pandemic, but even so, many of them have bravely stood on the front lines during this time.

Can the Prime Minister tell the House how our government will support our SMEs with a team Canada approach?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, I thank the member for Vimy for her very important question and all of her hard work.

SMEs have always been there for us, and they need our support today more than ever. That is why we launched the largest small business aid package in the history of our country, with programs such as the Canada emergency wage subsidy; the Canada emergency business account, which helped over 770,000 small businesses; the Canada emergency commercial rent assistance program; and many more.

Nothing is off the table when it comes to helping small businesses, because they are the key to our country's success.

* * *

[*English*]

THE ENVIRONMENT

Ms. Laurel Collins (Victoria, NDP): Mr. Speaker, the Prime Minister is hiding behind the opposition and refusing to be open with Canadians about his agenda. While people are struggling with the second wave, they also know that we are facing another impending global emergency: the climate crisis. Just two weeks ago, in his throne speech, the Prime Minister made promises to take long overdue climate action, but now the Prime Minister seems determined to go to an election. He is playing politics with our climate and our future.

Were those promises on climate change real commitments, or just empty pre-election announcements?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, over the past five years, we have done more on climate change and to protect Canada's natural habitats than any government in the history of the country. When we came in, a mere 1% of Canada's coastal areas and oceans was protected. We are now up to 14% and are on our way to 25%.

We will continue to stand up for Canada's environment, continue to create good jobs into the future by investing in transforming our economy in positive ways, and we will ensure that every region of the country plays a strong role in building that better future.

Even as we are in this crisis of the pandemic, we need to address the crisis of climate change, and this government will.

*Business of Supply***GOVERNMENT ORDERS**

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SPECIAL COMMITTEE ON ANTI-CORRUPTION

The House resumed from October 20 consideration of the motion, and of the amendment.

The Speaker: It being 3:07 p.m., pursuant to order made on Wednesday, September 23, the House will now proceed to the taking of the deferred recorded division on the amendment to the motion of the Leader of the Opposition relating to the business of supply.

● (1510)

[English]

During the taking of the vote:

An hon. member: Mr. Speaker, members who are participating virtually are expecting the bells to ring for 15 minutes. Some have left their screens.

The Speaker: We are going to proceed with the vote. The display of the time was removed very quickly. The rules that are in place are that once the whips sit down at their place, then we go on with the vote.

● (1550)

(The House divided on the amendment, which was negated on the following division:)

*(Division No. 10)***YEAS**

Members

Abouttaif	Aitchison
Albas	Alleslev
Allison	Arnold
Baldinelli	Barlow
Barrett	Barsalou-Duval
Beaulieu	Benzen
Bergen	Bergeron
Berthold	Bérubé
Bezan	Blanchet
Blanchette-Joncas	Blaney (Bellechasse—Les Etchemins—Lévis)
Block	Boudrias
Bragdon	Brassard
Brunelle-Duceppe	Calkins
Chabot	Champoux
Charbonneau	Chiu
Chong	Cooper
Cumming	Dalton
Dancho	Davidson
DeBellefeuille	Deltell
Desbiens	Desilets
Diotte	Doherty
Dowdall	Dreeshen
Epp	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Findlay (South Surrey—White Rock)	Finley (Haldimand—Norfolk)
Fortin	Gaudreau
Généreux	Genuis
Gill	Gladu
Godin	Gourde
Gray	Hallan
Harder	Jansen

Jeneroux
Kent
Kmiec
Kurek
Lake
Lawrence
Lemire
Liepert
Lobb
Maguire
Mazier
McLean
Melillo
Moore
Morrison
Nater
O'Toole
Paul-Hus
Perron
Poilievre
Redekopp
Rempel Garner
Rood
Sahota (Calgary Skyview)
Savard-Tremblay
Schmale
Shields
Shiple
Sloan
Steinley
Strahl
Sweet
Therrien
Trudel
Van Popta
Vidal
Vignola
Wagantall
Waugh
Williamson
Zimmer — 143

Kelly
Kitchen
Kram
Kusie
Larouche
Lehoux
Lewis (Essex)
Lloyd
Lukiwski
Martel
McCaughey (Edmonton West)
McLeod (Kamloops—Thompson—Cariboo)
Michaud
Morantz
Motz
Normandin
Patzner
Pauzé
Plamondon
Rayes
Reid
Richards
Ruff
Saroya
Scheer
Seeback
Shin
Simard
Soroka
Ste-Marie
Stubbs
Thériault
Tochor
Uppal
Vecchio
Vierson
Vis
Warkentin
Webber
Yurdiga

NAYS

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Bagnell
Baker
Beech
Bennett
Bibeau
Blaikie
Blaney (North Island—Powell River)
Boulerice
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Damoff
Dhaliwal
Dong
Dubourg
Duguid
Duvall
Easter
El-Khoury
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Fillmore

Business of Supply

Finnigan
Fonseca
Fragiskatos
Freeland
Garneau
Gazan
Gould
Guilbeault
Hardie
Holland
Hughes
Hutchings
Jaczek
Joly
Jordan
Julian
Khalid
Koutrakis
Kwan
Lambropoulos
Lamoureux
Lauzon
Lebouthillier
Lightbound
Longfield
MacAulay (Cardigan)
MacKinnon (Gatineau)
Manly
Masse
May (Cambridge)
McCrimmon
McGuinty
McKenna
McLeod (Northwest Territories)
Mendès
Miller
Morrissey
Ng
Oliphant
Petitpas Taylor
Qualtrough
Regan
Rodriguez
Romanado
Saini
Samson
Sarai
Schiefke
Serré
Shanahan
Sidhu (Brampton East)
Sikand
Singh
Spengemann
Tassi
Turnbull
van Koeverden
Vandenbeld
Virani
Wilkinson
Yip
Zahid
Zuberi— 181

Fisher
Fortier
Fraser
Fry
Garrison
Gerretsen
Green
Hajdu
Harris
Housefather
Hussen
Iacono
Johns
Jones
Jowhari
Kelloway
Khera
Kusmierczyk
Lalonde
Lametti
Lattanzio
LeBlanc
Lefebvre
Long
Louis (Kitchener—Conestoga)
MacGregor
Maloney
Martinez Ferrada
Mathyssen
May (Saanich—Gulf Islands)
McDonald
McKay
McKinnon (Coquitlam—Port Coquitlam)
McPherson
Mendicino
Monsef
Murray
O’Connell
O’Regan
Powlowski
Ratansi
Robillard
Rogers
Sahota (Brampton North)
Sajjan
Sangha
Scarpaleggia
Schulte
Sgro
Sheehan
Sidhu (Brampton South)
Simms
Sorbara
Tabbara
Trudeau
Van Bynen
Vandal
Vaughan
Weiler
Wilson-Raybould
Young
Zann

PAIRED

Nil

The Speaker: I declare the amendment defeated.

The next question is on the main motion.

[*Translation*]

Pursuant to order made on Wednesday, September 23, we will not call for the yeas and nays. As a result, if a member of a recognized party present in the House wants to request a recorded vote or request that the amendment be passed on division, I invite them to rise and so indicate to the Chair.

And one or more members having risen:

The Speaker: Proceed with the vote.

● (1630)

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

(*Division No. 11*)

YEAS

Members

Abouttaif	Aitchison
Albas	Alleslev
Allison	Arnold
Baldinelli	Barlow
Barrett	Barsalou-Duval
Beaulieu	Benzen
Bergen	Bergeron
Berthold	Bérubé
Bezan	Blanchet
Blanchette-Joncas	Blaney (Bellechasse—Les Etchemins—Lévis)
Block	Boudrias
Bragdon	Brassard
Brunelle-Duceppe	Calkins
Chabot	Champoux
Charbonneau	Chiu
Chong	Cooper
Cumming	Dalton
Dancho	Davidson
DeBellefeuille	Deltell
Desbiens	Desilets
Diotte	Doherty
Dowdall	Dreeschen
Duncan (Stormont—Dundas—South Glengarry)	Epp
Falk (Battlefords—Lloydminster)	Falk (Provencher)
Fast	Findlay (South Surrey—White Rock)
Finley (Haldimand—Norfolk)	Fortin
Gaudreau	Généreux
Genius	Gill
Gladu	Godin
Gourde	Gray
Hallan	Harder
Hoback	Jansen
Jeneroux	Kelly
Kent	Kitchen
Kmiec	Kram
Kurek	Kusie
Lake	Larouche
Lawrence	Lehoux
Lemire	Lewis (Essex)
Liepert	Lloyd
Lobb	Lukiwski
MacKenzie	Maguire
Martel	Mazier
McCauley (Edmonton West)	McLean
McLeod (Kamloops—Thompson—Cariboo)	Melillo
Michaud	Moore
Morantz	Morrison
Motz	Nater
Normandin	O’Toole
Patzer	Paul-Hus
Paupé	Perron

Routine Proceedings

Plamondon
Rayes
Reid
Richards
Ruff
Saroya
Scheer
Seeback
Shin
Simard
Soroka
Ste-Marie
Stubbs
Thériault
Tochor
Uppal
Vecchio
Viersen
Vis
Warkentin
Webber
Yurdiga

Poilievre
Redekopp
Rempel Garner
Rood
Sahota (Calgary Skyview)
Savard-Tremblay
Schmale
Shields
Shiple
Sloan
Steinley
Strahl
Sweet
Therrien
Trudel
Van Popta
Vidal
Vignola
Wagantall
Waugh
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Lametti
Lattanzio
LeBlanc
Lefebvre
Long
Louis (Kitchener—Conestoga)
MacGregor
Maloney
Martinez Ferrada
Mathysen
May (Saanich—Gulf Islands)
McDonald
McKay
McKinnon (Coquitlam—Port Coquitlam)
McPherson
Mendicino
Monsef
Murray
O'Connell
O'Regan
Powlowski
Ratansi
Robillard
Rogers
Sahota (Brampton North)
Sajjan
Sangha
Scarpaleggia
Schulte
Sgro
Sheehan
Sidhu (Brampton South)
Simms
Sorbara
Tabbara
Trudeau
Van Bynen
Vandal
Vaughan
Weiler
Wilson-Raybould
Young
Zann

Lamoureux
Lauzon
Lebouthillier
Lightbound
Longfield
MacAulay (Cardigan)
MacKinnon (Gatineau)
Manly
Masse
May (Cambridge)
McCrimmon
McGuinty
McKenna
McLeod (Northwest Territories)
Mendès
Miller
Morrissey
Ng
Oliphant
Petipas Taylor
Qualtrough
Regan
Rodriguez
Romanado
Saini
Samson
Sarai
Schieffe
Serré
Shanahan
Sidhu (Brampton East)
Sikand
Singh
Spengemann
Tassi
Turnbull
van Koeverden
Vandenbeld
Virani
Wilkinson
Yip
Zahid
Zuberi— 180

NAYS

Members

Alhabra
Anand
Angus
Arya
Atwin
Badawey
Bains
Battiste
Bendayan
Bibeau
Blaikie
Blaney (North Island—Powell River)
Boulerice
Brière
Carr
Chagger
Chen
Cormier
Damoff
Dhaliwal
Dong
Dubourg
Duguid
Duvall
Easter
El-Khoury
Erskine-Smith
Fillmore
Fisher
Fortier
Fraser
Fry
Garrison
Gerretsen
Green
Hajdu
Harris
Housefather
Hussen
Iacono
Johns
Jones
Jowhari
Kelloway
Khera
Kusmierczyk
Lalonde

Amos
Anandasangaree
Arseneault
Ashton
Bachrach
Bagnell
Baker
Beech
Bennett
Bittle
Blair
Blois
Bratina
Cannings
Casey
Champagne
Collins
Dabrusin
Davies
Dhillon
Drouin
Duclos
Duncan (Etobicoke North)
Dzerowicz
Ehsassi
Ellis
Fergus
Finnigan
Fonseca
Fragiskatos
Freeland
Garneau
Gazan
Gould
Guilbeault
Hardie
Holland
Hughes
Hutchings
Jaczek
Joly
Jordan
Julian
Khalid
Koutrakis
Kwan
Lambropoulos

PAIRED

Nil

The Speaker: I declare the motion defeated.

ROUTINE PROCEEDINGS[*Translation*]**ACT TO AMEND THE CRIMINAL CODE REGARDING MEDICAL ASSISTANCE IN DYING**

Hon. David Lametti (Minister of Justice, Lib.): Mr. Speaker, pursuant to Standing Order 32(2), I have the honour to table, in both official languages, the charter statement on Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying, and a legislative summary of Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying.

[English]

PETITIONS

BELARUS

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, petitioners highlight this summer's sham election in Belarus that reinstated President Lukashenko but was thoroughly denounced by international monitors. The opposition leader was forced into exile. Tens of thousands of protesting Belarusians face violence, detention and torture. Belarus is fighting for its democratic freedom. Petitioners, including many Belarusian expats, call for Lukashenko's resignation, a free and open second election, an end to political persecution and the release of all political prisoners.

[Translation]

TELECOMMUNICATIONS

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, today I am presenting a timely petition.

Whereas:

Access to high-speed internet is not equitable across the country;

Service is inadequate or simply non-existent;

The pandemic has aggravated problems and regional inequities with respect to network, telemedicine and distance education;

Inadequate service is having a serious impact on the economic recovery;

This tool is essential for the economic development of small, medium and large businesses, municipalities and organizations;

Many regions are ready to roll out the network but cannot because of barriers involving applications for permits to access support structures (poles) belonging to businesses that own these sites; and

In 2016, the Canadian Radio-television and Telecommunications Commission (CRTC) declared high-speed internet an essential service.

We, the undersigned, citizens of Canada, call upon the Government of Canada to invest heavily and quickly, starting in fall 2020, to expand rural broadband connectivity by meeting the 50 Mbps download and 10 Mbps upload targets set by the CRTC in 2016—

• (1635)

[English]

PESTICIDES

Mrs. Jenica Atwin (Fredericton, GP): Mr. Speaker, I have the honour to present a petition on an important topic. People living at Canadian Forces Base Gagetown and its surrounding communities were victims of the application of pesticides in the area. An independent public inquiry would help to uncover the answers these people have been seeking in relation to the pesticides used on military and civilians in the Oromocto area. The petitioners call upon Parliament to convene a fully independent public inquiry that will make recommendations in relation to the application of pesticides at CFB Gagetown and its surrounding communities from the 1950s to the present day.

THE ENVIRONMENT

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, it is an honour to present Petition e-2794. The petitioners see that we are in a climate emergency and want the government to treat it like the emergency that it is. They call upon the government to update Canada's climate action targets to reflect science and the IPCC 2018 report. They want the government to begin to implement carbon price increases at \$25 per tonne, per year, past 2022. They want

Government Orders

the government to establish a panel of experts to review the yearly carbon price increments and ensure that they meet Canada's climate action targets, and they want the government to ensure that Canadians become fully aware of the carbon price rebates through regularly issued cheques or direct bank deposits.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to take the floor virtually to present petition no. 10873749, as certified through our virtual House procedures.

The petitioners call for renewed attention on the threats to Canada's water and waterways, pointing out that over the years corporate neglect and pollution have affected significantly our waterways and watersheds, that we need to update the laws we have in the country to protect them and recognize that they are part of integral ecosystems. Protecting our waterways and watersheds also protects our air quality, water quality, forests and other ecosystems.

The petitioners call on the Government of Canada to put renewed effort into protecting our waters within Canada.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

• (1640)

[English]

CRIMINAL CODE

The House resumed from October 19 consideration of the motion that Bill C-7, An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

The Speaker: Before continuing, I wish to inform the House that because of the deferred recorded divisions, Government Orders will be extended by 81 minutes.

Mr. Adam van Koevorden (Parliamentary Secretary to the Minister of Diversity and Inclusion and Youth and to the Minister of Canadian Heritage (Sport), Lib.): Mr. Speaker, it is an honour to virtually join the debate in the House of Commons and participate in the second reading debate on Bill C-7, an act to amend the Criminal Code, medical assistance in dying.

Government Orders

I will take a moment to speak to the progress that our government has made with respect to the rights of persons with disabilities in Canada.

Last year, we enacted the Accessible Canada Act, which aims to create a barrier-free Canada through the proactive identification, removal and prevention of barriers to accessibility wherever Canadians interact with areas under federal jurisdiction.

The act is one of the most significant advancements in disability rights since the charter in 1982 and it is designed to inspire a cultural transformation toward disability inclusion and accessibility in Canada. The act created Accessibility Standards Canada, an organization that will create and revise accessibility standards and support and promote innovative accessibility research. The CEO and board of directors were appointed and the operations began last summer.

That act also established National AccessAbility Week, a week dedicated to accessibility in late May and early June each year. National AccessAbility Week is an opportunity to promote inclusion and accessibility in communities and workplaces and to celebrate the contributions of Canadians with disabilities. It is also a time to recognize the efforts of individuals, communities and workplaces that are actively removing barriers to give Canadians of all abilities a better chance to succeed.

Our government is taking real action to address the rights of persons with a disability. The careful writing of Bill C-7 is a testament to that. Representatives of disability organizations and leading disability scholars participated in consultations across the country and their input informed the reforms proposed in this bill.

We recognize that disability inclusion requires more than legislation and that is why we are continuing to work with the disability community and stakeholders to address stigma and bias. It is important to bring about cultural change to ensure that the important contributions made to Canada by persons with a disability are recognized and valued on the same basis as other Canadians.

Going forward, we will continue to focus on improving the social and economic inclusion of persons with a disability. This means moving forward with our commitment to build on the progress we have made over the past months and years with the development of a disability inclusion plan. This disability inclusion plan would include important initiatives like a new Canadian disability benefit modelled after the GIS for seniors, a robust employment strategy for Canadians with disabilities and a better process to determine eligibility for government programs and benefits. We all benefit when everyone can participate equally in our economy and society.

We will continue to work hard to ensure that every person in Canada is treated with the dignity and respect they deserve, especially when it comes to the deep and personal issue; that is ending one's life. It is imperative that the voices of all Canadians, including persons with a disability, continue to be heard on the issue of medical assistance in dying.

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, I want to acknowledge the words of the hon. member. I have known him to be a compassionate man.

He talked about people with disabilities living with dignity, yet, as it relates to the COVID situation, with so many people living with disabilities being left out of recovery packages and support, we are hearing that they are considering accessing MAID simply because they do not have the money to survive.

What does the member have to say about programs that have excluded people living with disabilities to the point where they are actually considering accessing this end-of-life scenario?

Mr. Adam van Koeverden: Madam Speaker, I profoundly appreciate the work that my colleague across the floor has done for his community in Hamilton prior to his entering federal politics. I am well aware of his many contributions in areas of social justice and I am proud to call him a colleague. He is somebody who stands up for people and ensures their voices are amplified.

In areas of mental health concerns that our government has, we have taken many precautions to ensure that people are being heard and that the correct precautions are being made in order to ensure that mental health and people with disabilities do not fall victim to many of the inadequacies that are baked into the system. This is an effort to change the ways it has been dealt with in the past.

I fully recognize, from consultations with many constituents in my riding who live with disabilities, that the benefit we have promised is too little and too late and that we must continue to do more for Canadians with disabilities, in particular, with regard to mental health.

● (1645)

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, with this legislation, it is clear that the Liberals have snuck in a number of different provisions that have nothing to do with the Truchon decision. One of them is bringing in the possibility of same-day death.

The elimination of a 10-day reflection period means that somebody could request and receive euthanasia or medical assistance in dying on the same day, without any further requirements or checking back the following day to see if this was a consistently expressed desire or simply the response to an immediate low.

Does the member believe same-day death is reasonable or does he think there should be a default to a reflection period? Right now, the reflection period can be waived in certain circumstances by the physicians. Does he think the default should be to have some degree of a reflection period so we do not have same-day death?

Government Orders

Mr. Adam van Koeverden: Madam Speaker, while I appreciate the many contributions and reflections upon this and many other issues from my colleague opposite, I, unlike him, rely on experts and expert opinions, research and evidence from people who work in these fields.

As a politician, I do not feel prepared or adequately informed to make these decisions in the House. They are made through evidence finding exercises in consultations with experts, physicians and researchers. Because we are an evidence-based government and one that bases all our decisions on that evidence-based approach, I am very confident we are making the most compassionate, best decision possible.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Madam Speaker, Inclusion BC is seeking additional safeguards for people with disabilities. Would the Liberal government consider providing each province and territory with additional health transfers to cover, under this legislation, supports for mental health and psychiatric care that are embedded into the legislation to give Canadians assurances, especially those with disabilities, that all options are on the table for them when they consider MAID?

Mr. Adam van Koeverden: Madam Speaker, I will take the question under advisement and ask the correct officials and the minister in charge if this is something that we might consider.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Mégantic—L'Érable, COVID-19 Emergency Response; the hon. member for Calgary Nose Hill, Health; the hon. member for Courtenay—Alberni, COVID-19 Emergency Response.

Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Madam Speaker, it has been said the character of a nation is revealed in how it treats its most vulnerable citizens. It is my priority to ensure that this type of legislation has the proper safeguards to protect the most vulnerable in our society, like our seniors and those with disabilities. Throughout COVID-19 we are learning of more and more persons with disabilities who are considering MAID as an option due to the increased economic challenges they are facing, as well as the increased social isolation that has arisen, as a result of COVID.

There also must be proper safeguards for the conscience rights of physicians and allied health professionals. The key principle of any democracy is freedom of belief and conscience, the freedom to be able to hold those beliefs, practise those beliefs and carry out in one's life what one feels is a true reflection of those beliefs, without impediment.

We have a responsibility as parliamentarians to make sure we get this legislation right. From the beginning, the federal government should have appealed to the Supreme Court, so that there could be certainty on the framework within which Parliament can legislate. Sadly, it did not and as a result there are still many questions surrounding this legislation.

There are many things we can talk about when it comes to an issue as sensitive as this, a bill that affects the lives of many Canadians and people throughout our country, many of whom are in situations where they find themselves struggling to cope or to handle a

circumstance that has put them in a very vulnerable state. I feel that we as parliamentarians need to measure all options on this and be extremely cautious because of the ramifications this type of legislation can have, and not just now but for many years to come.

This issue is near and dear to my heart because of my background. I worked for many years in the private sector and spent some time working with vulnerable populations, people who have faced the tremendous challenges that can arise when they are battling mental health related issues, such as depression and anxiety. I have seen people who have had battles with addictions and considered taking drastic measures to somehow end the suffering they were going through at that time. I recall one particular instance, which I would like to share with the House today, that had a huge impact on my life and really informs some of what I would like to talk about here this afternoon.

I will never forget the day. I was called by a local police force in our region to get to the bridge in our local community as quickly as I could. At that time, my wife was visiting a friend of hers who had just had a baby in the hospital, and I happened to be out in the vehicle with our youngest child who was sleeping in the car seat. I told the officer that my wife was at the hospital and that I did not know what room she was in. I said that I did not know how to get to her and that I had an infant child with me, and I asked if he could help me. He said he would be right there and stay with my child, and the other officer would take me to the bridge.

Of course, immediately my heart started to pump and I felt the emotion of it. With my background, I said a quick prayer, hoping things would turn out okay. We rushed down to the bridge in our community. The traffic was backed up on both sides. I got out of the police car and ran up onto the bridge. Search and rescue was there in the water, and a lot of police officers were on the scene. There was the young lady, standing on the outside of the railing and clinging to a lamppost.

• (1650)

She was waiting there, because she wanted to tell me the things she wanted me to say to her parents and to her infant child. Of course, I was scrambling, trying to come with anything to say to dissuade her. As she told her story, I was holding her hand and trying to dissuade her from making the decision to jump. She told me what she wanted me to tell her mom and dad and her little girl, and I told her that she did not have to do this and that she could talk with them. I told her that her little girl needed her and that her parents loved her. I was doing all the things I could think of.

I will never forget. She looked me straight in the eye. She let go of my hand and said, "Thanks for doing this, Richard. Goodbye." Then she jumped.

Immediately, everything flashed in front of me. I wondered if I could have said something different. I was very emotional at the time.

Government Orders

Thankfully, when she hit the water, the search and rescue teams had enough time to be in place so that when she emerged from her plunge, they were able to pull her out of the water and get her to the hospital. I am glad to say that she is on the road to recovery. She came through it. Even though her journey from that point has not always been easy, I am glad to report that, several years later, she is still with us. Now she is impacting many people's lives for the better. She is helping other young women who have found themselves in desperate situations and struggling with addictions and health related issues. She is helping to provide an example of hope.

I share that story, because I believe it is so important that we do everything we can to make sure we build in all the safeguards possible and all the bridges possible to allow people to make the choice of life and to choose to keep going, even in the midst of adversity, even when things look hopeless and even when things look like they cannot turn around. Some of the best stories that have ever been written, some of the most inspiring songs that have ever been sung, some of the best writings that have inspired generations were written from very dark places, places where shadows run deep. They have come from people who have literally walked through the valley of the shadow of death and came out on the other side.

I would encourage the House to do everything possible to put those safeguards in place and to make sure we do everything we can to foster an atmosphere where people who are in vulnerable places can be inspired towards hope and realize that they are not alone. All the adequate supports should be there with a full range of options for those in desperate times.

I am thankful for the opportunity to share that story today. I hope it encourages all of us to reflect and take the time to seriously consider the bill before us and to ensure that we put every safeguard possible in the bill.

• (1655)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I thank the member for sharing his story with such sincerity. I am so glad that she is still with us today.

When I look at the legislation before us, one thing that provides me comfort is the understanding of health care professionals. I have had first-hand experience, through the passing of my father and my grandmother, with their depth of knowledge. I suspect that was not unique to those two or three health care workers. I have a great deal of faith, both in health care professionals and family and friends. I suspect that for those who go through that very difficult time in their lives, when they have to consider MAID, the supports will be there.

I wonder if the member could provide his thoughts in regard to the types of people I have referenced.

• (1700)

Mr. Richard Bragdon: Madam Speaker, I absolutely concur that we have incredible people working in the health professions who truly walk through the darkest of times with people, providing them care and hope, and providing help for families as well as those who are in that valley of decision.

I think the hon. member would concur with me that these types of care providers deserve a lot of credit. Also, I believe they need to be assured that they can practice their conscience and be able to carry out their personal beliefs in their profession, and not feel threatened or feel that they have to do something that would be opposed to their conscience.

I know many health care professionals who do such excellent work. I know that is a value that is so important to them, being able to exercise their conscience. I do agree with the hon. member about their important role.

[*Translation*]

Mr. Martin Champoux (Drummond, BQ): Madam Speaker, I join my colleague opposite in thanking and congratulating the member for sharing that touching story. It really makes us think.

I want to point out that there is a difference between suicide and suicidal tendencies and what someone suffering from a serious, irreversible illness has to deal with. As my colleague mentioned, we obviously need to create preventive safeguards and very clear regulations on these details. As everyone knows, the devil is in the details.

However, I did not hear my colleague's opinion on the question. I want to know whether he is satisfied with the measures in this bill that will be included in future MAID legislation.

Does he feel reassured that the framework for people with mental illness is sufficient? The bill must not include depression or a problem other than a terminal physical illness.

Would the member be okay with such legislation regulating MAID?

[*English*]

Mr. Richard Bragdon: Madam Speaker, again, understanding the sensitivities around this piece of legislation, what is important is that there are not enough adequate safeguards within the current bill. I believe there are inadequate supports as it relates to persons struggling with mental health related issues. That is an area where we need much more support and much more awareness. There needs to be great improvement in the area of palliative care and support for those who are aging, and those who are facing extremely difficult times and choices.

There is not adequate support in the bill to ensure that there are alternatives and options being clearly presented, as well as the proper time to reflect. The bill, in its current form, diminishes the safeguards that need to be in place for a decision of such finality. We need to do everything we can as parliamentarians to ensure the safeguards are augmented in this bill.

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Hon. Hedy Fry (Vancouver Centre, Lib.): Madam Speaker, I am really pleased to speak to this bill, Bill C-7, in its current form, mostly because I did not support the original bill, Bill C-14, from four years ago. I did not support it because I felt that it did not reflect the intent of the Supreme Court of Canada's ruling in Carter. I also felt, as a family physician who practised medicine for 20 years, that it did not act in the best interest of my patients.

As a family physician, I walked with my patients through many things: through the joys of having a baby, of giving birth and of marriage, but also through the difficult, challenging and painful times when they struggled with excruciating incurable diseases and with knowing they were going to die because of a terminal illness. They had to work with their families, who may or may not have wanted them to go through with this. I held their hand and walked with them, so this bill has a very personal meaning. That is why I am pleased to speak to it now.

I like the bill in this form in many ways, though there are a couple of things that have not happened in it that I would like to see. The first thing I am pleased with is that it removes the clause saying natural death has to be reasonably foreseeable. It was very difficult for physicians to understand what exactly that meant. If the clause meant only people who were going to die soon, it did not reflect the Carter decision by the Supreme Court, because it did not look at issues of incurable disease or intractable pain and suffering. This bill addresses that, I think, in that it is distinguishing what we mean by natural death becoming reasonably foreseeable. In other words, I think it recognizes that if a natural death, because of a disease or a terminal illness, is going to be foreseeable within maybe a week or two, then a person does not need to go through the 10-day reflection period that was asked for earlier on. However, if it is a longer period of time, maybe four months or so, a person can continue to reflect on whether this is what they really need.

I also like that it has brought back something called advance directives. It is interesting to note that long before medical assistance in dying was considered, physicians had advance directives. This is at the heart of a doctor-patient relationship. They would sit down with patients and go through all of the things patients faced and their concerns, especially if they were diagnosed with a serious and terminal illness, and they would say what they would like to do if something happened. That would be in writing, between the doctor and the patient. I was present when families of patients who were dying, in great pain and suffering and under the deep stress of this, would debate the decisions they had made earlier with their physician. Putting this back in means that we are respecting patients' desires. Regardless of their mental capacity at the time of their dying, we are respecting what they originally wanted, if they still want it, not having other people rule on their decision.

Inherent in everything I dealt with regarding patients who were terminally ill or had an intractable and incurable disease is that they wanted to die with dignity. Dying with dignity cannot be understated. Dying with dignity means that people can choose how they die, where they die and the manner in which they live with the suffering of dying and the mental anguish of leaving their loved ones. This is a deeply personal thing that patients face. It is impacted by their religion, it is impacted by their ethics and it is impacted by their family situation. It therefore has to be done on a case-by-case basis, and

having an advanced directive with a physician is always a really important thing in that regard. That had been removed in the last bill and I am glad to see it back. It took the decision away from the patient and gave it to the state, at the end of the day, and now it is back with the patient.

• (1705)

I want to applaud the inherent compassion I see in this bill. I think it is really important. The deeply held desire of every single patient I knew, regardless of whether they chose to have medical assistance in dying or not, was the ability to die with dignity. The patient's ability to choose where they die is really important. Do they want to die at home in bed? Do they want to die in a palliative care unit, where they have become accustomed to spending their last days? Do they want to die in a hospital? Most patients do not want to die in a hospital. They want to be surrounded by their loved ones.

The government is giving \$6 billion to provide home and palliative care resources to the provinces, because it is the responsibility of provinces. They can facilitate this deeply held desire to die with dignity and help patients make this choice at a time when the ability to do so is often impacted by extreme pain and suffering and the extreme mental anguish of knowing they have to leave their loved ones. It simplifies this in a great way, and that is a compassionate thing.

There are some areas that can be improved, and one of them is the singling out of mental illness and disability as a sole diagnosis. I agree with everyone who has spoken in the House today, and with the desire of a lot of people, to recognize that mentally ill people should not be put away and should not be allowed to simply decide they want to pass on because the people they live with think they are a burden. It is really important to also look at this from the perspective of the disabled.

I know the minister has taken a lot of time to speak with the disability community and physicians. This government is committed to dealing with mental health and illness. My colleague from the Conservative Party told a very moving story earlier about a particular woman who was contemplating suicide. Giving people options when they are depressed or disabled that let them know there are other options for them, that there is a better life available to them, is inherent to this bill.

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The minister is going to look at this aspect and consult broadly with the disability community once again as he is looking at the legislative parts of the bill and the regulations. This is really important. Remember, if we single out mental illness and disability as a sole diagnosis, we may be contravening section 15 of the charter. It assumes that, because someone has a mental illness or is disabled, they do not have the right to make a decision regarding their own life and pain and suffering, whether it be mental or not. The idea that this issue will be addressed in work with the provinces, health care providers and the disability community is really important. The safeguards will be worked out. I will be really clearly involved in making sure they are worked out so they can be put into place to protect mentally ill people and people who are disabled.

I want to quote Justice Baudouin in the Truchon decision: “The vulnerability of a person requesting medical assistance in dying must be assessed exclusively on a case-by-case basis, according to the characteristics of the person and not based on a reference group of so-called ‘vulnerable persons’.” Justice Baudouin also added that the patient’s ability to understand and consent should ultimately be the deciding factor with a physician, along with looking at all of the legal criteria.

Those safeguards must be in place, but we should not assume we can make decisions for people who, because of mental illness and disability, may wish to get medical assistance in dying. Intractable pain and suffering is not merely physical; it can also be mental. With the help of good psychiatrists and good support systems, we will be able to put those safeguards in place.

This bill has come a long way in rectifying many concerns that some medical practitioners have raised. It is important that it respects the right of a medical practitioner or a health care provider to use their own ethics and religion to decide whether they wish to perform medical assistance in dying or not. I am—

• (1710)

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

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, I thank my colleague for sharing her experiences. I have a lot of respect for her and her experience as a physician. I have sat at committee with her over the years.

I remember that when we debated the original bill, I talked to a physician in Oshawa. Her name is Dr. Gillian Gilchrist. She is very well-known in the field of palliative care, and she opened the first palliative care clinic in Oshawa, in 1981. Originally, she said that she was very much against this bill because in her experience over the years, she had never had one patient ask her for an assisted death. Not one needed it if they were controlled properly with proper medication and palliative care.

Although we passed a private members' bill from the member for Sarnia—Lambton requesting that the government come up with a national strategy for palliative care, in Canada today, about 70% of people cannot get proper palliative care. I wonder if my colleague supports a more vigorous strategy for Canadians. As 70% of people are not getting proper palliative care, does the lack of care factor into their decision to choose an assisted death? Perhaps they would not choose it if they had proper palliative care.

• (1715)

Hon. Hedy Fry: Madam Speaker, that is a very thoughtful question. One thing we must understand is that palliative care is for people who are terminally ill and whose death is foreseeable. They know they are going to die from a terminal disease. However, this bill is also about the Carter decision by the Supreme Court. It is for people who are not in danger of dying but who are suffering intractable pain from an incurable disease. Let us not mix up those two things.

For people who are dying and are terminally ill, absolutely palliative care is at the heart of this. People need to know that they do not have to be in absolute pain and suffering and that they can die with dignity. I support palliative care completely and totally, and I think this bill speaks to the idea that people can die in palliative care in their home and in some of those areas—

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

Mr. Taylor Bachrach (Skeena—Bulkley Valley, NDP): Madam Speaker, my question concerns the second track: people whose natural death is not reasonably foreseeable. The bill, as it is presented, requires that one of the two medical professionals conducting the assessment have specific expertise in the condition that a person is suffering from. In rural areas, such as the region I represent, there are many rural communities that lack certain medical specialties.

Does the member feel that this particular safeguard creates an inequity between urban and rural parts of the country?

Hon. Hedy Fry: Madam Speaker, many medical practitioners are concerned about the inequity of access in rural communities and isolated communities. However, we now have telemedicine and the ability to reach out to get an opinion from a person who has expertise in the condition. That can go on for a period of time so that a patient can have access to the kinds of decisions that can be made with telemedicine. People living in rural areas can have access to tertiary care in big cities, for instance, where they have university hospitals, etc.

I think the bill is saying that we must have that happen and that it can happen. I hope we continue to expand telemedicine and that kind of equitable access for people who live in parts of Canada where they cannot get access as readily as those of us who live in cities.

Mr. Martin Shields (Bow River, CPC): Madam Speaker, I appreciate the expertise that my hon. colleague brings to this issue as a doctor. When my elderly father was facing surgery, we had in place and discussed with a surgeon a do-not-resuscitate order. My father was very angry after the surgery because they resuscitated him, but as the doctor pointed out, he signed an oath and found it very difficult to deal with this issue.

In the member's opinion as a doctor, how are we going to deal with this? By the way, lack of rural broadband is a problem for telehealth.

Hon. Hedy Fry: Madam Speaker, that is a very important question. Here is why an advance directive is important. If the father would have had an advance directive written with his physician as a doctor-patient written directive, then no one would be able to overturn it. However, this physician obviously felt he knew better and overruled the patient's desire to die with dignity. He felt he knew better than what the patient wanted. I do not accept that as reasonable at all.

• (1720)

[Translation]

Mr. Mario Simard (Jonquière, BQ): Madam Speaker, medical assistance in dying is a sensitive issue that needs to be discussed calmly. It is a difficult subject, let's face it. It is especially difficult because, like all matters dealing with human dignity, any answers we might offer are a reflection of our own values, our beliefs, our way of defining what we see as right and wrong.

That is precisely where the potential pitfalls lie for us parliamentarians as we grapple with moral issues like medical assistance in dying, abortion and same-sex marriage. Relying solely on our own values in the legislative process is tantamount to subjecting the freedom of others to the dictates of our individual consciences. In this case, medical assistance in dying raises the kind of impossible questions that political thought has been considering since the dawn of the modern era. This issue compels us to seek a delicate balance between power, knowledge and freedom.

Everyone knows that, as parliamentarians, we have been given a certain power by our constituents. This legislative power means we have the ability to restrict the rights of our peers through legal prohibitions, directly affecting their freedom. However, it does not necessarily follow that we have all the knowledge to apply that power in a fair manner. To avoid any abuse, we must be humble enough to acknowledge that we are not experts in everything, even though we have to speak to everything.

Max Weber, the father of modern sociology, may provide valuable support to the legislator who is concerned about using their power properly. In his essay "Politics as a Vocation", Weber says this about the career of politics:

Well, first of all the career of politics grants a feeling of power. The knowledge of influencing men, of participating in power over them, and above all, the feeling of holding in one's hands a nerve fiber of historically important events....

Weber then asks a very perceptive question that applies remarkably well to the debate on medical assistance in dying. He says, "What kind of man must one be if he is to be allowed to put his hand on the wheel of history?" Putting one's hand on the wheel of

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history evokes the idea that a legislator can change the course of society, as happened with same-sex marriage and abortion.

How does one go about changing the course of society? Weber says that, first, we must determine what qualities a legislator must have to enable them to do justice to the power they exercise and to the responsibility that power imposes upon them. Weber states that there are two pre-eminent qualities for a politician: passion and a feeling of responsibility.

He means passion in the sense of matter-of-factness, of passionate devotion to a cause. For me and my political party, that cause is Quebec's independence. For the Conservatives, who knows. Perhaps it is balancing the budget or some form of social conservatism. For the Liberals, it is multiculturalism and conflicts of interest. Just kidding.

Weber cautions us. "[M]ere passion, however genuinely felt, is not enough...passion as devotion to a 'cause' also makes responsibility to this cause the guiding star of action." This passion must to some extent be controlled by a form of responsibility.

Weber warns us because he believes that the legislator must be a man of reason. According to Weber, the lack of distance from our passion is one of the deadly sins of legislators. In the context of the bill on medical assistance in dying, this distance means that we cannot let certain interest groups or certain religious groups guide our discussions because we feel that they may withdraw their support for us. In short, Weber tells us that political favouritism disregards distance and this leads us to political incapacity.

Therefore, on the issue of medical assistance in dying, we must adopt this attitude of "distance" in the strongest sense of the word. This distance implies that, on a matter of human dignity, partisan and ideological considerations must take a back seat.

The topic of medical assistance in dying forces us to deal with the complex relationship between ethics and politics. According to Weber, ethics must not be used as justification. He believes that contorting ethics in an attempt to justify one's behaviour is wrong, which brings us to the struggle between two well-known positions: the ethics of responsibility and the ethics of conviction.

The ethics of conviction often manifests in religious beliefs, in being dogmatic about ideologies. This type of ethics is meant to establish a definitive truth that must be protected at all costs in order to achieve one's objective.

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• (1725)

Weber said, “If the consequences of an action that flow from pure conviction are evil, then for him the responsibility lies not with the actor but with the world, the stupidity of other people, or the will of God”. He continues, “He who seeks the salvation of the soul, of his own and of others, should not seek it along the avenue of politics”, which seeks to solve quite different tasks.

The ethics of responsibility has us look at the potential consequences of our actions. It forces us to use our legislative power responsibly and to look beyond our allegiances and personal beliefs. We are meant to be conscious of our collective duty and to accept that the greater good comes before personal interests.

I would like to comment briefly on the ethics of responsibility, which is something Quebec is familiar with, from the Select Committee on Dying with Dignity. The members of the commission were mandated by the Quebec National Assembly to hold a rather unique public consultation process, in which the members travelled across Quebec to meet with experts and Quebecers.

The Parti Québécois's Véronique Hivon took the lead on this file. She handled the process transparently and tackled difficult issues in the realms of medicine, law, philosophy, ethics, sociology and psychology. The committee's work resulted in the passage of the Act Respecting End-of-Life Care, which came into force on December 10, 2015, in Quebec.

I see a striking contrast between Quebec's approach, characterized by the ethics of responsibility, and the federal government's approach. At the time it was passed, the Quebec law went as far as it could without running afoul of the federal legislative framework. Quebec was proactive in engaging in this social debate, whereas the federal government has, so far anyway, simply been reacting to court rulings. This is the old “government of judges”. Governments would rather refer thorny issues to the courts than take a stand. Maybe they are trying to protect their beliefs or avoid offending certain religious groups. Still, parliamentarians have a job to do.

I will now come back to Carter, in which the Supreme Court overturned the Rodriguez decision in order to give greater weight to respect for integrity of the person and the individual's decision-making authority. This opened the door to medical assistance in dying.

Previously, when religious values were more prominent, this situation would have been impossible. In this case, the Supreme Court served as a driver of social progress, but we cannot always turn to the Supreme Court. This raises the following question: Is it normal for elected officials to lag behind on social change and leave it up to the courts to bring legislation in line with the reality of citizens? This is not the first time that members of the House of Commons have turned to the judiciary to avoid making tough decisions so as not to offend anyone. Take, for example, same-sex marriage.

The truth is that these social issues must be discussed in the House with compassion. Bill C-7 responds to a decision of the Quebec Superior Court, which ruled in favour of Ms. Gladu and Mr. Truchon, both suffering from serious degenerative diseases. They claimed that the reasonably foreseeable natural death criterion

was too restrictive in both legislative regimes, the federal and the provincial.

We are all driven by our personal convictions, but our thinking must transcend those beliefs. We have a duty to act with empathy. People suffering from incurable degenerative diseases should not have to go to court to fight the terms and conditions of the administration of medical assistance in dying.

In my view, Bill C-7 will undoubtedly make medical assistance in dying more accessible. We should be relieved that the bill specifically excludes individuals suffering solely from a mental illness from eligibility for medical assistance in dying. I think everyone agrees that this aspect requires further reflection, study and consultation. However, as legislators, we do need to address the issue of advance consent. Many people who reach end of life risk losing their capacity to consent. We therefore need to find a way to respect their choice, too.

• (1730)

At the end of the day, it is fair to say that our reflections on a framework for medical assistance in dying relate to the fundamental freedom of individuals to determine their own condition. Our reflections must be guided by compassion.

I know some people have expressed strong reservations about medical assistance in dying. I can only hope that such personal beliefs will not be imposed on those already suffering.

Lastly, I hope the House will follow Quebec's lead and approach this issue with openness and empathy, rising above partisan lines.

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I want to congratulate the member opposite on his speech and his one-year anniversary as a member of Parliament.

I want to address a point related to a question that the Conservative Party has asked several times. According to the Conservatives, we were negligent for not appealing the Truchon decision by the Superior Court of Quebec and seeking the opinion of the Supreme Court of Canada.

My question for the hon. member for Jonquière is the following. When we have a well articulated, well documented, carefully analyzed ruling, is it better to act immediately to protect the vulnerable and their dignity or is it better to carry on by appealing the ruling all the way to the Supreme Court, leaving these people to wait for their rights to be protected?

Mr. Mario Simard: Mr. Speaker, frankly, it seems to me that appeals brought before the Supreme Court are often used as an excuse to shirk our duty as legislators.

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I know that when it comes to issues that touch on individuals' moral values, debate can be a bit trickier, but we must have the courage to take a stand. That is our role as legislators. We cannot just turn to the courts every time the going gets tough. Unfortunately, that often happens. I hope that will not be the case in the debate we are having right now.

[*English*]

Mr. Brad Redekopp (Saskatoon West, CPC): Mr. Speaker, I am a little confused. The member spoke about Weber and being detached. He mentioned not allowing personal beliefs and things such as religion to influence decisions that we make here in this House.

On the one hand, I understand what the member is saying in the sense that we do need to keep the values and opinions of all of our constituents and all Canadians at the forefront. However, at the same time, each of us have our own beliefs and our own opinions.

I have a question for the member. Does he think it is possible that having 338 individuals, all with different beliefs and opinions, coming together to make decisions is a way to actually improve legislation, rather than being more robotic and not allowing personal beliefs into the process?

[*Translation*]

Mr. Mario Simard: Mr. Speaker, I really do not think that Max Weber was implying that we are robots and that we must act like robots.

When Weber speaks of distance, he means that I cannot apply my values when dealing with an issue that affects the fundamental rights of others. If I were to do so, I would limit the freedoms of those individuals on the basis of my own values. That is what Weber meant.

In the context of the “dying with dignity” bill, I cannot use my religious beliefs to justify limiting the freedom of individuals who can access medical assistance in dying because they have a deteriorating health condition, because one day they will no longer be capable of giving their consent.

I cannot curtail their freedoms based on my moral principles. I believe that this should guide us in our debate. This does not mean that we leave our values behind, but that certain principles must lead us to greater fairness and greater equality.

[*English*]

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, this is absolutely a very important issue for many Canadians.

When the House of Commons debated Bill C-14, I, too, along with my NDP colleagues, voted against that bill because there were many flaws within it. From there, many constituents wrote to me with heartbreaking stories. In fact, one constituent talked about how his mother had to end her life early because she was very worried that if she waited she might lose the faculty to provide informed consent. Those are the kinds of stories that absolutely move us.

To that end, with respect to advance requests as stipulated in the bill before us today, I wonder what the member's thoughts are. Does the member support advance requests?

• (1735)

[*Translation*]

Mr. Mario Simard: Mr. Speaker, I think that advance requests are essential for people with degenerative diseases. We need to balance our personal beliefs with scientific facts. The medical sector is providing guidance.

Numerous reports have been submitted to the Select Committee on Dying with Dignity at the Quebec National Assembly. There is a whole process to manage medical assistance in dying. The decision-making process is very complex, so this is not done in isolation. I think that a person must be able to give consent to an action when they are fully aware. Not allowing this would infringe of some individuals' freedoms.

[*English*]

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Mr. Speaker, I appreciate the opportunity to speak to Bill C-7, a very important bill that proposes to amend the Criminal Code provisions on medical assistance in dying, MAID.

It took me a long while to decide that I was going to speak to this bill. In fact, when I first learned that we would be debating this legislation this month, I decided I was not going to speak to it at all because I do not do very well with these topics. I have a very difficult time accepting that life eventually comes to an end, especially the life of those closest to me. In fact, I can come to terms and accept that my own life will end at some point, but I cannot deal with the thought of losing those closest to me.

[*Translation*]

Some of my colleagues' speeches earlier this week brought me to tears. When someone has strong feelings about a given topic, it generally means that they have something to say about it and that the topic should be discussed.

Canadians must know that, if they are eligible, they have been able to access MAID since June 2016. To be eligible for MAID right now, the person must meet all of the following criteria: They must be at least 18 years of age, be mentally competent, have a grievous and irremediable medical condition, make a voluntary request for medical assistance in dying that is not the result of outside pressure or influence, and give informed consent to receive medical assistance in dying.

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Furthermore, in order to be considered as having a grievous and irremediable medical condition, those seeking MAID must meet all of the following criteria: have a serious illness, disease or disability; be in an advanced state of decline that cannot be reversed; experience unbearable physical or mental suffering from the illness or state of decline that cannot be relieved under conditions that the person considers acceptable; and, lastly, be at a point where natural death has become reasonably foreseeable.

Bill C-7 proposes to repeal the MAID eligibility criteria by modifying the criteria that must be met to be considered to have a grievous and irremediable medical condition so that it includes persons whose natural death is not reasonably foreseeable.

Furthermore, the bill proposes to specify that those whose sole underlying medical condition is a mental illness are not eligible for MAID.

Last, it proposes to create two sets of safeguards that must be respected before MAID is provided. The first set of safeguards would apply to persons whose natural death is reasonably foreseeable and these would be the existing safeguards that have been in effect since 2016. The second set of safeguards would be for persons whose natural death is not reasonably foreseeable. These would include existing safeguards as well as additional ones that would apply.

- (1740)

[Translation]

In the interest of time, I will not address all of the safeguards that have been put in place. Rather, I will just focus on those that have been added recently.

A person whose death is not reasonably foreseeable must talk to a doctor about the options available to them to ease their suffering. The two parties must agree that they seriously examined all the possible options, including palliative care and mental health support, before making a decision to apply for medical assistance in dying.

Two independent doctors or nurse practitioners must provide an assessment and confirm that all the eligibility criteria have been met. This eligibility assessment period must take at least 90 days, unless the person is at risk of losing their mental capacity before that time is up. In such cases, the assessment must be a priority and completed before that deadline.

[English]

Bill C-7 seeks to respect the personal autonomy and freedom of choice for those seeking access to MAID while, at the same time, protecting vulnerable people and the equality rights of all Canadians. It aims to reduce unnecessary suffering. This issue is a deeply personal one. In fact, we saw from consultations held earlier this year that there was a wide array of opinions and feedback received. Many people were opposed to the idea of MAID altogether, while many others believed the safeguards were too restrictive and made it difficult for some people to receive MAID.

[Translation]

This is a profoundly personal matter for all those involved. I do not think that it is for anyone who has never faced death or end-of-life suffering to judge or determine whether this should be a right and for whom it should be a right. We all have a certain pain threshold, but it is not the same for everyone. We are talking about excruciating physical pain. Who then is in a position to say to what extent such pain can be tolerated?

[English]

MAID legislation was passed in 2016 with the intention of ending suffering for those facing death, those who do not have a chance to improve their medical condition. It was passed because the MPs in this chamber thought it would be the right thing to do: to give people the choice to receive MAID if they felt they needed it. Nobody is forced to go down that path, it is a choice, but legislators basically deemed it the right thing to do and the humanitarian thing to do to allow someone in that situation to receive medical assistance in dying.

If this was the humanitarian thing to do for people whose death is reasonably foreseeable, then it only makes sense that those suffering from an illness and experiencing unbearable pain whose death is not reasonably foreseeable and may be five or 10 years away should also be granted those rights. They should also have access to MAID if they have exhausted all other options and have decided with their medical practitioner that this is the way to go.

Again, it is extremely important that we remember this is a choice of the person who is suffering. However, it is also critical to give those in a position to provide medical assistance in dying, such as physicians and nurse practitioners, the choice to refer their patients to someone who is willing to administer MAID if they themselves are not. If administering MAID does not coincide with their values or religious beliefs, it must not be expected of them.

With that being said, it is important for everyone to respect the religious beliefs and values of all Canadians. As such, I completely understand that some may perceive the act of receiving medical assistance in dying as committing a sin. They have the right to die of natural causes if that is their will. In my own religion, this would technically be problematic for me. However, I feel comfortable knowing that if it ever comes to a point where I am in a situation where I am suffering, I have no chance of recovery and I am only going to get worse with time, I will at least have the choice.

One of my colleagues across the aisle in his speech earlier today spoke about an amazing comeback story of someone who was in a terrible situation, but who was on the road to recovery. My colleague was grateful that this person stuck it through and fought to survive. It is important to remember that those who will be eligible to receive MAID will have been assessed by two medical practitioners and both will have determined that the person's medical condition would never improve. If there is a chance for recovery, the person would not be eligible for MAID in the first place.

I understand that not everybody in the House will vote on this bill in the same way and I fully respect everyone's personal choice on this matter, because, once again, it is an extremely personal issue. All members are trying their best to represent their ridings and constituents in the best way they know how. I will be voting in favour of this bill because I do not believe it is my place to get in the way of someone receiving the kind of relief that MAID offers.

• (1745)

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, this bill goes well beyond the scope of Truchon and in so doing, it removes a number of safeguards, including safeguards in which there was a fair bit of consensus some four years ago. I say that having served as the vice-chair of the Special Committee Joint Committee on Physician-Assisted Dying.

One of those safeguards is the requirement that there be two witnesses. That was not controversial four years ago and yet, in this bill, it is removed. In that regard, it provides a lesser safeguard for medical assistance in dying than validating that of a will, which requires two witnesses. Can my colleague explain the removal of the safeguard?

Ms. Emmanuella Lambropoulos: Mr. Speaker, as we saw in a lot of the feedback received during consultations, many people did think that a lot of the safeguards were preventing many people from receiving the right to receive MAID in their final moments or in times when they did not see a recovery and they saw their condition getting worse with time. Not everybody has a family, not everybody has a lot of people in their close circle. Obviously, I believe in protecting Canadians, but at the same time in making sure that everybody has equal access to rights. This obviously gives more accessibility to more people.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, Bill C-7 sets the assessment period at 90 days for those whose natural death is not reasonably foreseeable, but are facing intolerable suffering. Does the member agree with the 90-day assessment and does she know how the government came up with the 90-day period?

Ms. Emmanuella Lambropoulos: Mr. Speaker, I personally do not know how that number came up, however, I know that if someone's mental capacity is at the risk of being lost in that 90-day period, it will not take 90 days. However, I would imagine that, for somebody who does have many more years ahead of them and does not have a reasonably foreseeable death, perhaps more reflection needs to be done before actually going through with this kind of thing. I do agree with the 90 days. I think that people need to have enough time to really think about this issue and whether this is the route they want to take and to really consider all other options available before finally going with this one.

Mr. Dane Lloyd (Sturgeon River—Parkland, CPC): Mr. Speaker, when the government is talking about things like intolerable pain or unbearable pain, I think we can all agree that for some people it is a very fluid, subjective statement. Therefore, if we are basing it on subjectivity, what can be intolerable pain for one person could be a case of depression for someone else. Is the government not really admitting that it is opening the door in the future for people to get an assisted death for any and every reason because the criteria it is setting are just so subjective for people?

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Ms. Emmanuella Lambropoulos: Mr. Speaker, the bill also proposes to ensure that mental illness is not a reason to go ahead with MAID and that people who suffer solely from a mental illness will not be eligible for MAID. That has been taken into account. I still agree that this is something that people should have the choice to decide for themselves.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, today I am pleased to speak to Bill C-7, an act to amend the Criminal Code with respect to medical assistance in dying, which I will refer to as MAID throughout the course of my speech.

This can be a difficult issue for many to address because it intersects several issues in society. First of all, there are taboos, and societal norms associated with those taboos, around discussing dying, religious beliefs, social supports, or the lack thereof, related to people who are in difficult or life-threatening situations, love and compassion for one another, and the agency that each of us has to direct our future.

I would like to explain what this bill would do, what I am hearing from my constituents on this issue, my approach to addressing this legislation and my decision on how I will be proceeding on their behalf.

As has been mentioned in many speeches, this bill builds on previous legislation that allowed for legal, medically assisted dying in Canada. This bill would amend legislation to remove the “natural death has become foreseeable” clause, meaning that reasonably foreseeable death would not be a criterion for accessing MAID. Of course, this comes after a decision in the Quebec Superior Court ruled that reasonably foreseeable provisions violated section 7 of Charter rights to life, liberty and security of the person. It eliminates MAID access to those who only have mental illness as an underlying condition. My understanding is that the Minister of Justice said this would be addressed in the parliamentary review of this legislation.

It would also create a second set of safeguards for people accessing MAID without a reasonably foreseeable death clause including that, for both those whose deaths are foreseeable and those whose are not, this bill would change the Criminal Code so that only one witness is needed to sign the MAID request, rather than the two currently needed. It would eliminate the 10-day waiting period for MAID and its administration for those with foreseeable deaths. For those without foreseeable deaths, Bill C-7 would create a 90-day waiting period request. There is a bit more technicality. It builds on legislation that has already been passed in this place.

I want to outline some of the things I have been hearing from my constituents on both sides of this issue. The response in my office has been pretty evenly split between people advocating for these changes and against them.

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Those in support of this bill have been writing to my office on the need to exercise personal autonomy, which would be the agency issue that I mentioned. The constitutional right to make choices about end-of-life access to medicine and health care should be part of a health care option that is available to Canadians. There is a need to ensure that, in our country, we have the ability to die with dignity: to look at death as part of the life process, and to ensure that the continuum of care involves a death with dignity. Also, there is a need to normalize and end the stigma surrounding death, and to respect individuals' and families' desire to end unbearable suffering.

Those who have issues with this bill have mentioned consent by minors and those who have mental illnesses, and what the nature of consent is in those situations. There are concerns that it is not clearly defined. There are concerns about how this legislation would impact the nature of consent in jurisprudence, as well as religious concerns around life, and doctors' conscience rights. There are concerns around repealing the 10-day waiting period and also allowing medical professionals to shorten the 90-day waiting period if the capacity to consent would be lost. I have heard those concerns.

This is my approach to addressing this legislation. As a legislator, it is my duty to ensure that individuals have the ability to use their agency in their choice on medical decisions, regardless of my personal proclivities. I will be supporting this bill through to the committee stage. I understand that there may be amendments proposed.

At the same time, some of the concerns that constituents have raised in my community against this bill are valid. From my perspective, some concerns that I have are whether we have proper supports in place for people who might be considering MAID in a not-foreseeable-death situation. I am talking about social supports for those who are in situations of great disability: Do we have social supports for day-to-day living? What about poverty? Is it a determinant of mental health?

• (1750)

With respect to palliative care, I do not think our country has yet addressed that issue adequately. I would like to see complementary legislation on that issue so we can be assured as a society that, in proceeding with this legislation, people are in the position of exercising their agency: They are not making a decision based on desperation or on our failure as a society to provide them with adequate social supports.

Another question I would like to see the committee address is this. When a person has lost the capacity to give consent, who will decide what is intolerable suffering? We need to suss that out. There needs to be some path to that. Parliament needs to give some direction to that so it is not simply left to the courts in the future. I think Parliament has a role in this because, as I am bringing the concerns of my constituents, both for and against, this is the place to give direction to the courts on any future decisions, and I would like to see the committee address some of those issues.

Another concern is for those struggling with mental health issues, such as depression, when death is not reasonably foreseeable. How will this legislation impact them?

With respect to mature minors, determining their capacity to decide and voluntary choice, free from duress, are concerns that have been raised. I also have those concerns.

I want to re-emphasize that I do not feel many Canadians have appropriate access to palliative care across the country. This is not the fault of any medical association, but I feel as a society we often spend a lot of time focusing on getting to a diagnosis. We have spent a lot of time in this place talking about dying with dignity, but we do not talk about how to live with dignity, and the choice of a person to see their life through to its natural end. If we are talking about choice and agency, somebody who makes the choice to see their life through without medically assisted dying should have the right and capacity to make that choice knowing that we, as a society, are caring for them. We are not just offering this as an alternative: that the only way to end suffering is to provide this as an option.

I give this nuanced answer because my own views on this have changed over the course of my term as a legislator with two very personal experiences. One experience was with both of my grandmothers, whose lives ended naturally. They both suffered from severe dementia. I do not think either of them would have chosen to have medically assisted dying because of their religious beliefs, but that option was not available to them, so I take that into consideration.

I am also living a situation right now, and she allowed me to share this, where earlier this year my mother-in-law, Debbie Garner, was diagnosed with a severe form of aggressive breast cancer. She has been fighting so hard and I feel so robbed because I just met this incredible woman a few years ago. She is fighting and giving it her all, but she lives in a jurisdiction where she does not have this option available to her. As part of her fight, she does not have the ability to exercise her agency in the way we are talking about, so this is now adding stress on her. She is doing everything she can to try and beat this disease, but the reality is there is a 50% chance, and probably greater with the form of cancer she has, that this will spread to her brain and leave her in a state I know she does not want to be in as a person. As a family member, I want to ensure that people in the position of my grandmother, who I know would have chosen to see her life through her way, have their wishes respected as do people in my mother-in-law's situation, who is saying she does not have the ability to exercise that choice, so she could use that agency as appropriately as possible.

That is my approach to this legislation. I would like to see this go forward to committee. I would like to see our society ensure that people have agency in both situations: that they are fully supported through the choice to see their life to its natural end, or are fully supported in a choice to end it with dignity and in a way that recognizes their own beliefs, their own agency and their own right to termination in these matters.

I thank the House for its time and I am happy to answer questions.

• (1800)

Mr. Arif Virani (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I thank the member for Calgary Nose Hill for her analysis and for her very pointed and personal remarks today.

I am going to put a question to her that has been raised by some of her Conservative colleagues and was, in fact, raised in her speech.

When the member canvassed some of the pros and cons and related what she was hearing from constituents, she mentioned conscience rights. I find that criticism a little confusing, and am trying to understand it, because conscience rights are protected in the preamble of the old Bill C-14, in the text of Bill C-14, in section 2 of the Canadian Charter and even in the Carter decision, which is what got us all here. The Carter decision states, in paragraph 132, that, "In our view, nothing in the declaration of invalidity which we propose to issue would compel physicians to provide assistance in dying."

I am wondering if the member for Calgary Nose Hill could flesh out what she understands to be the conscience rights concerns, because I believe that they are fully protected in the jurisprudence and in the statute.

Hon. Michelle Rempel Garner: Mr. Speaker, the member is correct in acknowledging that I raised that concern as something that is coming up in my constituency. I would argue that, because this is a common concern coming up in constituency offices across the country, the government has probably not explained this well enough to Canadians. I think that could be done with the parliamentary review on the previous bill in the previous Parliament, which should be happening. I find it unfortunate that the review could not have happened before this particular bill came forward.

With regard to my personal opinion on the issue of conscience, I do not believe that any Canadian should be denied the right to care at any point in time based on gender, sexuality, gender identity or in choice of agency in this situation.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Mr. Speaker, I thank my colleague for her nuanced speech. I would also like to say how sorry I am about her mother-in-law's painful situation.

My colleague gave two examples. She spoke about her grandmother and her mother-in-law, and she mentioned the choice to see life through. I feel that goes without saying. I would like some clarification from her, because medical assistance in dying only occurs upon request. If the request is not made, it is understood that the right to live prevails.

I would like some clarification about what she presented as the right to live.

[*English*]

Hon. Michelle Rempel Garner: Mr. Speaker, there are stakeholder groups that represent Canadians with disabilities who are concerned that this legislation could diminish the value of the lives

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of people who live with severe disabilities. I believe that, in certain situations, social supports should be available to people living in those situations so that there is never any question that somebody is making a choice to end their life because of a lack of resources to live with dignity.

We spend a lot of time here talking about dying with dignity, but we also have to talk about living with dignity in a complementary way. I am talking about access to affordable housing for those living in poverty, especially for those who have disabilities who may not have the same access to opportunities for employment or success, and access to home care. These are all things that I believe people need to have in place in order to be in a position of empowerment when making the choice of how to proceed with either end of life or living with a severe disability.

I also think that in this place, as we are debating this issue, we need to reaffirm over and over again that those who have disabilities in Canada are equal in every way, and that we have a dual responsibility to ensure that they are supported and—

The Deputy Speaker: We have time for one more question.

The hon. member for Windsor West.

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, I thank the member for Calgary Nose Hill for her intervention.

I am pleased that the member is supporting the bill to get to committee. Where does she think that could be an advantage to resolve some of these complex problems?

As a PSW, I can tell the member that a person's quality of care can often be affected by their income. What does the member think about that?

What should the Canada Health Act do regarding that? A person's income can affect how many service hours they get as an individual, which affects quality of life and the decisions they make beyond that.

Hon. Michelle Rempel Garner: Mr. Speaker, my colleague, as always, makes an excellent point. This is exactly what I am getting at.

As we are considering this bill, we should also be considering reviewing situations such as the member just raised: national legislation and a framework around palliative care, home care, etc. I believe that all these issues influence someone's decision on how to proceed. For people who are living in poverty, with no hope of employment, in isolation and without access to home care, their sense of suffering might be different than if those supports were in place.

The bottom line is that we have to act to give people agency to end their lives with dignity, but we also have to act to give people agency to live their lives with dignity. I hope the committee study, as well as the parliamentary review of the previous legislation, would aim to resolve that.

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• (1805)

[*Translation*]

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Economic Development Agency of Canada for the Regions of Quebec), Lib.): Mr. Speaker, I am very happy to have an opportunity this evening to share my thoughts on Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying.

This bill has generated a lot of debate. It is good to talk about this because it is extremely important. It is important because too many sick people are suffering, knowing they will never get well.

I worked with such people for a long time, and I can say that knowing them, learning about their struggles, and helping them through their ordeal fosters a much better understanding. It goes without saying that medical assistance in dying is a matter of societal choices, choices that must be carefully considered from all angles.

I strongly believe that the government did its homework before introducing Bill C-7, which is the outcome of a series of round tables with experts and stakeholders, as well as a number of public consultations. We had to go through this process after the Quebec Superior Court's decision in Truchon and Gladu, which found that limiting medical assistance in dying to persons whose death was reasonably foreseeable was unconstitutional.

Ms. Gladu and the late Mr. Truchon both suffered from incurable degenerative diseases but were not eligible for medical assistance in dying because their deaths were neither imminent nor reasonably foreseeable.

The government's Bill C-7 proposes significant changes. It broadens the eligibility criteria to include people whose natural death is not reasonably foreseeable, as was the case for Mr. Truchon and Ms. Gladu. It also adjusts certain safeguards, allowing patients to waive final consent, for example. These are significant changes.

Let us first consider the reasonably foreseeable death criterion. A number of MPs are concerned about removing this criterion because they believe it would make it too easy to access medical assistance in dying. There is also some concern that people with disabilities or mental illness will not be properly protected. Life is precious and has so much to offer. I believe in that, and the government believes in it, too.

Under the provisions of this bill, mental illness is not considered to be an illness, disease or disability. The bill also expressly excludes people seeking medical assistance in dying solely because of mental illness. The government knows that the best treatment for mental illness is effective therapy, so greater emphasis needs to be placed on enhancing preventive measures and support resources.

What exactly is a reasonably foreseeable death, anyway? It is an assessment of the amount of time between a person's current state of health and their death. It is not something that can be measured with a blood test or a thermometer. It requires a clinical judgment based on an exhaustive medical evaluation of the patient. The fact

remains that it is a difficult and sometimes imprecise exercise, and that is why the amendment is necessary.

Expanding patients' right to request medical assistance in dying does not necessarily mean it will be administered. Requesting medical assistance in dying does not automatically mean it will be administered. Even if the legislation is changed by removing a criterion, the spirit in which it will be applied does not change.

Requests will be evaluated based on the other criteria in the legislation and the new safeguards that I will get to shortly.

The government's priority is to strike a balance between the autonomy of eligible persons, the protection of vulnerable persons from being induced to end their life, and the important public health issue of suicide.

We care about compassion and dignity for both the patients and the process. In fact, that is why, in the first version of the legislation, the government included safeguards that would support decision-making, reflect the finality of the act, provide robust procedural guarantees to prevent errors and abuse, and protect vulnerable people.

Nevertheless, experience has exposed some gaps, and that is why we are proposing that two of these measures be amended.

• (1810)

The first change is to eliminate the 10-day waiting period between the date the request is signed and the date on which medical assistance in dying is provided, for individuals whose death is reasonably foreseeable. This 10-day waiting period needlessly prolongs suffering. Patients who are worried about losing their cognitive abilities and no longer being able to provide final consent live in fear. They may even refuse to take their medication and sometimes choose to request medical assistance in dying earlier.

The patient's stress also extends to their loved ones, making those last moments more painful than they need to be. Being able to choose when to die allows patients to go with their head held high, bolstered by the presence of their loved ones. These patients show noticeable relief when they realize that no matter what happens, they will get medical assistance in dying, as requested.

Although reasonably foreseeable natural death is no longer an eligibility criterion, it will be used to help determine which safeguards will be applied to requests for medical assistance in dying.

For people whose death is not reasonably foreseeable, a period of at least 90 days will ensure that there is informed consent. The sources of suffering causing the patient to request medical assistance in dying must be verified. Furthermore, it must be verified that the decision is being made without any outside pressure or influence.

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The assessment of the person's overall medical condition is even more rigorous. We may be withdrawing the criterion of reasonably foreseeable death, but that does not mean greater access to medical assistance in dying. The bill continues to ensure that there is proper protection for the process, our medical practitioners and, above all, our patients.

Having recently discussed the bill with palliative care specialists, I can confirm that the 10-day waiting period often negatively influences a patient's decision and that removing this provision will make their last moments more peaceful.

The second safeguard I want to discuss today is the waiver of final consent.

Under the current legislation, immediately before providing medical assistance in dying, the medical practitioner or nurse practitioner must ensure that the person gives express consent to receive medical assistance in dying and give the person an opportunity to withdraw their request. The government's amendment means that final consent can be waived if certain conditions are met, such as the loss of cognitive ability and the signature of a written agreement stating that medical assistance in dying will be administered on a specified date. This measure helps to ease patients' anxiety so they can take their medication, suffer less and set a later date.

It is important to note that this is not the same thing as an advance request, meaning a request for medical assistance in dying on an unspecified future date under particular circumstances. That type of request could be included in a notarized health care directive. Currently, a person can state in their health care directive whether they would want to undergo aggressive treatment and what that term means to them, but they cannot request medical assistance in dying in advance.

That is a more complex subject because, in such cases, a legal representative is being asked to make a decision on behalf of someone else. This issue will be examined by a parliamentary committee. The committee will also discuss other issues, such as medical assistance in dying for minors.

All these changes to the reasonably foreseeable death criterion and adjustments to the safeguards reflect the government's desire to keep doing better, to create a more dignified, freer and more progressive society. I therefore encourage all members to vote in favour of this bill.

I would like to conclude with a quote from the late Jean Truchon: "I ask you to try to understand me and not to judge me".

● (1815)

Mr. Colin Carrie (Oshawa, CPC): Mr. Speaker, I would like to thank the parliamentary secretary for her speech.

[*English*]

She talks about proper choice, but also safeguards. I would suggest that having available palliative care as a safeguard does reflect a person's ability to make a choice.

During the original bill, I had the opportunity as well to consult with some of the top palliative care experts in Canada, some would say in the world. One is in my own riding. Her name is Dr. Gillian

Gilchrist. She has been a palliative care expert since 1981. One of the things she mentioned to me was that, in all her years of practice, she had never had one patient ask for medical assistance in dying. She said that if people are given proper medication, especially with the newer medications today, they can be kept very comfortable until the very end of their lives.

We have heard a lot of arguments that we should be making this more available because of the pain involved. Does the member agree that proper palliative care being available is important for choice? With 70% of Canadians not having palliative care available, is it something the government should make a priority?

[*Translation*]

Mrs. Élisabeth Brière: Mr. Speaker, I thank the member for his comment. He makes a good point.

Palliative care is one aspect of end-of-life care. I would like to take a moment to acknowledge the vast expertise and excellent work of staff at palliative care homes, including homes in my riding, Sherbrooke.

It is true that palliative care is a good way for a person at the end of life to receive adequate care. Palliative care reduces suffering and guides people toward a natural death.

All lives have the same intrinsic value. That is a fundamental principle that we have to square with our societal values, including individual freedom of choice. Medical assistance in dying is part of a range of end-of-life care options that includes palliative care, and now medical assistance in dying.

Mr. Mario Simard (Jonquière, BQ): Mr. Speaker, I thank my colleague for her speech. I would like her to clarify something for me.

I do not know whether, like me, she noticed that since the beginning of the week some members have been making an unfortunate connection between palliative care and medical assistance in dying, conflating two completely different realities. Just because a person has access to medical assistance in dying does not mean that they do not have access to palliative care.

What is more, on many occasions, I also heard our Conservative colleagues establishing a connection between suicide and medical assistance in dying.

Does my colleague agree with me that these two very unfortunate connections are undermining the debate?

Mrs. Élisabeth Brière: Mr. Speaker, I agree with my colleague from Jonquière, and I want to congratulate him on his speech earlier this evening.

Indeed, that is a very important distinction, as I said in my previous answer. End-of-life care includes palliative care, and now we are adding medical assistance in dying.

As I said in my speech, I was close to the palliative care home in my riding. People do not go into a palliative care home seeking medical assistance in dying. When the palliative care facility in my riding was authorized to offer medical assistance in dying, it was clear that that was not intended to become the standard. So far, statistics show that this will is being respected.

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People go into a palliative care home to receive palliative care. However, once suffering becomes intolerable and the normal protocols are no longer easing that suffering, medical assistance in dying is an option, an individual choice offered out of respect for freedom of choice.

• (1820)

[English]

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, I am very honoured, as always, to rise in the House, particularly on such a profoundly important issue.

I am going to ask the Speaker's indulgence for a few minutes to speak about an issue that is occurring right now. I have learned that in Treaty No. 9 tonight families in Neskantaga First Nation are being evacuated because they have no access to water. For an Oji-Cree community in the middle of a pandemic to be willing to be flown out to an urban centre shows how severe the situation in Neskantaga is. I think every member in every party will understand the importance of bringing this forward.

One of the beautiful things we have said during the pandemic in Canada is that we are all in this together, but we are not, not in Canada. We have never all been together, not when it comes to the poverty, the casual degradation that indigenous people suffer and the systemic negligence of the most basic rights to life and dignity that Canadians take for granted as part of how this country is run. We cannot find a community that has suffered more than Neskantaga. For 25-plus years they have lived with unsafe water. That is a second generation growing up with improper water.

What does that mean? I remember meeting a beautiful young girl from Treaty No. 9. She had this incredible long, thick hair and she said she did not like to take a shower because it gave her blisters. That is what we put young people through in communities like Neskantaga. At age 13 or 14, they have to leave home because the federal government will not bother to give them a school. They have to go to a foreign culture in Thunder Bay. We know of the horrific treatment and abuse that indigenous children have suffered in Thunder Bay, the deaths of children in the rivers and the racist attacks, yet they have to leave their homes.

We are talking about something as profound as medical assistance in dying. However, when one has had to go to a hotel room in Thunder Bay to say sorry because a beautiful young girl from Neskantaga gave up hope at age 14, we could say this nation does a lot of work to assist in the dying and hopelessness. Tonight, in Neskantaga, after 25 years of not having water, where the schools cannot be opened because they cannot get water to the schools. They have had to shut the water system down. It is winter there and elders are going to the river and getting water in buckets.

Yes, this is Canada in 2020. Therefore, when I hear people say that we are all in this together, we could say it more clearly by saying we are all in this together, except when it comes to indigenous people, because they are at the back of the line again and again. I am not saying this from a partisan point of view. This was the primary program. Neskantaga was going to be fixed. We were told that by the Prime Minister. The previous prime minister put enormous amounts of money into water, yet the government continues to refuse to put in place the basic infrastructure that will support

safe communities: the sewage lifts, the water pipes, the proper water treatment centres.

I am asking my colleagues tonight, in light of the crisis in Neskantaga and the risks people are taking by being flown out in the middle of a pandemic, to say we have to make the guarantee of access to clean water a fundamental human right. It has to be done, and it has to be done now. We cannot have any more nice words. We have all the beautiful words that come from the government, yet there are people who cannot even live in their own community because they do not have water. I am asking my colleagues to work with us to guarantee that the people in Neskantaga will be able to go home to safety, decency and water.

The issue of medical assistance in dying is an important conversation for us to have in the House. The last time we had this conversation, we were under the gun because it was a court decision that pushed the federal government to act. I had a number of concerns about the previous legislation. We knew it was not going to withstand a court challenge, yet the government went ahead with it. Now we have to come back and do it again. We need to work together because we have some fundamental principles that we have to protect in terms of how this moves forward.

• (1825)

I worked on a national palliative care strategy across the country before the last election. The one thing I have learned, and I saw this with my beautiful sister who died so young, is that the will to live is incredibly strong. People deal with an incredible amount of suffering, and they have the will to have family and have support. The right to die in dignity is a fundamental human right. Part of that is making sure we have a proper medical system in place to give people this support, so we have to have the provisions in place with this legislation.

Nobody's claim of dealing with someone who is dying is more precious than anyone else's. In our lives, it is the most intimate thing we can be involved in, and those deaths can actually be good deaths, deaths of dignity and of hope, where families are together. The day my sister died, as my mom said the rosary I sang *Danny Boy* for her because that is how we go out in our culture. It was terrible to see my sister go, but we came together and it was beautiful.

There are deaths that do not have dignity, and deaths of suffering. It is incumbent upon the House to make sure that the legislation in place meets a number of steps in the right to dignity, but also that it makes sure that people who are making this choice are not doing it because they feel they have been neglected or they are in a substandard seniors home, as we have seen with so many of our seniors in Quebec and Ontario who died in the pandemic. People must actually have dignity, and if they are in a home, there must be support for them so that they do not have to make that choice.

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I will agree with my Conservative colleagues and all the people I have talked to in all the work I have done with palliative care, that if that choice has to be made, it is one that people do not want to make. People want to go out in a way that allows them as much time as possible. However, when that decision is made, as it is a right upheld in the courts, we have to make sure that the provisions are there to allow it to be done properly, to allow it to be done so that people are of a mind that they understand what they are doing and that they can do this in a way that meets the test of a caring society.

To that end, we have seen a staggering number of our elders die without dignity in this pandemic. It has exposed the fact that we do not put investments into care for our elders and they have suffered needlessly. That we had to send in the army to keep people from dying is a fundamental failing of our system for seniors and their health.

Of course, it is not just seniors who have to make this decision. My sister died much too young. Her husband died at 42, and he was one of the greatest people I have ever met. People die at different ages, and some of those deaths are very difficult.

I am very pleased to say that we will support the bill being sent to committee because it is at committee where we will hear witness testimony. We need to hear from the experts. We need to have a conversation and start to make sure that in the legislation, which we are compelled to bring forward because of the Quebec superior court decision, we meet the tests of the court and we meet the tests of dignity.

Again, I do not believe this needs to be a partisan issue, where a party is going to be on one side or the other. We have to put first the rights of the individual and their dignity, and the support for their family, because death should never be a lonely act. Death has to be part of family and community, and when it is, it can actually be a moment of real grace and learning.

The New Democrats are supporting the motion to send the bill to committee to be studied. We want to make sure that we get it right this time so that we do not have to change it for the next court decision.

• (1830)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, first, I appreciate the member's bringing to the attention of the House the situation in regard to the evacuation. I very much appreciate the sensitivity of the issue, as we move on to yet another very sensitive issue that has been debated for a number of days now. It is very much an emotional time when we have these types of debates.

When we first brought in legislation, and I am referring to the House in its entirety when I say that because the legislation came as a result of a Supreme Court decision, the general feeling back then was that there would be a need for us to come back and look at the legislation. What we are doing today is making changes to the original piece and there are a few changes. I wonder if the member would want to provide his thoughts on any of the specific changes,

or any thoughts in regard to specific amendments that he would like to see.

Mr. Charlie Angus: Mr. Speaker, even though we are being ordered to because of the Superior Court of Quebec decision, it is important that we do revisit legislation. What we anticipated may not be the case out in the field.

In terms of the request for medical assistance in dying be done in writing and signed by an independent witness, the request can be made after the person is informed they have a grievous and irremediable medical condition, and a professional or health care worker can serve as that witness. That is interesting. I would like to have that tested with people in the field who can let us know whether that will meet the need of ensuring we have adequate safeguards.

The fact that the person must be informed of available and appropriate means to relieve their suffering, including counselling services, mental health services and palliative care, is important. However, we have to be able to test that at committee. Is that a reality that people are going to have in rural areas? What about for people who do not have a larger family unit to support them? I am looking forward to seeing how these will be tested at committee.

Mr. Dane Lloyd (Sturgeon River—Parkland, CPC): Mr. Speaker, I thank the member for his commitment to standing up for his constituents, particularly his indigenous constituents.

When the government is reducing some of the safeguards regarding the number of witnesses needed and the kinds of witnesses needed, I become very concerned. If we are not including social workers in the decision-making process, how are we ensuring that those who are going through the process of requesting MAID are truly doing it in a way that is of their own volition? Physicians are not always equipped to recognize these situations.

What about increasing safeguards by bringing in social workers so we can ensure it is truly a free choice that people are making?

Mr. Charlie Angus: Mr. Speaker, one of the things that frustrated me with the Supreme Court decision was that I felt it put an unfair restriction on the review of Parliament. Because this was a profound piece of legislation, we needed the opportunity to have enough witnesses.

I do not believe this is something that should be dragged out, but as parliamentarians, we need to ensure we have an adequate number of witnesses to bring forward enough points of view that we can ensure the proper details are in this legislation. I do not know the details of what goes on in a medical relationship. I am not that person, but I have sat at the deathbed of many people. I want to make sure it is done right.

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[Translation]

Mr. Mario Simard (Jonquière, BQ): Mr. Speaker, I commend my colleague on his speech. Since he went off topic to talk about access to drinking water in indigenous communities, I will do the same and ask him a question about that. I share his outrage. It is absolutely unacceptable that indigenous communities do not have access to drinking water.

That said, being outraged is good, but taking action is always better. In that sense, I wonder why my colleague, who criticizes the Liberal government's decisions, earlier today supported that same government that has done nothing about drinking water access in indigenous communities.

[English]

Mr. Charlie Angus: Mr. Speaker, the member went from profound to as cheap as one can get. We are talking about the dignity of people. I bet the member has never seen the kind of poverty we see. Am I going to plunge the nation into an election because the little guy in the front from the Bloc said he wanted an election last spring? No, I have better issues to deal with.

If that member cannot understand the profound issues facing people in Neskantaga, I would say that we can see what happened. I have not heard anything from that member in terms of the horrific death of a woman in a hospital in Quebec.

• (1835)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to thank the hon. member for a very moving statement. I know it is difficult, and I am usually persnickety about saying that any member speaking should speak to the topic before us. The Neskantaga First Nation situation, in that they may be facing an evacuation because of a lack of clean drinking water, draws into sharp focus why we need Parliament to continue to work in this place.

I specifically want to thank the member for his shared concern for a dear mutual friend of ours. When we started debating Bill C-7 last spring during the last Parliament, Angela Rickman sent me texts and emails asking us to bring her relief. She was suffering from ALS and wanted to be able to use medical assistance in dying, and we failed her. I would like my hon. colleague to add whatever he chooses on the desperate need for us to continue to act in Parliament.

Mr. Charlie Angus: Mr. Speaker, my hon. colleague and I shared a friend in Angela Rickman. She was a very powerful and profound woman who worked on the Hill and died much too young. I am glad the hon. member thought of her tonight.

We have to think of the people we know who are suffering and make sure we do this in a manner that respects them and respects our obligations under the law.

Hon. Carla Qualtrough (Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Mr. Speaker, it is really an honour to participate in this important debate on Bill C-7, alongside my colleagues, the Minister of Justice and Attorney General of Canada, and the Minister of Health.

By way of background, in 2015, the Supreme Court of Canada struck down the sections of the Criminal Code that made assisted suicide illegal. In 2016, the federal law in medical assistance in dying came into effect. This law created an end-of-life regime, which limited access to medical assistance in dying to individuals whose deaths were reasonably foreseeable. A number of specific eligibility criteria were put into place, along with procedural safeguards.

As we all know, in September of 2019, the Superior Court of Quebec found it unconstitutional to limit the availability of medical assistance in dying to people whose deaths are reasonably foreseeable. The federal government has once again been tasked with changing the law.

In early 2020, the Government of Canada held consultations across the country. There was also an online survey that received almost 300,000 responses. The feedback was thoughtful, compassionate and candid. From my perspective as the minister responsible for disability inclusion, I am working to ensure that the voices of persons with disabilities are heard on this important issue.

Medical assistance in dying is a human rights issue. The proposed legislation recognizes the equality rights of personal autonomy, and the inherent and equal value of every life. Disability rights advocates have long fought for these rights. Being able to make decisions about one's own life is fundamental. There are many examples in our history of where the personal autonomy and equality of our citizens with disabilities has been threatened, denied or taken away. I can assure my colleagues that these concerns are top of mind as we undertake this important legislative work.

The proposed legislation before us explicitly recognizes equality rights. The preamble refers to the Charter of Rights and Freedoms, as well as Canada's obligations as a signatory to the United Nations Convention on the Rights of Persons with Disabilities. The preamble also expressly differentiates between these fundamental equality rights and the various societal interests and values we need to balance with this legislation, such as the important public health issue of suicide. To put it another way, we wanted to be clear that ensuring equality rights underpins this legislation.

I will mention one more important aspect of the preamble that frames this proposed legislation, which is the importance of taking an approach to disability inclusion based in human rights. With these words, we are committing to using human rights principles to guide the development and implementation of our systems, programs and processes. This is important because the full realization of the rights we enshrine in law is predicated on having systems and structures in place that do not themselves create barriers, discriminate or infringe upon these rights.

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I will digress here for a moment to take us back to June of 2019. That month, this House unanimously passed the Accessible Canada Act, which I believe to be the most significant advancement in disability rights since the Charter. Section 6 of the Accessible Canada Act sets out guiding principles, which include that everyone “must be treated with dignity”, everyone “must have meaningful options and be free to make their own choices,” and everyone “must have the same opportunity to make for themselves the lives that they are able and wish to have regardless of their disabilities”.

Another guiding principle states, “laws, policies, programs, services and structures must take into account the disabilities of persons, the different ways that persons interact with their environment and the multiple and intersecting forms of marginalization and discrimination faced by [individuals]”.

These principles must also guide us as we tackle the important task of responding to the 2019 Superior Court of Quebec decision. As this House has heard, Bill C-7 proposes a two-track approach to medical assistance in dying, with less or more stringent safeguards depending on whether a person's death is reasonably foreseeable.

The House has heard about the safeguards when death is reasonably foreseeable, and it is our hope that these will allow for dignified end-of-life decision-making. I will focus my attention on the new track where MAID is permitted even though the individual's death is not reasonably foreseeable. As I mentioned, in these situations there are heightened safeguards. These include the requirement that two independent doctors or nurse practitioners assess and confirm eligibility, with one of these having expertise in the individual's medical condition.

● (1840)

It is also required that the individual be informed of available and appropriate means to relieve their suffering, including counselling services, mental health and disability services, community services and palliative care, and that the individual be offered consultations with professionals who provide these services. The individual and their medical practitioner must have discussed these measures and agree the individual has seriously considered them.

Finally, the eligibility assessment must take a minimum of 90 days, unless loss of capacity is imminent.

As we look to broaden access to MAID as directed by the court, we are very aware of the need for Canadians to know their options, to ensure their consent was informed and to have a real choice. I spoke earlier about equality rights and personal autonomy. I also spoke about taking a human rights-based approach to disability inclusion, having meaningful options and having the opportunity to make a good life for oneself. If our systems, processes, programs and services do not offer these options, and if our citizens do not see these options are available to them, then their equality rights are not being fully realized.

This proposed legislation recognizes the significant role that social, mental health, disability and community support services play in the full realization of equality rights. Accessing MAID should not be easier than accessing disability supports. The new legislation makes it the responsibility of the medical practitioner to ensure that the individual is made aware of the supports available to them be-

cause the harsh reality is that many Canadians with disabilities are not living with dignity. They are not properly supported. They face barriers to inclusion and regularly experience discrimination.

We have seen during this pandemic how many of our systems fall far short of truly supporting and including all Canadians. Canadians with disabilities are rightfully calling for governments to address these inequities, and we must.

In the recent Speech from the Throne, our government committed to a disability inclusion plan. This will include a Canada disability benefit modelled after the GIS, an employment strategy, and a modernized approach to eligibility for Government of Canada disability programs and services. The disability inclusion plan is an important next step in advancing the rights and inclusion of person with disabilities. I look forward to sharing more on this with the House and all Canadians in the coming months.

Before concluding, I will mention the need for robust federal monitoring and data collection on MAID. We need a reliable national dataset that promotes accountability and improves the transparency of implementation. Quite frankly, we also need to better understand who is accessing MAID and why. This is of the utmost importance to the disability community. It is incumbent upon all of us to ensure the regulations that flow from this legislation allow for fulsome data analysis.

We have before us legislation that seeks to balance making medical assistance in dying available, without undue obstacles to those who choose it, and having safeguards to ensure this decision is truly informed and voluntary. A truly progressive medical assistance in dying law is one that recognizes, without compromise, the equality rights of everyone.

I am thankful for the opportunity to contribute to this debate.

● (1845)

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Mr. Speaker, I listened intently to the hon. member's speech, as I always do when my friend speaks. I wish we had the time for the committee do its study. I wish that the government had taken the time to challenge the decision of the court in the Supreme Court if only to get the best advice we could before we moved forward with legislation like this.

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I think about the disability community. Both of us know the disability community very well, and we have heard significant concerns from that community. This is a complex issue, and issues related to communications for those with disabilities are also complex. There are many in the disability community who would say that their voices are not being heard right now and they do not feel they have agency right now because of the way society views them. They feel this legislation is coming too fast, too quickly, too soon. I wonder what kind of commitment the hon. member will make to those in the disability community to make sure their voices are heard.

Hon. Carla Qualtrough: Mr. Speaker, I thank the hon. member for his collaboration and partnership in advancing issues related to disability.

This is a very complicated, complex and deeply personal issue. I have been committed since the beginning to living by our commitment to a “nothing about us without us” perspective by ensuring members of the disability community have voices at every table around decisions like this.

My COVID disability advisory group has been digging in on this. I know we will have robust presentations at committee from members of the disability community. My bottom line is that I will do whatever it takes to ensure these voices are heard.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Mr. Speaker, I am wondering about the question that was just asked.

I would like my colleague to clarify. When I am told about the vulnerability of persons living with disabilities I completely agree. However, the process that leads to medical assistance in dying requires clear consent. There are physician groups that are already working on this issue trying to determine the terms and conditions for such consent.

Does my colleague agree that some parliamentarians seem to want to drag out the debate to throw the baby out with the bath water?

[*English*]

Hon. Carla Qualtrough: Mr. Speaker, we are talking not only about changing the Criminal Code, but being very careful not to send a message to a very important group of our citizens that their lives are not as valuable as those of the rest of us. I want to ensure that, as we have this conversation, nothing we do sends that message. Everybody's life is of equal and inherent similar value.

Perhaps I misunderstood the question, but if people do not have a real choice at their disposal, as I suggested in my speaking notes, then we are not really giving them their full rights of equality.

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, the minister has just reminded us that everyone ought to have equal and inherent rights, but we know that throughout this pandemic the government has refused to prioritize the pursuit of a very equal life for people with disabilities.

I want to bring the voice of one of my constituents, Sarah Jama, who is part of a disability justice network, to ensure that her and their voices are heard. She states, “It is evident through our history

of forced sterilization and institutionalization that the current crisis of deaths in long-term care homes and continued legislated poverty across this country that with the changes in the requirement for foreseeable death to MAID, what measures will our government put in place to adequately ensure that people with disabilities will not experience systemic or implicit coercion regarding their access to MAID and will this government finally prioritize the life of people with disabilities in this country as much as it has thoughtfully prioritized their access to death?”

• (1850)

Hon. Carla Qualtrough: Mr. Speaker, I thank Sarah for fighting the fight. I hear many of her views about how, historically, we have done wrong by this really marginalized group of citizens. We are taking every effort to do right by our citizens with disabilities. It started with the Accessible Canada Act, which put a disability lens on our pandemic response, resulting in a COVID disability advisory group, resulting in recommendations from that group as to how we could ensure that sufficient safeguards were put in place, resulting in a commitment in the Speech from the Throne to a direct payment to citizens with disabilities, the Canada disability benefit modelled after the GIS, so they can have the choice to not live in poverty, access to the services and supports they need to live with dignity. I promise Sarah that we are not giving up this fight.

Mr. Dean Allison (Niagara West, CPC): Mr. Speaker, today we are talking about Bill C-7, an act to amend the Criminal Code with respect to medical assistance in dying. While I realize this is a very sensitive and difficult issue, I want to be very clear that I will not be supporting the bill. I would like to take a few minutes to talk about why that is and to provide some context to all Canadians, specifically from my constituents in Niagara West.

On February 6, 2015, the Supreme Court of Canada ruled that grievously suffering patients had the right to ask for help in ending their lives. This was the Carter v. Canada decision. The court declared that paragraph 241(b) and section 14 of the Criminal Code, which prohibited assistance in terminating life, infringed upon the charter right to life, liberty and security of the person for individuals who want to access an assisted death.

The Supreme Court decision was suspended for a year to give the government time to enact legislation that reconciled the charter rights of individuals, doctors and patients. As a result, the government introduced Bill C-14 on April 14, 2016, which received royal assent on June 17, 2016. Medical assistance in dying has been legal since then.

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On September 11 of last year, the Superior Court of Québec found that it was unconstitutional to limit access to medical assistance in dying to people nearing their end of life. Basically, the court said that the Criminal Code requirement that natural death should be reasonably foreseeable to get medical assistance in dying is against the rights and freedoms of Canadians as they are written in the charter. It is important to note this ruling will come into effect on December 18, 2020, unless a third extension is granted by the court.

The focus and priority of all of us in the chamber should be to ensure safeguards are always in place for the most vulnerable in our society. We also have to keep in mind that we need to be respectful and accepting of the conscience rights of physicians and health professionals. Doctors are trained to save lives, not to end them. I actually believe we should go a step further and protect the conscience rights of all health care professionals.

I am supportive of doctors and health care providers who are not willing to leave their core ethics behind when they are at their patient's bedside. I do not believe it is appropriate to force a doctor or other health care provider to participate in assisted suicide. I also do not believe it is appropriate to hire or fire an employee based on their willingness to be involved in assisted suicide. Physicians who wish to follow their conscience on serious moral issues should be free to do so. Again, we need to be respectful and accepting of the conscience rights of physicians and health professionals.

The last time I voted on this issue, I went through the legislation, which at the time was Bill C-14, and I made a determination that it did not include sufficient safeguards for those most vulnerable, so I opposed it. I had the chance to examine the current bill before us today and I still do not think it has sufficient safeguards, so I will oppose it again.

Let us be clear about something. Medical assistance in dying is a tremendously difficult issue to debate. It absolutely is. It is a highly emotional topic for all sides, and there are many factors and personal convictions that come into play. In the House we agree on many things, but we also disagree strongly on others. The key is to respect one another in the process as we discuss sensitive issues, especially issues relating to human life. Medical assistance in dying has to do with some of the most vulnerable people in our society. That is why it is important we, as representatives of the people who voted for us, have utmost respect for all who have an opinion on this topic. This includes many folks in my riding of Niagara West who are people of faith and disagree with what this bill would do.

I would like to highlight some critical evidence from an expert who appeared before the Quebec superior court on this issue. Dr. Mark Sinyor is a Canadian psychiatrist widely recognized for his clinical expertise and research on suicide prevention. He was an expert witness in the case, who provided important testimony before the Quebec superior court.

In his 50-page affidavit, Dr. Sinyor detailed for the court the likely impact of expanding medical assistance in dying to those who are not at the end of their lives. He notes that under an expanded law, which is what we have in front of us here today, physicians would bring about a death that is not otherwise foreseeable. This is something that is exceptionally difficult to accept for many Canadi-

ans across the country and for many in my riding of Niagara West. Issues like the planned legal death of someone who is terminally ill is a very delicate matter to begin with, but to open up the door for more people to qualify for a planned death, a legal death, to me and to many of my constituents, is very troubling.

I would like to return to Dr. Sinyor again.

● (1855)

He talks about a well-established phenomenon referred to as suicide contagion. Dr. Sinyor explains that suicide contagion occurs “through a process called social learning in which vulnerable people identify with others who have had suicidal thoughts and/or behaviour.” He goes on to say, “Expansion of MAID to include suffering, not at the end of life is likely to lead to suicide contagion and higher suicide rates, and to have a negative impact on suicide prevention.”

Dr. Sinyor also talks about the extent to which many elderly people with chronic conditions and younger people with severe disabilities are impacted. He says that they “feel like a burden to their loved ones and that their families would be better off if they were dead.”

When one of our friends, of family members or loved ones is in a similar circumstance and they begin to think that they will be solving this problem of being a burden, knowing that this law will allow it, would it be more comfortable for us? My answer is no, I do not think it would be.

To quote Dr. Sinyor again, “Normalizing suicide death via MAID as a remedy for suffering not at the end of life is likely to increase suicide rates in Canada at a time where there is a universal consensus among public and mental health experts of the imperative to decrease suicide rates.”

In short, the bill would simply make it possible for a person to choose to access medical assistance to end their life, even if their death is not reasonably foreseeable. I am concerned for people with disabilities. I am concerned that, if passed, the legislation will allow people with disabilities to die with medical assistance because they have a disability.

Michael Bach, managing director for the Institute for Research and Development on Inclusion and Society confirms this, saying “people who are not at the end of life will nevertheless be able to access assisted death on the basis that their disability is grievous and irremediable and they experience suffering they find intolerable.” I am concerned that people with disabilities may be coerced into ending their life while they are in a state of personal suffering.

Michael Bach also said, “Negative stereotypes are an undeniable cause of disability-related disadvantage and suffering. The Quebec Superior Court struck a blow to social rights in Canada when it rejected the end of life requirement.”

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One of Bach's most striking statements on this issue is that the court's decision "institutionalizes the idea that disability can justify terminating a life. Stereotypes don't get much worse than that."

I am afraid that the bill may reinforce horrible stereotypes that a life with a disability is a life not worth living or that living with a disability is a fate worse than death. This cannot happen. I am also concerned that the suffering may not be caused by the disability but because of a lack of services and supports needed by many people with disabilities to lead a full life.

As an example, we have the story of Sean Tagert, a B.C. man who was living with ALS. Sean chose to access medical assistance in dying because he was unable to secure funding for the 24-hour care he needed to live in his home, in his community and raise his young son. The story is heartbreaking. This young man chose death because he was unable to get the proper care for his disability, and he left a young child behind.

It is so sad to hear stories like this. That is why I believe that providing high-quality palliative care is critical. Palliative care is so important because it puts patient care at the forefront of this discussion and not the patient's death. Palliative care helps improve the quality of life, reduces or relieves physical and psychological symptoms and supports the families and loved ones of those struggling with the condition. It could be provided in a variety of settings, including hospitals, at home, long-term care facilities and hospices.

The focus of palliative care is on respecting dignity and having compassion for human life. That in my view is the right approach. I do not think any of us in the chamber should ever underestimate the importance of this issue and its complexity. We all understand the delicate and sensitive nature of it. We all have views and we all know the views of our constituents. They sent us here to represent them, and that is what we are doing.

My hope is that we will all uphold the original objective of this legislation, and that is to affirm the inherent equal value of every person's life to avoid encouraging negative perceptions of the quality of life of persons who are elderly, ill or disabled. This bill does not do that, and for that reason I will be voting against it.

● (1900)

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I share the member's concern with respect to palliative care and how critically important it is that Ottawa continues to work with provinces to look at ways we can deliver a better service, particularly for some communities that have been neglected on this issue.

My question relates to the concerns of the member. We have health care professionals, families, friends and for some of the larger groups, such as the disabled, advocacy groups. I am wondering if the member might be underestimating the value they have to this debate. Once the bill gets to committee, we will hear a lot more on those issues.

Mr. Dean Allison: Mr. Speaker, as I have said before, I have talked to numerous people who have come to my office and whose

homes I have gone to. When it comes to the disability community in particular, they are certainly very concerned about some of the things that underlie this, whether it is removing the 10-day waiting period or encouraging doctors to move forward proactively. There are a number of things and that is why a letter, signed by over 77 organizations, was sent to legislators that talks about the concerns that they have. We need to be very mindful of them.

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, we have heard today from our Conservative friends down the way stories of anguish, conversations and statements around the sanctity of life and safeguards. It is clear to me that this is not a critique particularly of MAID, but, rather, the condemnation of capitalism.

What does the member have to say about the privatization of mental health, the criminalization of addictions and the commodification of every basic necessity of life, to the point where almost complete and utter despair has caused people to be sentenced to live in deep poverty and have to, at the end of life, under coercion perhaps, contemplate this last and drastic step?

Mr. Dean Allison: Mr. Speaker, we realize this is a delicate issue. As I have said before, this is complicated and not easy. One of the things I wish the government had done more of, which we have talked about, and has been mentioned in other speeches and my speech, is the whole issue around palliative care.

We need to provide people options at the end of life. They may believe that is the only option they have. They may be in pain that is unbelievably difficult and believe that there is no way around it if they do not have proper pain medication, all these kinds of things. There are all kinds of communities that do not have access to these services. The first thing we should look at is how we should deal with this and how to provide those communities with these types of services.

● (1905)

Mr. Dave Epp (Chatham-Kent—Leamington, CPC): Mr. Speaker, I was encouraged when I heard the Minister of Employment, Workforce Development and Disability Inclusion state that she felt it was not advisable for Canadians to have access to MAID more easily than supports for our disabled community. Could my hon. colleague comment on whether what is proposed in Bill C-7 makes that situation worse or better?

Mr. Dean Allison: Mr. Speaker, it goes back to what the member for Hamilton Centre said as well. What kinds of supports do we have for these individuals, people who are disabled and people who have addiction issues? The member for Hamilton Centre asked how to deal with people with addictions. We should be looking at helping these individuals as well. I do not believe it is one thing or the other. If we are going to be looking at things like this, at the very least we should have better supports for our disabled and for palliative care and that is where the focus should be in the short term, in my belief.

[Translation]

Mrs. Caroline Desbiens (Beauport-Côte-de-Beaupré-Île d'Orléans-Charlevoix, BQ): Mr. Speaker, I commend my colleague on his speech, but I am very concerned about the position he is taking.

As I was listening to him speak, I was imagining all the people who are waiting for relief and thinking about how upset they must be to see that this bill is still not making any progress.

I would like to ask my colleague whether he has ever met someone who had no choice but to obtain medical assistance in dying to put an end to their suffering. In his life, has he ever met anyone who had no other option?

[English]

Mr. Dean Allison: Mr. Speaker, it has been my experience in talking to constituents over the years that there are a lot of people who do not understand what is available out there. It has also been my experience in my time of being elected to the House of Commons and talking to my other colleagues from across the country that there are still a lot of programs that are not available to people across the country.

We are in great shape in Niagara. I am very grateful that we have a hospice, and very grateful that we have organized agencies that administer palliative care. I really believe that we should be looking at these options. These are things that we should be focusing on at this point in time, and I believe that we should be finding supports for these individuals.

The Deputy Speaker: Now we will go to the hon. Minister of Health. My apologies, I think the change was at our end, but we have it right this time.

Resuming debate, the hon. Minister of Health.

Hon. Patty Hajdu (Minister of Health, Lib.): No worries, Mr. Speaker. With virtual Parliament, all members of the House of Commons and, of course, you, Mr. Speaker, and your team, should be really proud of the work that we have done to keep Parliament functioning.

I am so happy to speak to the House today to address Bill C-7. I have been listening to the debate quite closely. I have to say that I am so impressed by the passion and compassion that I have heard in all of my colleagues' voices in talking about this very personal and very emotional topic.

In responding to the ruling of the Superior Court of Quebec on Truchon, we have had the opportunity to consider measures for which there is strong public support, and that is why we are proposing changes that will help clarify and strengthen Canada's medical assistance in dying legislation that is in place today.

Canadians have shared their views since we had passed the original legislation in 2016. Earlier this year, I had the opportunity to listen to their opinions and ideas. I also listened to the practitioners who have been providing these services over the past four years. I have to say, on a personal note, that the stories of both groups really were very moving, but particularly from the practitioners who have been using the legislation to provide choice to patients who often-times had been suffering terminally for a very long time. It is very

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clear that their compassion and expertise is something we should all be very proud of and grateful for as Canadians. However, it is also clear, through those conversations, that certain aspects of the current legislation could be altered to improve access, protect the vulnerable and respect this personal choice that is at the foundation of the legislation. With this bill, I think that we achieve a balanced approach that reflects the best interest of all Canadians.

The proposed changes to this bill have been informed by years of study and consultation. In December 2016, we asked the Council of Canadian Academies to review three types of requests for medical assistance in dying that are currently outside the scope of the law: requests by mature minors, advance requests and requests where a mental disorder is the sole underlying condition. As part of our analysis, we also consulted a number of other sources, including evidence submitted before the court in Truchon, as well as domestic and international research.

Medical assistance in dying is a complex and deeply personal issue, as so many of my colleagues have illustrated in their remarks. We knew that before going forward with changes to the current law, we needed to hear from Canadians. We held public and online consultations for Canadians to participate to complement our discussions among cabinet ministers, medical experts and other stakeholders in the country.

Protecting the safety of vulnerable people, a focus of many of the comments today, while respecting the autonomy of Canadians, another key aspect that was so important in our consultations, remain our central objectives. That is why the bill proposes a two-track approach to safeguards based on whether or not a person's death is reasonably foreseeable. The bill would no longer make reasonably foreseeable natural death the basis for determining eligibility, but it would use it to establish whether a more rigorous set of safeguards should be applied.

If a person's death is reasonably foreseeable, a set of safeguards similar to the existing regime would apply, but after hearing Canadians' feedback on the barriers that some of those original safeguards pose to those seeking medical assistance in dying, some of the conditions have been changed. I will expand on the specifics of the bill's proposed changes to these safeguards in this case.

For those whose death is reasonably foreseeable, we would ease some of the pre-existing safeguards that we know have not served their purpose of protection. For example, under the current system, there is a requirement for a 10-day reflection period. Health care providers and family members, those who have been through this and have shared their loved ones' stories, have told us that the safeguard often prolongs the suffering of individuals who have already given extensive consideration to their decision to request medical assistance in dying. As a result, the proposed bill would remove this requirement.

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During the round table discussions, we also heard that the existing requirement for two independent witnesses posed a barrier to those seeking medical assistance in dying, especially for those living in a care home or institution. We proposed only requiring one witness and allowing this witness to be a care provider. Those involved in assessing or providing medical assistance in dying would still not be eligible as witnesses.

● (1910)

Last, we heard from Canadians about the waiver of final consent.

Under the current legislation, a practitioner must ensure the person seeking and deemed eligible for MAID gives their express consent immediately before providing MAID. This is often referred to as the final consent and provides final confirmation of the person's desire to proceed with MAID.

This safeguard also prohibits MAID for individuals who have lost the capacity to provide final consent, regardless of how sure and definitive they were about their intention when they had capacity. This safeguard unintentionally created situations for individuals who had chosen to end their lives earlier than they wanted out of fear of losing the opportunity to receive MAID because of an impending loss of capacity.

I know many of members are aware and have spoken about Audrey Parker, who last year died and used her final days to advocate for changes to this very part of the legislation. In one of her last posts, she said, "the law has forced me to play a cruel game of chicken... I would like nothing more than to make it to Christmas, but if I become incompetent along the way, I will lose out on my choice of a beautiful, peaceful and, best of all, pain-free."

Inspired by Audrey's memory, we are proposing to include a waiver of final consent for persons whose death is reasonably foreseeable, but who are at risk of losing decision-making capacity. As proposed in the bill, the individual would be able to provide written consent for their practitioner to administer MAID on a specified date.

In addition to easing certain safeguards, the bill also proposes strengthening others for those whose death is not reasonably foreseeable. We heard concerns from stakeholders and Canadians alike that eliminating the reasonable foreseeability of natural death requirement could result in increased risk for some people. Their concern is for people who are suffering, but not at the end of their life, who might make a choice that is not fully informed, with respect to treatments and supports. We think it is important while improving access to ensure vulnerable individuals are protected.

For example, the bill proposes a minimum period of 90 days for assessing the MAID requests in these circumstances. This period would allow for exploration, discussion and consideration of options by the person seeking MAID in collaboration with his or her practitioner. The bill would also require that the people requesting MAID in this circumstance be provided with information about the available counselling, mental health supports, disability supports and palliative care to ensure he or she were making an informed consent.

Following the Truchon decision, some have expressed concerns about individuals suffering solely from mental illness receiving MAID. Many clinicians argue that the trajectory of mental illnesses is harder to predict than that of physical disease. In light of this consideration, the wording of the bill precludes individuals suffering solely from a mental illness from accessing MAID. This proposed change does not mean that people will be excluded if they have a mental illness; it means that mental illness cannot be the only underlying medical condition. We anticipate that the issue of mental illness and medical assistance in dying will be further explored as part of the parliamentary review process.

There is also an agreement among experts that allowing advance requests for people with illnesses like Alzheimer's disease is very complex and would require careful consideration and consultation before it could be implemented.

During round table consultations, I heard from health care providers who were worried that because they had seen patients who, as their condition progressed, might not have had the same desire for MAID as when they were first diagnosed, it would be very difficult to assess these types of requests. The Council of Canadian Academies expert panel report on advance requests came to the same conclusion. For this reason we believe this topic is deserving of deeper examination through a parliamentary review. We need to approach this area with the careful consideration that it warrants.

Since MAID legislation was first enacted in 2016, nearly 14,000 Canadians have chosen the option of a medically assisted death, and this is not unexpected. We have seen a gradual increase in the numbers over the last three years, and Canada's experience is in line with other similar regimes around the world.

● (1915)

This is why we are also proposing changes to expand data collection to help provide a more complete picture of MAID in Canada. Today we are taking steps to clarify and add precision to Canada's medical assistance in dying legislation to respect the issues and the concerns raised by participants and numerous consultations about the need to place the personal autonomy and protection of vulnerable persons at the centre and the heart of this legislation.

I believe this legislation would improve the existing legislation, especially for those people whose health conditions lead them to consider this difficult decision. I urge all members of the House to support Bill C-7.

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Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, my question this evening is about options and appropriate and available supports. Earlier this evening, the hon. minister and member for Delta stated that accessing MAID should not be easier than accessing supports, in reference to people with disabilities. Is the government committed to increasing on a permanent basis, to provinces and territories, transfers for palliative care and mental health in conjunction with Bill C-7?

I ask this question because in my rural riding services are not equally distributed. Rural Canadians do not have access to palliative care, let alone mental health supports. What options will they have, especially in remote indigenous communities?

• (1920)

Hon. Patty Hajdu: Mr. Speaker, I want to thank the member for his compassionate question but also my colleague, the Minister of Employment, for her work with Canadians with disabilities, to understand and to be able to advocate for the need for better services for all people who are living with disabilities. The member referenced supports for mental health and I will remind the member that in fact we have been supporting provinces and territories with billions of dollars in transfers specifically for mental health support. We have worked with provinces and territories all through COVID-19 in a way that demonstrates there is a lot more we could all do collectively to make access to services and supports available no matter where people live. I am extremely excited about, for example, the potential of virtual care in a way that can assist in those situations.

[*Translation*]

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, I thank the minister for her speech.

We all know that this is a sensitive topic. Some believe it should be debated longer so that we have the time to discuss it more thoroughly. Others believe that we need to move more quickly because people are waiting for us to legislate on the issue.

As I was saying, people know that this is a sensitive topic, but I also think that many people do not understand it properly or are intentionally conflating the issues. I am thinking, for example, about suicide, which is often associated with medical assistance in dying. We have also heard about the option of palliative care, which may be inadequate in some regions. That also needs to be looked at.

The minister spoke about the consultations she held with the health care community. What concerns did health care professionals raise regarding the implementation of legislation on medical assistance in dying?

[*English*]

Hon. Patty Hajdu: Mr. Speaker, I thank my colleague from Drummond for such an insightful question. In fact, I found the consultations with the physicians extremely important in understanding both the value of providing MAID in their practices, giving people options for dignity at the end of their lives when it was very clear this was the choice they had made, but also the complications in trying to assess a person's condition and whether or not, for example, death was imminent. There was a number of issues that physi-

cians raised specifically around some of the amendments that we are making.

One that was really poignant was the need for additional witnesses in a case where someone could be extremely elderly or isolated and had no one to vouch for them. They said that they did a very thorough job assessing these situations and they needed government to acknowledge the expertise they have.

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, I have a quick personal story. I witnessed the medically assisted death of my 90-year-old aunt a few months ago. I witnessed the process, the consultation and everything else, and it was a very caring, loving ceremony. What I have been hearing from constituents is that people with disabilities want to live with dignity, so they are feeling left out in a lot of ways. They are concerned about MAID but want to see better supports for people with disabilities, better supports for palliative care and better supports for people who are struggling in life.

I would like to ask the minister: what kind of measures is she putting in place? We have people with disabilities—

The Deputy Speaker: The hon. Minister of Health, a short response if possible.

• (1925)

Hon. Patty Hajdu: Mr. Speaker, I think the member for Nanaimo—Ladysmith really illustrates how this bill attempts to ensure that people have choice, autonomy and dignity at the ends of their lives, while also ensuring people must know of the supports that are available and have a reasonable expectation they will be advised of all of their options so they truly do have a choice. The work with the disability advisory group that the Minister of Disability Inclusion and I have had the privilege to do has highlighted for us that there is not a one-size-fits-all answer for the disability community, but that working together with them, we can enhance supports that will be meaningful and give people that true choice.

[*Translation*]

Mrs. Caroline Desbiens (Beauport-Côte-de-Beaupré-Île d'Orléans-Charlevoix, BQ): Mr. Speaker, Bill C-7 on medical assistance in dying is an important, sensitive and justifiable bill on a very difficult subject.

I am quite happy to be speaking at the end of the day, at the end of the debate. Before getting into my speech, I would like to lighten the mood for a moment and wish my young, beautiful daughter a happy 19th birthday. Last year she had to celebrate her 18th birthday on her own because her mother was on the campaign trail. This year she has to celebrate her 19th birthday on her own because her mother is in the House of Commons. I want to tell her that I love her and wish her a very happy 19th birthday. This will give us some energy to continue with the debate. It feels good to lighten the mood a bit and talk about our lives.

Government Orders

A year ago, I was elected in the riding of Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, and I was given a very important mandate: to represent, here in the House, Quebec's values in matters of culture, languages, the environment, the green economy and health. A year ago, I had no idea that I would be rising in the House and speaking to my distinguished colleagues in favour of Bill C-7 on medical assistance in dying. To be perfectly frank, this is not usually a topic we find easy to talk about.

However, something happened that gave me the courage to get more involved in this issue of late, and so, despite everything, I am pleased to do so. This is not an easy debate because what we are doing will have a major influence on the fate of courageous individuals with conditions that cause them extreme and irremediable pain and suffering that will never end.

To help us do this work, we must turn to our own experience. I will share some of my own experiences that, sad as they are, will put a human face on this afternoon's debate.

As an only child, I accompanied my parents on the sad and often difficult path leading to the end of life. My father was the captain of a schooner, a small wooden boat, that he sailed on the St. Lawrence. His entire life he claimed that his schooner was a leaky boat and that he had to learn to sail in order not to drown.

His lung specialist told him that he was going to drown, that the cancer would drown his lungs and that he would suffocate to death. My father had a great deal of character and thought that he had not worked all his life without drowning to then die by drowning. That was out of the question. He wanted the doctors to find a solution. Surprisingly, he was told that, in his particular case, he had to right to a medical protocol involving sedation to avoid a situation of imminent death, respiratory distress. On the morning of August 12, 2010, he decided that he could not go on, that his condition was deteriorating, that he wanted relief. He was relieved to learn that he would not die by drowning, because he could avail himself of the protocol on the day that he decided that he could take no more. He passed away peacefully and serenely.

My mother was not as lucky. She had pancreatic cancer and died in excruciating pain. She was dehydrated and her stomach was perforated by the disease. She was in palliative care for 17 days. In her case, palliative care could not ease her suffering. Use of the respiratory distress protocol was not an option, even though there was plenty of distress for her, me and all her health care providers. In short, there are many ways to die, but in her case, morphine never did any good. Her heart was too good, too strong and it resisted. It resisted for far too long, much longer than the specialists could have predicted.

My experience with my parents is certainly just as valid as those of my dear colleagues. It allowed me to compare what it means to die when you can control how things happen and the consequences, and what it means to die in desperation without any way to ease the pain.

● (1930)

I now want to talk about my friend Sophie, who died on Saturday. Sophie was 39 years old and had two young children aged 11 and 13. Sophie had cystinosis, a nasty disease that took her sight,

then her ability to swallow, and finally her kidney function. She had had a kidney transplant, was part of an American research program and had access to some new potential medications developed in the United States, which were able to help some people with the same disease. Unfortunately for her, the disease had progressed too far. The experimental treatments did not work, in spite of the 100 pills a day she had to swallow, at a cost of \$300,000 a year.

I share my friend Sophie's story because it needs to be heard here today. When her condition started to get worse, she wanted to request medical assistance in dying. She had already started the process and started filling out the mountain of paperwork, as she called it. Unfortunately, even with the help of her loved ones and her doctor, she did not have the time to go through with it, because she suffocated and collapsed, dying in front of her powerless, terrorized and unprepared young children, who will forever be traumatized by these memories. This happened on Saturday at 6 p.m. in Quebec City.

Things could have been very different for our dear Sophie and her two children. Simplified access to medical assistance in dying based on criteria that suited her situation could have given her children a chance to say goodbye to their mother, to hold her in their arms and to be with her as she passed away quietly and serenely. Their experience of death, while deeply sorrowful, could have been tempered by the dignity and peace that only medical assistance in dying can provide in some cases clearly defined by law and the experts when given the chance.

Bill C-7 is a step in the right direction. We must make it so that other people suffering from degenerative or incurable diseases need not go to court to challenge the eligibility criteria for medical assistance in dying. This bill is a step in the right direction because a person's eligibility for medical assistance in dying no longer hinges on their death being reasonably foreseeable.

The complexity and diversity of Sophie's symptoms made it impossible for her death to be reasonably foreseeable and to know what would ultimately be her cause of death. Everyone around her knew that her only hope of dying with dignity and without suffering was quick and easy access to medical assistance in dying after obtaining the appropriate medical opinion.

Sophie's story will not be reported in the papers or on television. Maybe it will be shared a bit on the family's social media, but Sophie is the perfect example of what we have failed to do so far.

Government Orders

On behalf of all those who are sick and waiting for medical assistance to die in peace and with dignity, I call on all hon. members to stop playing games and acting superior to those around you, and drop all the political strategies that often animate and sometimes drag out our debates. I ask each one of these people to take a deep breath on behalf of all those we have yet to help who are anxiously waiting and hoping that our good collective judgment will help us reach a consensus. Let us set aside all the parliamentary back and forth and let us be guided instead by our humanity and compassion.

• (1935)

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Mr. Speaker, I thank my colleague for her very moving speech. I really got a sense of her friend's sadness, but also her courage, and that of her friend's family, as she shared their story.

Five years ago, I served on the Special Joint Committee on Physician-Assisted Dying. We were inspired by how this issue evolved in Quebec, and I even remember attending a meeting with Véronique Hivon and Pierre Moreau. It was quite controversial, but it was very important to have that discussion. Quebec has really been a leader on this issue.

Is there anything else my colleague would like to see addressed in this process regarding medical assistance in dying, this very important choice?

Mrs. Caroline Desbiens: Mr. Speaker, in response, I will say what I hope not to see. I do not want to see any wandering discourse meant to sweep this under the rug.

I also want everyone here to acknowledge that we are but humble humans, not experts. We will hear from the experts in committee, experts who will guide us on what useful, appropriate tools should be included in the bill.

We must not use urgency as an excuse to rush this. Once again, I am thinking of those who must have nothing better to do at the moment and are listening to us on ParlVU. They are probably thinking that we should stop talking and get on with it already.

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the President of the Queen's Privy Council for Canada and to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I want to add to the member's comments, which are very much appreciated. She puts faces and reality to the legislation we are debating today.

It was not that long ago, back in 2015, that we had to bring in legislation. We have been seeing it evolve, and in many ways it cannot evolve fast enough. We could take a look at the province of Quebec, for example. In certain areas, they are further advanced than other parts of Canada. That is one of the benefits of the federation. I agree with the member: I would ultimately like to see the bill go to committee, because I think a lot of stakeholders are interested in contributing to the discussion.

This is more of a comment than a question.

[*Translation*]

Mrs. Caroline Desbiens: Mr. Speaker, since I am probably coming to the end of my time, I would like to commend my esteemed

colleague, Véronique Hivon, who worked very hard to ensure that Quebec led the way in medical assistance in dying. It now sets the standard. I take this opportunity to acknowledge her.

I will also take this opportunity to say that Quebec is often a source of inspiration. In this case, that is probably even more true. I hope that everyone will look to Quebec's example in passing this legislation.

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, like my colleague opposite, the member for Winnipeg North, I want to add to my colleague's speech.

I, too, have some touching stories that are often hard to talk about because it is such an emotional subject. I want to congratulate my colleague for her very poignant speech. These stories humanize the debate and show us the situations that we are making decisions about.

In my riding, a woman who had fought to obtain MAID passed away last year. She did not have time to complete the process. As my colleague said, we must stand together to ensure that people who are dying have the right to die with dignity.

• (1940)

Mrs. Caroline Desbiens: Mr. Speaker, once the bill is passed, we will put our faith in eminent experts who are much more knowledgeable than we are, thanks to a university system that is supported by our tax dollars. They will testify in committee, and we will listen to them. We will improve the bill, to make sure that the act is fair and easy to implement.

[*English*]

Hon. Kerry-Lynne Findlay (South Surrey—White Rock, CPC): Mr. Speaker, I appreciate the opportunity to rise and speak this evening on Bill C-7, an act to amend the Criminal Code with respect to medical assistance in dying, or MAID.

The meaning and consequence of this bill should weigh heavily on all Canadian parliamentarians. Today we are debating the competing interests of individual autonomy and the sanctity of human life. We are addressing the suffering of our loved ones, the dignity of the elderly and disabled and the moral, legal and ethical concerns that are inextricably tied to medically assisted death. We are setting out the rules, standards and boundaries by which Canadian doctors and nurses can, at a patient's request, terminate life. This cannot be taken lightly and it is not legislation that should be rushed, but that is the predicament that this Parliament finds itself in.

Government Orders

In 2016, the Liberal government passed Bill C-14, legalizing MAID. Last year, in the case of *Truchon v. Attorney General of Canada*, the Quebec Superior Court ruled that it was unconstitutional to restrict the availability of MAID to individuals whose natural death was reasonably foreseeable. Contrary to the requests of my Conservative colleagues and many advocacy groups, the Attorney General, who bears the responsibility of upholding laws passed in Parliament, chose not to appeal the ruling in *Truchon*. It is difficult for me to understand how something as essential to life as one's departure from it is not important enough for the Liberal government to appeal. This is something that should have had both comment and decision from the Supreme Court of Canada.

Because of the Liberal government's inaction, we are now working up against a December 18 Quebec-court-imposed deadline to enact a legislative response for the whole country. Its declaration of constitutional invalidity expires on that date. I want to assure my constituents in South Surrey—White Rock and all Canadians that, as a member of Parliament and a member of the Standing Committee on Justice and Human Rights, I will stand up for their shared values and beliefs and work tirelessly to ensure the amendments proposed in Bill C-7, and their consequences, are carefully studied and considered despite the impending December deadline.

Turning now to the substance of Bill C-7, I am concerned that the bill, as written, is too broad and lacks the safeguards necessary to protect Canada's most vulnerable populations. Let me be clear. The removal of the "reasonably foreseeable" standard will significantly increase the number of Canadians eligible for MAID. The breadth of qualifying conditions widens considerably under Bill C-7. For anyone who initially opposed MAID on slippery slope concerns, it appears we are now sliding down that proverbial hill. Will we eventually follow the Netherlands' lead, which recently ended up in its announced plans to offer MAID to children under 12?

As a group of physicians recently put in a letter to the Minister of Justice and Attorney General of Canada, urging an appeal of the *Truchon* decision, "Canada will have moved well beyond allowing an autonomous life-ending decision at the end of life into the realm of death on demand for almost any reason at any time."

We know, from Health Canada's annual report published in July, that 2% of deaths in Canada in 2019 were medically assisted.

How much higher would that number be under Bill C-7, and how many Canadians would be eligible for MAID without the "reasonably foreseeable" requirement? Both questions must be answered.

If this is in fact the direction in which Parliament decides to take this legislation, we need more safeguards to protect the more vulnerable, not fewer. As written, Bill C-7 redefines who qualifies for the end-of-life procedure and strips away some of the protections put in place a mere four years ago.

One such amendment is the elimination of the mandatory 10-day reflection period. Under the original legislation, unless an exception applied, individuals wishing to receive MAID had to wait a period of 10 days after submitting their signed requests. In most instances, the waiting period makes sense. It ensures time for reflection before taking the irreversible action of ending one's life.

We know from Quebec's annual end-of-life care reports that since 2015, over 300 patients in Quebec alone changed their mind after requesting medical assistance in dying. In any event, exceptions already exist under the original law for those whose death is fast approaching and for people who will soon lose the capacity required to provide the necessary informed consent. Why then remove this 10-day reflection period?

Bill C-7 also takes aim at another safeguard included in the previous laws, reducing the number of independent witnesses needed to sign and date the candidate's application for MAID, from two to one.

• (1945)

This amendment would now apply to the newly eligible class of persons who are not faced with reasonably foreseeable or imminent death. Contrary to statements made in the House by the member for Winnipeg North, this is a real concern for many.

As a civil litigation lawyer, I have had my fair share of exposure to all sorts of legal documents requiring the signatures of independent witnesses to ensure both authenticity and true intent: wills, divorces, financial disclosures, affidavits and mortgages, to name a few. To express one's intentions in a will in B.C., a person must have two independent witnesses not named in the will to witness the authenticity of their signature and their intention at the time of signing. If these requirements are there to safeguard intentions regarding possessions, should they not also be there to safeguard a person's intentions regarding the method and timing of their death?

It should be noted that Bill C-7 does include a 90-day assessment period and directive that applicants be informed of available alternative treatments, but will these safeguards sufficiently protect our most vulnerable populations? When does the 90-day period begin? Is it recorded?

Another piece of the bill that I have difficulty with is that it allows patients who may lose capacity before the end-of-life procedure is performed to give their final consent in advance. This troubles me for the same reasons discussed before with respect to the 10-day waiting period. As we have seen, people do change their minds.

In recent weeks, we have heard from many representative groups that have expressed concern about the decision in Truchon. The Council of Canadians with Disabilities, the Canadian Mental Health Association, the ARCH Disability Law Centre and others have articulated the concern that making individuals with disabilities who are not facing imminent death eligible for MAID would be harmful to the disabled community at large, affirming the untrue stereotype that a life with disabilities is not worth living.

We must pause to reflect on that. Those who are passionate advocates for Canadians with disabilities are very concerned about the direction these court and policy decisions are taking us, yet the Liberal government moves forward.

There still exists the legal concept of undue influence. Who are most susceptible to undue influence and coercion? It is the vulnerable. We have also heard from hundreds of physicians who share a concern that some patients have chosen the path of MAID due to the suffering caused by a lack of proper supports. A tragic example is from B.C., where a father suffering from Lou Gehrig's disease chose to undergo the end-of-life procedure because he did not receive the support and resources he so desperately needed.

The government is not listening to the heartbreaking stories of these ALS sufferers and their cries for the fast-tracking of life-lengthening and life-sustaining hopeful therapies that we cannot get in Canada. Is the government giving those sufferers and Canadians true options? We need compassion, yes, but compassion takes many forms.

Hospices are not readily available to all Canadians as an alternative. A good friend of mine died a couple of years ago of inoperable brain cancer. He was a doctor. In his case, he very carefully weighed MAID as opposed to living in hospice. He chose hospice because it extended his life for five months, which he could spend with his family. They were okay with his deterioration because they loved him, and they wanted to support him and be with him. However, he had that true option.

If we are going to expand the legislation, the government should equally ensure robust support for the vulnerable, hospice care and hopeful therapies are available. Everyone matters.

Finally, I would like to reflect on the health care professionals who are asked to implement this proposed law. We are now celebrating our doctors and nurses for their tireless efforts to keep our country healthy and safe. We should also ensure that they have the ability to decide whether this is compatible with their will or beliefs, and not be mistreated for any refusal to administer it.

To conclude, I have heard from constituents in my riding who are on both sides of this argument. I ask my colleagues to really take the necessary time to study the bill and reflect on these proposed amendments, especially as they affect the most vulnerable. We must be compassionate but we must also respect human life.

ADJOURNMENT PROCEEDINGS

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

Adjournment Proceedings

• (1950)

[Translation]

COVID-19 EMERGENCY RESPONSE

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, on October 19 five years ago, I was elected for the first time to represent the people of Mégantic—L'Érable. A year ago today, I was re-elected by the people of Mégantic—L'Érable to represent them and advocate for them here in Ottawa.

I have had the opportunity to speak about seniors, to vote on the bill on medical assistance in dying, and to stand up for business people, business owners and students. I have had the opportunity to talk about all kinds of things. Today, I rise to stand up for the people of Mégantic—L'Érable once again.

In March, as the country faced the worst pandemic in its history, the government was forced to adopt exceptional measures. Canada and Canadians invested hundreds of billions of dollars through these measures to protect themselves and move forward in spite of the pandemic.

Eventually, it became clear that the measures that had been put in place were stopping people from going back to work. A lot of people were getting the CERB. The Prime Minister appealed to Canadians directly. He told people to go back to work, reassuring them that they could do it with the wage subsidy and that the work-sharing program would be enhanced. Many workers in my riding decided to stop collecting the CERB and go back to work in answer to the Prime Minister's call, because their companies and our economy did in fact need them.

What happened? Those folks were proud to go back to work in May and June in response to that appeal. The government had said it would pay their companies half of their wages. Since then, however, many workers have been missing half their pay. Workers in Mégantic—L'Érable have been deprived of half their pay since May and June because the government is incapable of fixing a computer glitch between the CERB and the work-sharing program. This is unacceptable.

Let me review the facts. I sent letters to the minister. I spoke with the minister's office. I asked the Prime Minister a question on October 7, and he answered me. I was quite surprised. I got an answer from the Prime Minister during question period. He said he was not aware of the file and would get back to me. I was so hopeful. That same week, I had another meeting with the minister's office and her parliamentary secretary. I thought things were looking up and we might resolve the issue.

Adjournment Proceedings

Where are we today? I will share the results. Initially, Princecraft had 95 workers who were getting only half their pay. Today, that number is 65. At Fournier Industries in Thetford Mines, there were 38 workers getting only half their pay. Today there are still 30. At Fournier Industrial Construction, there were 15 workers in that situation, and now there are 14. At Plessitech, there were 23, and now there are seven.

How are they supposed to live on half wages? It is impossible. These people trusted the government, and they got screwed.

When will their cases be resolved?

• (1955)

[*English*]

Mr. Irek Kusmierczyk (Parliamentary Secretary to the Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Mr. Speaker, I thank the member for Mégantic—L'Érable for his advocacy on this issue. We both have workers in our ridings that have been affected and that is why I appreciate his efforts. I appreciate the opportunity to work with him to see that this matter is resolved as quickly as possible. We both have one goal and one goal only, and that is to see that the workers in Mégantic—L'Érable and Windsor—Tecumseh receive the pay they are rightfully owed.

Before I begin to respond, I would like to acknowledge that we are meeting on unceded Algonquin territory.

[*Translation*]

I would also like to make it clear that the Government of Canada is committed to supporting Canadian workers during this crisis.

[*English*]

As I stated on October 7, the workers in Princeville, Thetford Mines and Plessisville deserve our support. They expected our support when they applied for the work-sharing program last spring, and they will get our support.

[*Translation*]

The work-sharing program is very popular. It makes it possible for the Government of Canada to support employers and employees when there is a reduction in business activity like the one we are currently experiencing because of the pandemic.

[*English*]

The program not only allows employers to retain valued and skilled workers, but also allows employees to maintain their work skills. Employees who are eligible for EI are also eligible for work sharing.

When COVID-19 hit, we knew that the work-sharing program could be used to help people get through the pandemic. We worked quickly to make it available to more employers and workers by creating temporary special measures, and we started by doubling the maximum duration of an agreement to a year and a half. We also cut the time needed to set up work-sharing agreements, from six weeks to two weeks. We simplified the mandatory paperwork for employers, which included taking away the need for employers to submit financial documents along with their applications. Finally,

to be more responsive to the COVID crisis, we extended the work-sharing program to workers considered essential to the boosting businesses, like those engaged in product development and marketing.

As I mentioned at the beginning, the work-sharing program has been very popular. Since the beginning of the COVID-19 lockdowns in Canada, demand for agreements has risen nearly 4,000% compared with the last period of last year. As of October 20, 2020, Canada had over 3,500 work-sharing agreements in play involving over 115,000 workers. While the vast majority of these workers are receiving their work-sharing benefits without a hitch, some are unfortunately experiencing problems, as we heard from the member for Mégantic—L'Érable.

I want to state this for the record. As I stated on October 7, we are working very hard to fix that. Department officials are working day and night to get this job done. The workers from Princeville, Thetford Mines and Plessisville will get their due. They will not lose benefits as a result of this delay.

[*Translation*]

Mr. Luc Berthold: Mr. Speaker, the question is: When will that happen?

We have the word of a Prime Minister who looked into the matter. These people have been receiving half their pay for weeks, since May and June. It is all well and good for the government to say that it is working hard, but it does not seem like it. For more than half the workers, the problem still has not been solved.

Are we going to have to start looking at each case and noting whether they are young workers or immigrant workers? Are we going to have to consider other reasons why their cases have not been resolved?

I do not want to get to that point, but I am going to have to. It is unacceptable that these workers have been deprived of half their wages since May and June when we know that the problem is a computer glitch. Surely there is someone, somewhere in this government who can find the problem.

I salute my colleague, the parliamentary secretary, who said some really good things while he was reading the documents provided by the department. I am asking him to join me, to work hard and to push for these workers' cases to be resolved. They deserve to have us working on their behalf.

[*English*]

Mr. Irek Kusmierczyk: Mr. Speaker, I share the hon. member's frustration. I share his passion and commitment toward getting this issue resolved as quickly as humanly possible.

Adjournment Proceedings

As I stated on October 7, we are reforming the EI system so that it reflects how work is evolving in Canada. We are going to reshape the system for a successful economic recovery and for the 21st century. In the meantime, we have simplified EI to help Canadian workers weather the pandemic, and this includes easy access to work sharing.

There is also a suite of new benefits that are helping Canadian workers bridge the gap after receiving the CERB. I am talking about the Canada recovery benefit, the Canada recovery sickness benefit and the Canada recovery caregiving benefit, which were all passed into law on October 2.

● (2000)

[Translation]

We fully support Canadian workers. Our main goal is to help Canadians get through this crisis.

[English]

HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, for weeks now I have been asking the government about why it failed to procure rapid tests for Canadians. Anybody who is watching this tonight would know that if they went out to get a rapid COVID test to get results within 15 minutes, they could not. The technology is not available, even though countries around the world have managed to provide this life-saving and economy-saving technology for their citizens. This is a huge failure on the part of the government. It is ridiculous, it is embarrassing and it is dangerous.

The interesting thing is that today, an article in The Canadian Press reported that the government has managed to somehow procure 100,000 units of a certain rapid test. I note that that is not even half of the basic demand of Toronto for one day's worth of testing. Today, The Canadian Press tried to contact Health Canada and tried to contact the minister's office to ask about who would be getting those tests and what criteria they would be using. The Canadian Press received no answer to that.

I would like to ask the parliamentary secretary to do what his boss failed to do today and answer this. What criteria is the government using to distribute rapid tests, and who will be receiving the first tranche of tests and when?

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, testing is a critical part of Canada's response to the COVID-19 pandemic, and rapid tests are a key tool in our government's testing and screening strategy.

Early in the pandemic, our government put into place mechanisms to allow Health Canada to carry out expedited reviews of testing devices through the interim order respecting the importation and sale of medical devices for use in relation to COVID-19. Health Canada regulatory scientists are working around the clock to give Canadians, and our health care system, access to as many testing options as possible, as quickly as possible, without compromising safety. Canada has one of the best regulatory systems for medical devices in the world. Health Canada takes steps to ensure that the safety, efficacy and quality requirements for medical devices are met before granting an authorization.

Health Canada is currently reviewing applications for authorization for rapid testing screening tests and will continue to prioritize innovative new screening tools. The department has also assigned more reviewers to the task to speed up the review process, and has published service standards. Our government follows new technologies closely and, when we hear of promising new tests that are not yet available in Canada, we get proactive and we reach out to manufacturers to find out if they are interested in entering the Canadian market. Since March, Health Canada has authorized 41 tests under the interim order, including both PCR and rapid tests. We have also been working hard, at home and abroad, to secure the necessary equipment and supplies, including tests, to support the COVID-19 response.

Our government is working hand in hand with the provinces and territories to ramp up testing capacity. We have provided provinces and territories with \$4.28 billion to support them with the costs of increasing their capacity to conduct testing, to perform contact tracing and to share public health data that will help fight this pandemic.

In addition, we always base our decisions on scientific facts. In early October, the Government of Canada, working with provinces and territories, released a series of policy briefs that build on lessons learned and take into account new screening technologies. Based on a solid foundation of the most recent scientific knowledge and data in public health, the following guidance documents have been prepared or updated: Pan-Canadian COVID-19 Testing and Screening Guidance, interim guidance on the use of rapid antigen detection tests, and the updated guidance document on indications for PCR testing.

PCR tests remain the gold standard for diagnosing COVID-19. However, we recognize the arrival of new screening technologies in an evolving environment that offer complementary tools to PCR tests. For example, the new guidelines describe how antigen testing can be useful in routine outbreak surveillance as well as surveillance in high-risk settings, such as long-term care facilities and, of course, in rural and remote communities. Getting results quickly allows health care professionals to target and respond to new outbreaks by isolating sick people and initiating contact tracing, which helps reduce the spread of the disease.

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We have recognized the value of rapid tests since the beginning of our pandemic response. That is why we signed agreements with Inter Medico to supply 1.2 million GeneXpert rapid tests and with Biomérieux Canada to supply almost 700,000 diagnostic test kits. More recently, as we heard through the House, on September 29 and October 6, our government signed agreements to buy two rapid tests from Abbott Diagnostics: up to 7.9 million ID NOW rapid point-of-care tests, and 20.5 million PanBio COVID-19 antigen rapid tests, to go to provinces and territories at no cost to them. Thousands of these tests will be in the hands of provinces and territories soon, and hundreds of thousands more will follow in the weeks to come.

We are making every effort to continue to buy and distribute rapid tests as soon as they are authorized, and this will contribute to our efforts to protect Canadians from COVID-19, which, of course, is our government's top priority.

• (2005)

Hon. Michelle Rempel Garner: Mr. Speaker, obfuscation like that, and the member totally reading talking points off of his computer to answer a direct question that the media were interested in today, and that I am interested in, is why we are forcing a significant motion in the House of Commons tomorrow.

The Liberals have been filibustering at committee. They have been denying basic information that businesses and Canadians need to have, to plan. Who gets rapid tests, when and what criteria are used to determine that should be an answer that the parliamentary secretary, who gets a giant salary to come up with these answers, should be able to answer.

Just out of professional courtesy, he should not be reading a talking-points speech for an hour when he could be answering a basic question with, "I do not know, they did not tell me that" or, "I have no clue," which is what I think the answer is.

I look forward to our debate tomorrow because enough is enough. I will ask one more time: Who gets the tests, and when?

Mr. Darren Fisher: Mr. Speaker, our government is pursuing every technology and every option for faster tests for Canadians from coast to coast to coast. As soon as tests are approved for safe use in Canada, the government will do everything it can to see them deployed.

Health Canada undertakes a regulatory review of all new testing solutions as they become available and is working with companies across Canada and internationally to ensure rapid tests that are safe and effective are available in Canada as soon as possible. We are making every effort to expand and reinforce our testing tool box in order to advance Canada's response to COVID-19, protect the health of Canadians and support our economy.

• (2010)

COVID-19 EMERGENCY RESPONSE

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I am honoured to rise to speak again about the commercial rent assistance program or, I should say, the flawed commercial rent assistance program.

On April 9, my colleague, the finance critic for the NDP, the member for New Westminster—Burnaby, and I put forward a proposal to the government to come up with a commercial rent assistance program to help those businesses that closed their doors for public health to get the help they needed so that they could get through the pandemic. Many of them are barely hanging on. They are either in arrears with their landlord, steeped in debt, looking at bankruptcy or have closed their doors, but they could possibly reopen if the government fixed its flawed, poorly designed program that excluded many.

We need a program that is tenant-driven, is set in the same loss in business centres as the wage subsidy and is backdated to the beginning of the program, so that people who were excluded because their landlord would not apply could actually apply to the program and get access to the same funds that their neighbour might have gotten. At the end of the day, we are running this huge deficit to help people get through this, and it is absolutely unfair to those who are excluded because of a technicality to be responsible, or their children or grandchildren, for paying back the deficit while not getting access to those funds.

It is ironic that we are having this conversation today, because the Conservatives put forward a motion that would have triggered an election, since the government decided it was a confidence motion. Both parties were willing to go to an election, despite the fact that thousands and thousands of businesses are waiting for help.

The government announced on October 9 that it would revise the program and come back and help Canadians with an expanded CEBA, a wage subsidy that would be extended throughout the winter and into the spring, and a fix for this broken rent program. What does it do? It puts all of those businesses on the brink. The Liberals promised help and then threatened to go to an election, which means it would have been months before these businesses would have gotten the help they needed, and we would have seen a colossal collapse of small businesses across this country because of power-hungry parties. We are here to help people.

Dan Kelly from CFIB said today, "Absolutely critical that all political parties pull together and get the rent subsidy (CERS), CEBA loan expansion and wage subsidy (CEWS) extension across the parliamentary finish line."

Let us get the business support package passed quickly. We need to know when that package is coming.

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Mark Chandler from Parksville who owns Five Star Wholesale said, “My landlord chose not to bother with the paperwork on this. My company spent over \$10,000 with no relief. The plaza next door had landlord support and to me that's frustrating. We should be dealing direct on this and not at the discretion of the landlord.”

How right is he? He has been excluded. He is running debt to pay his rent. Like many, he is in arrears.

Lisa Bernard Christensen from Courtenay cites, “My landlord agreed to try to apply after I was giving notice. Too little too late. I needed it three or four months ago. Now the damage is done.”

We have made a mistake. The Liberals have left these people out. They have excluded companies like All Mex'd Up Taco Shop in Port Alberni in my riding. It was excluded because it rents from the City of Port Alberni. The City of Port Alberni was excluded from applying; therefore, its tenants were excluded from applying. This business has been penalized because it rents from a local government.

This is unfair. This has to be fixed, and the sense or urgency could not be greater. The Liberals need to get some legislation tabled yesterday. I am glad that we voted not to send Canadians to an election and leave these small businesses hanging. They cannot be hanging on any longer.

Mr. Irek Kusmierczyk (Parliamentary Secretary to the Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Mr. Speaker, I had an opportunity today to visit three main street businesses in Windsor—Tecumseh to celebrate small business week. I spoke with Michelle from Formally Yours, Kristina from Green Envy and Cathy from Artessa. They are three amazing business owners with wonderful businesses.

Canadian businesses like these are the lifeblood of our communities and the backbone of the economy. In 2017, almost 70% of all private sector employees, 8.3 million people, worked for small businesses. That is why our government has been committed to helping businesses face the challenges of the COVID-19 pandemic, including assisting them with business costs that they cannot defer, such as rent.

In April, the government introduced the Canada emergency commercial rent assistance program, CECRA, for small businesses. This program, offered in partnership with the provinces and territories, is administered by the Canada Mortgage and Housing Corporation. Since its launch, CECRA has helped over 135,000 small business tenants who employ more than 1.2 million Canadians by providing some \$2 billion to pay rent.

CECRA funding has been provided to a broad cross-section of Canadian small businesses in all provinces and territories, including retail, food services, education, health care, arts and entertainment sectors, helping them make their rent payments. With an average monthly rent of \$7,000 and over 85% of the assisted businesses employing, on average, fewer than eight employees, this program has truly helped Canada's smallest businesses stay open.

I want to take a moment to thank the many property owners who have offered flexibility to their tenants or taken action to help them during this crisis, either through CECRA or by some other way.

This has allowed tens of thousands of storefronts to remain open, helping to keep retail districts looking as normal as possible during this difficult period.

Initially intended to assist with rent payments for April, May and June, the program was extended to give hard-hit businesses help to cover rent into September. CECRA participants can apply until October 30 for the July to September extension.

In last month's Speech from the Throne, the government committed to take further steps to help businesses that are in trouble to get through to the other side of the pandemic. On October 9, the government announced its intention to introduce a new Canada emergency rent subsidy. This new program aims to allow businesses and other organizations that have suffered a decrease in income in this crisis to access rent and mortgage assistance until June 2021. This grant would be available to businesses and other organizations paying to occupy their premises. It would be offered directly to tenants, but would also support the owners of the buildings concerned.

The same day, the government also proposed to extend the Canada emergency wage subsidy to June 2021 to help businesses and other employers keep their employees on the payroll. This measure is part of the government's commitment to create over one million jobs and restore employment to the level it was before the pandemic.

In the face of an uncertain economic situation and tightening credit conditions, these measures have supported businesses while protecting the jobs Canadians depend on, helping small businesses get through the worst parts of the pandemic.

● (2015)

Mr. Gord Johns: Mr. Speaker, the parliamentary secretary is patting himself on the back. I am glad to hear Michelle, Kristina and Cathy are getting help, but Mark, Lisa and the owners of All Mex'd Up have gotten no help. They are being left out high and dry.

The member is talking about how the application closes on October 30, but they cannot apply because they are excluded. They should be able to access the 50% of provincial and federal funding that is out there. We are heading into a second wave. These businesses need help now. I hope that legislation is getting tabled tomorrow.

He talked about how this program went through the CMHC. Everybody is still wondering why it had to be a landlord-driven program or why initially one had to have a mortgage. We know why. There were links to the husband of the chief of staff of the Liberal Party. Rob Silver, who owns a mortgage company, is the agent for their flawed, broken program.

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I hope the next program does not have another friend of the Liberals delivering a failed design that is going to wipe people out. They need help now and I hope the member will do everything he can to help them.

Mr. Irek Kusmierczyk: Mr. Speaker, as I have said already, Canadian businesses are the backbone of our economy and they provide good jobs that support families across the country. Since March we have implemented several programs to help businesses large and small to weather the storm through Canada's COVID-19 economic response plan, which has provided urgent and broad-based support where it is needed. While many businesses have now reopened, most are still not operating at full capacity and many are concerned about the uncertainty the second wave has created.

We will continue to help Canadian businesses and the Canadians they employ get back on their feet. Extending the Canada emergency wage subsidy and proposing a new Canada emergency rent subsidy are critical steps, are concrete steps to help Canadian businesses and other organizations stay afloat so they can build back stronger.

[*Translation*]

The Deputy Speaker: The motion that the House do now adjourn is deemed to have been adopted. Accordingly the House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 8:18 p.m.)

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