



HOUSE OF COMMONS
CHAMBRE DES COMMUNES
CANADA

43rd PARLIAMENT, 2nd SESSION

House of Commons Debates

Official Report
(Hansard)

Volume 150 No. 040
Tuesday, December 1, 2020

Speaker: The Honourable Anthony Rota



CONTENTS

(Table of Contents appears at back of this issue.)

HOUSE OF COMMONS

Tuesday, December 1, 2020

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

• (1005)
[English]

COMMITTEES OF THE HOUSE

HEALTH

Mr. Ron McKinnon (Coquitlam—Port Coquitlam, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the second report of the Standing Committee on Health in relation to the motion adopted on Friday, November 27, regarding the instructions to the Law Clerk and Parliamentary Counsel.

* * *

PETITIONS

INDIGENOUS AFFAIRS

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, it is an honour to present petition 10865888. The petitioners ask the House of Commons to look at the situation, particularly on Wet'suwet'en territory and lands, in relation to the United Nations Declaration on the Rights of Indigenous Peoples. They point out that the Coastal GasLink project being built across Wet'suwet'en lands does not have the approval of the Wet'suwet'en nation, and specifically that the Coastal GasLink project will involve the release of vast quantities of the greenhouse gas methane.

The petitioners call on the House to move quickly to bring Canada into compliance with the United Nations Declaration on the Rights of Indigenous Peoples.

THE ENVIRONMENT

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, I rise to present a petition from young people in my riding and the neighbouring riding of Kootenay—Columbia. These young people are concerned about climate change and an uncertain future. They point out that Canada has endorsed the Paris Agreement to keep our world climate warming below 2°C.

The petitioners ask the government to take meaningful steps to ensure a good future for young Canadians by making a detailed cli-

mate action strategy that includes legislated science-based targets, implementing a steadily rising national carbon price, eliminating fossil fuel subsidies and redirecting those investments into renewable energy systems, energy efficiency, low-carbon transportation and job training.

* * *

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

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SUPPORT FOR HEALTH CARE WORKERS

Mr. Yves-François Blanchet (Beloil—Chambly, BQ) moved:

That the House: (a) acknowledge the extraordinary work of health care workers (including doctors, nurses and orderlies) during the COVID-19 pandemic, particularly with seniors but also with the general public; (b) recognize the courage and sacrifices required from them and their families in order to be on the front lines; (c) highlight the work of Quebec and the provinces in responding to the health crisis and note the direct impact on their respective budgets; and (d) call on the government to significantly and sustainably increase Canada health transfers before the end of 2020 in order to support the efforts of the governments of Quebec and the provinces, health care workers and the public.

He said: Mr. Speaker, there are not many coincidences in life. It is no coincidence that our motion focuses primarily on the compassion that we should have not only for those who have contracted COVID-19, but also for front-line workers who, day after day, including during the holiday season, continue to give their all and expose themselves to the virus without regard for the risk to their own health.

Business of Supply

Yesterday, the Liberal government presented its economic statement. It is also no coincidence that the Liberal government presented an economic update while telling us that the big spoonful of cod liver oil has to be taken right now. We need to open wide while the Liberals stuff \$380 billion in deficit down our throats. They are telling us not to worry about it because we will never have to pay it back.

Usually, when someone makes that kind of promise and says right off the bat that nobody will ever have to pay, it is because they think something will absolve them from that debt. In this government's case, that is because it will no longer be in power. This government is creating the debt, and that might be justified in some ways but less justified in others considering how it went about doing things. The government expects others to do the hard work. Imagine shovelling snow just by pushing it forward. The snow will pile up and get heavier and harder to move. It will take forever, but other people will be wielding the shovel.

The government is laying this deficit on us now. In the spring, once vaccine distribution has begun, people will forget that they are getting it six or 12 weeks after everyone else. They will be a little less afraid. The government is laying the deficit on people while they are afraid so they will think it is justified.

In the spring, when budget time rolls around, there will be gifts galore, my friends. It will be nuts. Christmas will not come on December 25. It will come at the end of March. They will be throwing money around all over the place.

Obviously this is a prelude to an election. Everyone is saying so. I have to say, the whole thing makes me laugh. If the government thinks that trampling on provincial responsibilities, showing contempt for Quebec's values and language, and not giving Quebecers and seniors in Quebec the means they need to protect their health, is the way to develop an election platform, then I have news for them. They are developing our platform. We are going to denounce all of this. We will offer another solution and will always preserve Quebec's powers in health.

Earlier I was telling a journalist that if he and I urgently needed \$10 and we each had \$5, I would give him my \$5 if the issue was his responsibility. That would protect our combined investment since it would be his expertise.

A federal government that does not administer hospitals, does not manage nurses or doctors or is not the one that hires the orderlies does not have expertise managing the health care system. It is not only keeping its \$5, but also the other party's \$5. We are supposed to think that is normal. It is using people's fears for political gain.

It can never be said enough in this economic statement. There is something purely human in this.

We have been in a pandemic since March. The people who are the most vulnerable and most at risk in terms of health, the ones who are most likely to die if exposed to the coronavirus, are seniors. The people whose purchasing power has not increased—apart from those who have written telling us that they had a 61¢ increase in taxable income; how insulting—those whose purchasing power has been reduced the most because food costs more, getting

around is more complicated and they have to rely on delivery, are once again seniors. The people who suffer the most from isolation are seniors. Adolescents are not the only ones experiencing distress and mental health problems that emerge in adulthood. Seniors also have mental health problems.

Where is the additional financial support for seniors in the economic statement?

• (1010)

There was no money for seniors. That is not nothing. Actually, it is nothing.

The government says it is prepared to spend \$1 billion out of about \$380 billion on top of the upcoming recovery costs. We expect that will happen during the election campaign. The government is offering up \$1 billion out of the \$380 billion, provided that the provinces, the doomed Gaulish chieftains of health care, surrender their power to Prime Minister Caesar, acknowledging that he is now in command of health care. Astérix might not like that, but here is the gist: The provinces are being asked to surrender their powers over health care in exchange for a cheque. It makes no sense, but that is the plan.

I have heard people say that this economic statement was about heart, not about numbers. I do not believe that. If the government were doing this out of the goodness of its heart, it would be looking after the most vulnerable and most fragile. The government would not be doing this petty political wheeling and dealing by withholding resources that are vital to our health care system and to the basic quality of life of our seniors, who will be spending Christmas alone in their rocking chairs watching TV. Have they no shame? This is very serious.

Let's briefly talk about health. We heard that, on December 5, there would be a meeting between the Prime Minister of Canada, the Premier of Quebec and the provincial and territorial premiers to talk about health transfers. We thought that the Deputy Prime Minister would help the Prime Minister come up with better ideas. We are seeing almost the opposite. The Prime Minister announced that he was arriving empty-handed and would be talking about all kinds of other things. To ensure that he would not be hounded after the meeting, he postponed it until the end of the session in Ottawa. That is really convenient. The opposition parties will therefore not have the opportunity to question the government about the fact that he went empty-handed to a meeting with the premiers, in an attempt to keep part of the money they are owed. He is using a serious crisis and people's misfortune to centralize political power and to set the stage for an election where Canada will be pitted against Quebec. They will be put in their place. This has worked before and it could work again. We are here and it may also not work.

The government should have been talking about the economic recovery. Yesterday's economic update puts that topic off until later because the government was announcing the bad news about the deficit, even though we all basically knew what was coming in that regard. The government is telling people not to worry because interest rates are low and now is the time to put everything on credit. The federal government is taking the credit cards of Quebec and the provinces, heading to Costco and filling its cart. The Liberals are building an election platform with money belonging to Quebec and the provinces.

When it gets closer to election time, the government will table a budget announcing all sorts of measures—so many measures, in fact, it will defy reason. Unfortunately, things do not work like that.

The economic recovery could involve many things. I will talk about three of them. Members will not be surprised to hear me talk about help for seniors again because, in the regions of Quebec, and I assume it is the same in the regions of Canada, seniors spend their money on a daily basis, so much so that many of them do not have enough money right now. All of that money would be quickly injected into the regions' economies, thus contributing to the rapid recovery of the economy when this pandemic is over. If the Liberals are unable to help seniors out of the goodness of their hearts, then they should do it because it makes financial sense. That is money that will be invested in the recovery.

Even the money that we are calling for for the health care systems in Quebec and the provinces is money invested in the economic recovery because those services need to be provided. If Quebec does not get the \$200 million that the federal government should be giving the provinces, then it will have to find that money somewhere else.

• (1015)

The \$200 million that Quebec will have to take from somewhere else to put into the health care system will not be used by Premier Legault or Minister Fitzgibbon to stimulate the Quebec economy, to support Quebec businesses or to help Quebec businesses get through this catastrophic crisis.

Health transfers therefore represent money that needs to flow so that Quebec can contribute to its own economic recovery.

Of course, there is the recovery in the traditional sense of the word. We will inject large amounts of money to stimulate economic activity. The basic principle remains unchanged: Every employed person represents one less expense and additional tax revenue for the government. In hockey that would be a four-point gain.

We need to get people back to work in hospitality, arts, tourism, the industrial sector, all public services and food services. This will mean a lot of people all returning to work at the same time, and it will take planning to make that happen. It is simple: If people do not know the details of the government's economic stimulus package, they cannot prepare for it. However, the government appears to want to keep those details to itself so that sometime in March it can deliver a budget that illustrates how wonderful and generous the government is to businesses.

Business of Supply

We will be just starting to come out of COVID-19, since the most vulnerable and the most at risk of dying will have been vaccinated, front-line workers will have been vaccinated, and a big chunk of the work will have been done—later than in the U.S., Germany, the U.K. and India, but it will be done by then. The government will then come along with a bunch of good news that will open an electoral window but, in the meantime, businesses do not know what to plan for.

The government says it contributed by committing \$25 billion in funding, but of that \$25 billion, \$15 billion is for the wage subsidy, which will make the NDP and the Green Party happy. The remaining \$10 billion is for other measures, some of which are very good, such as the support for the electric vehicle purchasing program or the energy efficient retrofits. All these measures are interesting, but this \$10 billion out of a total of \$400 billion makes us realize that the bulk of the economic update is not going to the recovery.

In addition to the sincere compassion we feel every day for our seniors and those who are sick, we fear that the government is laying the groundwork for an election on Quebec's dime. I repeat. If the federal government's plan is to trample on Quebec's jurisdictions, trample on seniors' interests and quality of life, and trample on Quebecers' values and language, then it is quite likely that Quebecers will not like its plan very much. It is quite likely that we will come back here with as many or possibly more MPs to address all this.

• (1020)

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Madam Speaker, I would like to thank my colleague for his speech.

My colleague opposite has spoken only about Quebec in relation to Canada, but we have an entire country to manage. My colleague opposite spoke about the fear apparently created by the government. He says that the government is fearmongering when, in fact, we are weighing the risks posed by the pandemic and informing Canadians of those risks.

He even mocked the Prime Minister by comparing him to Astérix in his speech, which he thought was very funny. That is what he said and I am just repeating it.

My colleague really likes to talk about seniors, but I have bad news for him: Negotiations with Quebec are going well. We invested \$740 million in care for seniors, we put in place the HST, we gave \$400 more to seniors to support them. Can my colleague say whether the federal government provided sufficient support for seniors during this pandemic?

Mr. Yves-François Blanchet: Madam Speaker, yes, I can. I can say no. I can say that the seniors who write to us are telling us that they got an extra 61¢, which is not even enough to buy a pack of gum these days.

My esteemed colleague would not be surprised to hear that I consider Quebec to be separate from Canada. The last time I checked, I had the privilege of being the leader of a separatist party.

Business of Supply

As for Astérix, the little guy with the big nose and wings on his head, that is me. I would not flatter the Prime Minister by comparing him to Astérix, who is pugnacious, determined and quite likeable. I do not think Astérix would like that. I was comparing the Prime Minister to Julius Caesar, who is more of a centralizing force in Roman history, as we learned in our CEGEP classes. That is it for my comparisons.

The answer is no, seniors are not well served by this economic statement.

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, I thank the member for Beloeil—Chambly for his speech.

He will be pleased to hear that the NDP has always gone to bat for the restoration of health transfers ever since the Stephen Harper Conservatives made those cuts, which today's Liberals have maintained since 2015.

I fully agree with today's motion, especially the part about thanking health workers for all their sacrifices. They continue to work extremely hard.

I want to draw his attention to one issue in particular: the asylum seekers working in our health system. Back in August, they were promised a process to regularize their status, and were told there would be no deportations during the pandemic.

Yesterday, the Canada Border Services Agency said it would be resuming deportations and removals. The people who helped us were promised papers, but they could be deported very soon. His colleague from Saint-Jean is doing amazing work on this file, by the way.

I would like my colleague to tell us what he thinks about how asylum seekers who helped us in our health care system are being treated.

• (1025)

Mr. Yves-François Blanchet: Madam Speaker, I am a little troubled. My colleague said too many nice things to me. I think someone must have put something in his coffee.

The Bloc Québécois, through the member for Saint-Jean, has expressed compassion for asylum seekers on many occasions. That is a very important issue.

I have the utmost respect for people who leave a difficult situation, who have the courage to go somewhere else and who, once they get there, spend their time showing their host society that they want to be involved. We have seen people expose themselves to often terrible conditions and situations where they are not always treated very well.

Now, while this government is claiming that we need to focus all of our attention on the pandemic—except in the small back room where the Liberals are preparing for the election—is not the time to allocate government resources of any kind to deporting people. We need to keep them here and, except for the rare exception, these people must be welcomed and encouraged to integrate. In addition, the day these people take the citizenship oath, if they do so in Que-

bec, then they must be required to show they have a minimum knowledge of French.

I want to quickly talk about two other issues.

First, health transfers are obviously important, but respect for Quebec's jurisdiction over child care, long-term care for seniors and pharmacare are just as important.

Second, the member for Rosemont—La Petite-Patrie still has some way to go, but all sins can be forgiven.

Mr. Stéphane Lauzon: Madam Speaker, I will pick up where I left off with the question I started asking earlier.

My colleague opposite is well aware of what we have done for seniors. We gave an extra \$20 million to the new horizons program, and the Parti Québécois really benefited from that. We gave \$350 million to charities, \$9 million to United Way Canada, \$100 million to food banks and local organizations.

My colleague talked about a 61¢ increase. Is he aware that that 61¢ is a monthly inflation adjustment? It is not an increase. He is misinforming organizations and putting erroneous ideas in their heads.

Mr. Yves-François Blanchet: Madam Speaker, we have a couple of fascinating homework assignments to do here.

First up, geometry. Let us talk about the difference between “opposite” and “diametrically opposed”. Ideologically, I would say that we are not just opposite but diametrically opposed.

Now for arithmetic. Even if this is a monthly thing, 61¢ times 12 is a pittance. It adds up to \$7.50 according to my esteemed colleague, who has a head for figures.

My colleague will not have an opportunity to respond, but that is okay because the Prime Minister occasionally answers questions.

Why not legitimately increase their buying power? Why does the government not come up with bizarre and convoluted explanations when it says it is going to give families money for their kids? Giving families money for their kids is great. The government tells them to go spend the money on peanut butter. For seniors though, the government says it gave the money to this or that organization, which might then send letters to its members about how nice the Liberal Party is.

The thing is, what is good for the goose should be good for the gander. Organizations have nothing to do with seniors' buying power.

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, I want to thank my leader for his excellent speech and for the motion currently before the House.

It is very important to thank nurses and all the staff working in hospitals and long-term care centres. They have been performing miracles for the past eight or nine months. The system is underfunded, and it really is a humanitarian cause. These people are making a difference. Hats off and congratulations to them.

Business of Supply

Just last week, one evening when the House was in committee of the whole, the Minister of Health talked about the standards that will be established for long-term care facilities in her speech. However, when the military went into our long-term care facilities last spring, they said that the problem was not a lack of standards, but rather a lack of personnel and resources.

Yesterday's economic update promised \$1 billion. As my leader reminded everyone, it will be \$1 billion out of \$381 billion, on condition that the government can impose its standards and interfere quite a bit.

What are his thoughts on that?

• (1030)

Mr. Yves-François Blanchet: Madam Speaker, when my esteemed colleague speaks, it is like I am listening to myself, so I will not need much time.

However, I want to reiterate something. Let's put ourselves in the shoes of the health care workers who are going to work every day and exposing themselves not only to the virus, but also to seeing people who are suffering and seniors in distress. That should be a consideration.

The quickest way to help these people is to stop insisting on imposing conditions and start transferring to Quebec and the provinces the money they are technically owed, so that they can hire the necessary personnel and ensure that seniors and sick patients have the best living conditions and the best treatment possible. Their fight will go on for several more months.

Can we take care of them and not abandon them?

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Madam Speaker, I will be sharing my time with my colleague and friend, the member for Laurier—Sainte-Marie.

I have always said that Canadians' health and safety are too important to play partisan politics over. This is not the time. We must work together to help all Quebecers and Canadians. The best way to do that is to take the time to listen to one another and engage in dialogue.

As I have said, and as we have all said, Canadians' health and safety have been our main concern in recent months. That was, is and will continue to be our main concern. That is our priority. I said it before, and I will say it again: We will always be there to protect the health and safety of all Canadians.

Before I go any further, I would like to underscore the work of our health care workers and the extraordinary sacrifice they have made during the pandemic. I am referring to doctors, nurses, health care aides and orderlies. These people are the cornerstone of our health care system. I would like to thank them from the bottom of my heart. Similarly, I would like to underscore the important work of the other people working alongside these health care workers, who do not get as much attention. They are also less visible, working more in the shadows. I am thinking of the security guards, janitors and all the support staff who keep our health care system running. They work in the shadows, but they must not be forgotten.

I would like us to keep them in mind in all of our discussions and debates. These people are on the front lines. These support workers are giving up time they could be spending with their families to take care of our loved ones, our parents and grandparents. They are putting their own lives at risk to protect all of us.

From the bottom of my heart, I thank all the health care professionals and all those working in the health care sector, day and night, from coast to coast to coast.

I would also like to underscore the work of our armed forces, our soldiers. I would like to underscore the contribution they made by helping seniors in long-term care facilities in Quebec and Ontario. I would also like to underscore the work of the Red Cross, whose workers are still on the ground right now, helping the men and women who work with our seniors. Every day, they are working incredibly hard to help provide care and support for our parents and grandparents.

As I have said many times before, helping the most vulnerable Canadians is not a matter of jurisdiction. Helping our seniors is not a matter of jurisdiction. Our seniors are not a paragraph or a line in the Constitution. They are our seniors. They are the people who gave birth to us. They are the people who built this society. We must all, collectively, be there for them.

I have to say that I find it deplorable that the members of the Bloc Québécois would rather pick a fight than work together for Canadians. I find that unfortunate. They are trying to stir up bogus quarrels with Quebec City, but there are none. We agree, we collaborate, we work together and we talk every day, and that goes for the various ministers' and members' offices and for political staff. We have been collaborating with all the provinces since the beginning of the pandemic. We are still collaborating with the provinces, including Quebec. My friends in the Bloc Québécois may not want to hear it, but it is true. It is working well.

Is it perfect? No. That is how a federation, our federation, works. We can work together because we have the people's interests at heart.

• (1035)

It is important to mention that we are there for the provinces and territories. We were there, we are still there, and we will continue to be there.

That is why we gave the provinces and territories \$41.9 billion this year and will be giving them another \$235 billion over the next five years. At least one positive thing has come out of this horrible and difficult pandemic: the will and the ability to work together.

That is how we succeeded in making a historic \$19-billion investment under the safe restart agreement to help all of the provinces.

That includes \$700 million to support the health care system, \$500 million to help people experiencing challenges related to mental health, substance use or homelessness, and \$740 million to control and prevent infections in long-term care, home care and palliative care settings.

Business of Supply

These are extremely concrete actions. These amounts are in addition to other investments in health care we made during the pandemic, including \$500 million for the most pressing health system needs and \$240 million for virtual care and digital tools, which are playing an increasingly larger role in the health care system.

What does that mean for Quebec in practical terms? For Quebec, it means \$675 million for testing, contact tracing and data management, which are absolutely crucial for stopping a pandemic. It means \$270 million to help the health care system get through the crisis and \$166 million for the most vulnerable populations. These are concrete amounts for Quebec. It also means \$675 million for personal protective equipment, since we know how important PPE is for health care workers.

Then there is all the rest, such as child care, sick leave and public transit. All of these things have become essential services during the pandemic. That is why we put \$1.5 billion on the table. In all, we have given Quebec more than \$3 billion for the health and safety of Quebecers, in addition to the usual health transfer payments.

Just yesterday, the Deputy Prime Minister announced new investments that show our profound commitment to the health and safety of all Canadians.

Allow me to list them quickly. There is \$ 1 billion to improve conditions in long-term care facilities. That means more money for ventilation, more staff and better infection control. All of this is absolutely essential in our fight against the pandemic.

It means more money for rapid testing, personal protective equipment and, of course, the purchase of vaccines. We have purchased or reserved 400 million doses of vaccine, the equivalent of 10 doses for every Canadian. That is more doses per capita than any other country in the world. We have been working for months with all of the provinces to prepare for the distribution of the vaccines.

When the Bloc Québécois talks about health care funding, I think we can agree that we have been there, we are still there and we will continue to be there for everyone.

I say to the Bloc Québécois that we have been there for everyone, including Quebec.

• (1040)

Mr. Martin Champoux (Drummond, BQ): Madam Speaker, I congratulate and thank my colleague opposite for his speech.

I almost let myself be seduced by the sound of his voice. His voice is so soft when he talks about taking care of seniors. He also sounds so sweet when he says that his government is there for the provinces and territories.

I have a question for my colleague. If, at their meeting with the Prime Minister next week, the provinces and territories reiterate that they do not want the federal government to interfere in their jurisdictions and that they want the transfers to be increased, as the provinces and Quebec have unanimously called for, what will the government do? Will it say that it is and will remain committed to being there for the provinces and territories?

If someone tells me they do not want me to come to their party, I do not go. I go away. If someone asks me to send money for the party and says it is my duty, well then that is what I have to do.

I also have another question.

The Leader of the Government in the House of Commons said that his government is there for seniors and that the Bloc Québécois is trying to pick a fight by saying that nothing is being done for them. Can he tell me exactly where the money for seniors is? Where in the economic update can we see actual money that will be given directly to seniors in Quebec and the provinces? I looked everywhere, but I did not see any. The seniors that we talked to—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. Leader of the Government in the House of Commons.

Hon. Pablo Rodriguez: Madam Speaker, I thank my colleague for his comments about my tone of voice.

From the beginning, we have been working on this file with the Government of Quebec and all the provincial governments. There have been clear and straightforward transfers.

With regard to seniors, we provided direct support to those living in Quebec's long-term care facilities through the Canadian Armed Forces, the Red Cross and direct funding. We helped several times with PPE and testing. We have worked with the Government of Quebec in tangible ways.

It is not about jurisdictions or fights right now. We are all serving the same people. The people that I represent are also represented by the Quebec National Assembly at the provincial level in Quebec. We have the same objective and that is to get through this crisis as quickly as possible while saving as many lives as possible, keeping people as healthy as possible and keeping the economy as strong as possible.

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, one of the reasons I am a proud New Democrat is that the New Democratic Party is the party that invented and pioneered public health care. We did it in the 1940s in Saskatchewan, and of course, the NDP played an instrumental role in the 1960s working with the Liberal government of Prime Minister Pearson to create the structure of today's health care system.

At the time, the original bargain for health care was a 50-50 split between the federal government and the provinces. Since then, however, successive federal underfunding has resulted in the situation we have today where the federal government pays only about 22% of the total health care bill.

Business of Supply

Also, of course, the Harper government capped federal health care spending at 3% in 2017. The Liberals promised to address that, and instead, they adopted it. The result is that we have health care costs growing at 5.4% in this country and federal funding growing at 3%. Canadians can do the math. There is only one recipe and that is for long-term fiscal disaster and cuts.

Does my hon. colleague not agree that the federal government should reverse the long-term slide in federal funding and start reversing it so the federal government can start to honour its original commitment of paying half the cost of health care in this country, as originally promised?

Hon. Pablo Rodriguez: Madam Speaker, I do agree with my hon. colleague that we have to be there for the health of all Canadians, and we have to be there to collaborate with all the provinces. This is exactly what we have been doing. If he is asking me to defend the system put in place by the Conservatives, I will not do that. I will let the Conservatives defend their own system.

What I can say is that since the beginning of this pandemic we have been there for Canadians across the country with all kinds of measures and supports. Our intention is to keep working with provinces to help them go through this pandemic and work on the long term. Actually, the Prime Minister is meeting with his counterparts on December 10. They will be discussing this and other topics.

• (1045)

[*Translation*]

Hon. Steven Guilbeault (Minister of Canadian Heritage, Lib.): Madam Speaker, I am pleased to rise today to participate in this important discussion about the Canada health transfer, or CHT, and funding for health care.

Our government is committed to improving the health care system so that it can meet the needs of Canadians today and in the future. Our system must adapt if it wants to provide better health care and better results at an affordable cost given the aging population, the increase in rates of chronic disease and the financial pressure resulting from new drugs and new technologies.

From the beginning of the global coronavirus pandemic, our government has been proactive, shown leadership and worked with the provinces and territories to support their efforts to deal with this crisis. More specifically, our government invested more than \$19 billion to help the provinces and territories safely restart their economies. This amount includes \$500 million to guarantee that health care systems will be ready to face future waves of the virus; \$740 million for vulnerable Canadians, including those in long-term care and palliative care facilities, and those who receive home care, and risk having more serious cases of COVID-19; and \$500 million to support and protect people struggling with mental health, addiction or homelessness.

Our government also supports virtual care services and online screening to relieve emergency services and promote physical distancing. We have invested \$240 million in creating virtual care and mental health care tools in order to support the provinces and territories in this work. This investment is in addition to the \$500 million from the COVID-19 response fund, which was distributed ear-

lier this year to the provinces and territories in order to help them respond to critical needs in the health care systems and to support mitigation efforts.

This funding was provided as an ad hoc complement to the Canada health transfer, which is the primary federal funding mechanism for supporting Canada's health care system. It allows for the provision of predictable, long-term funding to the provinces and territories. In 2020-21, our government will provide nearly \$42 billion in cash assistance to the provinces and the territories through the CHT. This represents on average more than 23% of planned health spending by the provincial and territorial governments. In 2020-21, the Province of Quebec will receive \$9.4 billion from the CHT.

The CHT will increase each year based on economic growth, with a minimum increase of 3% per year. Over the next five years, funding for the CHT to the provinces and territories should reach more than \$200 billion. These funds are allocated to the provinces and territories on an equal per capita basis, which guarantees the comparable treatment of all Canadians, regardless of where they live.

The Canada Health Act sets out the criteria and conditions the provinces and territories must meet to receive their full contribution through the CHT. With the exception of its link to the Canada Health Act, the CHT is unconditional, and gives provinces and territories the leeway to decide how best to distribute the funds in order to meet their residents' and communities' health care needs.

I would like to take a little time to talk about the history and evolution of the CHT. The current flexible block funding approach to the CHT differs substantially from the cost-sharing program that existed when the public health insurance plan was introduced. Before 1977, the federal government matched eligible provincial and territorial spending on doctors and hospitals at a rate of 50%. However, expenses for these items constituted only about three-quarters of the provinces' and territories' total health care expenses.

In other words, the cost-sharing arrangement in place before 1977 did not cover other health care expenses such as pharmaceuticals, home care, mental health services and related health care services that were beginning to represent a growing share of the provinces' and territories' health care expenses. As we know, these health care expenditure components increased over the years. The share of spending for doctors and hospitals decreased, and now represents less than 60% of the provinces' and territories' health care expenses.

Business of Supply

• (1050)

Even during the first period of the cost-sharing program for eligible expenses, federal transfers never really represented 50% of spending for doctors and hospitals. They represented less than 37% of the provinces' and territories' total health care expenses. As the health care system evolved, all of the parties involved agreed that a more flexible funding system was required to help the provinces and territories meet their own health care priorities and not only to help foot the bill for doctors and hospitals.

When the established programs financing, or EPF, was introduced in 1977, the federal, provincial and territorial governments agreed to replace the earlier equal cost-sharing program with a more flexible block- or cash-funding approach. This meant that, instead of the federal government equalizing the provinces' and territories' spending on doctors and hospitals, the provinces and territories received a cash transfer that they could spend on a broader range of health care priorities.

More importantly, in our context, the EPF program included a stipulation that the federal government was to permanently transfer tax room or tax points to the provinces and territories. This transfer of tax points meant that the federal government permanently reduced its tax rates, while the provinces and territories increased theirs by the same amount, which had no net impact on the taxpayer's tab. More specifically, 13.5 percentage points of the federal personal income tax and one percentage point of the federal corporate income tax were transferred to the provinces and territories. Instead of the federal government collecting taxes and transferring them to the provinces and territories, the provinces and territories could now collect these taxes themselves and spend them as they saw fit.

In 1977-78, the value of the transfer of tax points was equivalent to approximately 22% of the provinces' and territories' spending for doctors and hospitals, the public health insurance plan, while the health transfer represented 33%, for a total of 55%. The cash transfer represented almost 25% of the provinces' and territories' total health care spending. Until recently, this threshold, which is the reference point for the federal cash contribution, was long recognized by the provinces and territories themselves.

As I mentioned, the CHT now represents more than 23% of the provinces' and territories' health care spending. But the federal government's contribution to health care in provinces and territories is not limited to the CHT. Much of the funding related to the COVID-19 pandemic, including the funds from the safe restart agreement, which are intended specifically for health care, will be transferred directly to the provinces and territories.

In addition to the extraordinary measures the government implemented to help the provinces, the territories and all Canadians deal with the coronavirus pandemic, the federal government has also provided significant and ongoing support for health care. These investments were made during the previous Parliament when, in August 2017, all the provinces and territories agreed on \$11 billion in federal funding over 10 years to improve home care and mental health services. This new funding alone increased the federal contribution to provincial and territorial health spending by nearly 25%. The government also provides considerable direct health care

funding as part of its health promotion and protection responsibility, which includes regulation. It supports public health, research and national health organizations, and delivers health care services to specific groups, such as indigenous populations. In addition to direct federal spending and provincial and territorial transfers, the government also helps individuals and companies via the tax system.

Let me close with the following.

• (1055)

In conclusion, our health system needs improvement in some areas. However, experience shows us that we cannot improve things just by injecting more cash. Canada spends more on health than most other countries, yet we are not getting the results Canadians need and deserve.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Madam Speaker, the speech by the Leader of the Government in the House of Commons almost had me in tears earlier, but this time I have to wonder how long it would take me to respond to this crash course on health transfers and all the numbers we were given.

Throughout my career, I have had the pleasure and privilege of sitting on all kinds of commissions on health funding, including one in Canada, the most recent being the Romanow commission, but I will not dwell too much on that.

Initially, there was a pact guaranteeing citizens free, universal access to health care across Canada. There was a pact to share the costs fifty-fifty. Another aspect of the pact provided that the organization of health care services was the exclusive jurisdiction of the provinces.

After all the numbers and the history lesson we were just given, I have a question. Do you think the sums of money being given in the current economic climate are sufficient, compared to transfers that respect provincial areas of jurisdiction and are sufficient to meet their needs?

I am talking about predictable transfer payments, which is what our motion is all about. Would such payments not guarantee a strong health care system?

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I want to remind the hon. member to address her comments through the Chair.

The hon. minister.

Hon. Steven Guilbeault: Madam Speaker, I thank my hon. colleague for her question.

In my speech, I tried to show that costs were once shared fifty-fifty, but that this only represented part of the costs for the provinces and territories. In time, following a series of agreements between the federal government and the provinces and territories, this arrangement was changed, and the fifty-fifty formula that did not cover 50% of provincial costs was changed to a more flexible formula that took different factors into account when calculating the transfers.

The opposition is trying to make the House believe that we went from 50% to 23% and that the federal government disengaged from the health care system of the provinces and territories, but that is simply not true.

There is predictability built into these agreements, but COVID-19 called for targeted intervention. I believe that the Bloc Québécois would be the first to rise and oppose everything we are doing had there not been this targeted assistance to cope with COVID-19.

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, the member for Laurier—Sainte-Marie just gave us a huge sales pitch. I remind him that health transfers used to increase by 6% every year. Stephen Harper's Conservatives slashed that increase to less than 3%, taking \$36 billion from the provinces over a period of about 10 years, and the Liberal government has picked up where the Conservatives left off.

When the member talks about scraping together bits and pieces from different programs, he is avoiding the fundamental question, as health care costs increase by 5.4% a year. How can the provinces absorb these costs when the federal government increases transfers by just 3%?

My colleague is familiar with the concept of sustainable development, so I would like to hear his thoughts on a sustainable health care system.

• (1100)

Hon. Steven Guilbeault: Madam Speaker, I thank the hon. member for Rosemont—La Petite-Patrie for his question. I am very happy for the opportunity to talk about the environment, since the science clearly shows that pollution costs our health care system a lot of money.

For that reason, since 2015, our government has been taking a never-before-seen approach to tackling this issue. The more we can reduce pollution in Canada, whether it be air pollution, water pollution, or pollution associated with climate change, the healthier our country, planet and people will be. On top of that, if we reduce pollution, there will be fewer demands and pressures on our public health care system across the country.

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Madam Speaker, I will be sharing my time with my colleague from British Columbia, the member for Kamloops—Thompson—Cariboo.

I would have liked to ask the Liberal minister a question. We are in the midst of a pandemic, and it is true that the environment we live in is disrupted. I would like to show that the government can do more than transfer funds. It can also take action to help the provinces. It could have done that.

Business of Supply

Today, we are here to debate a motion moved by the Bloc Québécois. The first three points highlight the work of health care workers and the courage and sacrifices required from them.

As a parliamentarian, I can only add my voice to those of all parliamentarians. I am sure I speak for us all when I say that we are proud of the work that is being done in our hospitals. I visited the Lévis Hôtel-Dieu hospital over the weekend. I was also able to see the security staff who come into contact with the virus on a daily basis but still continue to do their job. That presents significant human challenges.

I am thinking about my financial adviser, whose wife works with the Sisters of Charity of Quebec, where there is another outbreak in Quebec City. She herself was affected and is therefore in quarantine. I am also thinking about the people working in seniors' residences like the Résidence le Royal, in Saint-Anselme.

It is demanding enough to work in an environment where a lot of basic care is provided without the added challenge of constraints. I commend all these people. We have a great deal of admiration for them. We hope that Christmas will give them a bit of a break even though that is also a busy time for them.

From the outset, I would like to say to my colleagues in the Bloc and those watching us that I am proud to have been part of a government that improved health transfers even during an economic recession.

Let us be clear. We think that the federal government has a major role to play to support the provinces in their efforts to maintain their health care system. That is why we are in favour of the motion moved by the Bloc Québécois. The federal government needs to continue to provide the provinces with significant, long-term health transfers.

We appreciate what is being done, but as I mentioned at the top of my speech, these are strange times. What is most important now is for the government to say when Canadians will have access to the vaccines, and this is something we ask the government about every chance we get.

It is important. We are still in the second wave. There is a lot of uncertainty surrounding the holiday season. This is important for Canadians and for businesses. For example, our restaurants are shut down. The tourism sector needs a glimmer of hope and a timeline. Right now, we are totally in the dark.

The government will not give us any hints. All we know is that it has reserved a very large number of vaccines. There are enough doses to vaccinate almost every body part. The problem is that we do not know when that will happen. This is what we are humbly asking the government on behalf of Canadians.

Can the government tell us when we can expect vaccines to be distributed in Canada?

Business of Supply

It would be important to know because people are waiting for life to get back to normal. Meanwhile, there are the much talked about rapid tests. The faster people know if they are carriers, the better it is for everyone. Right now, people do not know whether or not they have the virus, whether a family member has it, whether they have been in contact with it or whether they are carriers. They want to know. In this case as well, we have seen a lot of delays in deploying rapid testing.

We have pointed out that in some countries, rapid testing has been available for ages. As for the vaccine, as we know, some countries, like Mexico, already have access to it. We are happy for our Mexican partners, with whom we have trade agreements. However, we would also like to have access to the vaccine, like the Americans and many European countries, along with hundreds of millions of people around the world. We believe that Canadians deserve access to the vaccine.

It is clear that the Liberals need to make a special effort with regard to rapid tests and PPE.

• (1105)

Unfortunately, the government did the opposite. It threw out supplies or sent them abroad at the beginning of the pandemic. We find that deplorable.

What is more, I represent Bellechasse, and I am thinking about the hospital that was located in the municipality of Armagh. When the Liberals wanted to balance the budget, they made cuts to health transfers. I would like to remind members that we, the Conservatives, increased health transfers and that we balanced the budget during the economic recession.

Unfortunately, the Liberals seem to have a lot of work to do on their financial plan before they will be able to balance the budget without once again dumping the problems on the provinces, as they did in the area of health care by cutting transfers. We are still living with the consequences of those cuts today. Armagh no longer has a hospital because of the Liberal cuts.

What is the consequence of that? Yesterday, the Liberals presented their economic update and, this morning, the newspapers published very large deficit numbers. That deficit will need to be repaid when the orgy of spending is finally over.

In the past, we have seen the Liberals cut provincial health transfers, and yesterday, we got confirmation of a tax hike. The government is going to start taxing digital services. The government has spent so much that it is wondering how it is going to balance the budget. Considering that it provided no fiscal anchors, no plan to fight the pandemic, and no plan to manage public finances, it does not seem all that worried.

The government came up with plans for sustainable development and the environment. There are two sides to the sustainable development coin, however: the economy and the environment. Both need to be managed sustainably. Right now, the government seems to be driving us straight into a wall, and that is alarming. Even if the government votes in favour of the motion we are debating today, it is unlikely to be able to honour any kind of commitment because of the perilous financial path it is on.

It is important to remember that Canada currently has the highest unemployment rate in the G7 and is the only country that does not have an economic recovery plan. That is important because in order to support our health care system and social transfers, we need to get our economy back on track, something we have no sign of at this time. Why are we in this situation? This question is troubling because, basically, the Liberals could have taken action to alleviate the pressure on the health care system. The best investment that one can make is the money one does not spend.

One of the responsibilities of the federal government is to protect the border. At the beginning of the year, the Conservatives started telling the government that there was a problem in China. Unfortunately, the government allowed 50,000 people from China to enter Canada, and we know what happened: The virus spread. On top of that, the government did not communicate properly with customs officials, which meant that people were allowed to leave the country in the spring and come back later, with the impact this had, especially on the Quebec health care system. While all this mismanagement might not relate to health directly, it all has an impact on health.

As I mentioned earlier, 16 tonnes of essential equipment was sent to China at the beginning of the pandemic. A few months later, we were scrambling to find masks. Now we all wear masks, and there are even some beautifully designed ones available. We have plenty of masks now, but it would have been helpful to have them from day one since we know they are effective.

In closing, we will support the motion. However, since this is an emergency situation, we are asking the government to tell us today when we will have the vaccines. We are also asking the government to help the provinces provide rapid testing and, in particular, to help our provinces manage long-term care facilities. We are asking the government to play its federal role and support the health care system, which means setting fiscal anchors. On that, we look forward to seeing the Liberal government set the record straight.

• (1110)

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Madam Speaker, I thank my colleague for his speech.

My colleague across the way says he is in favour of a significant, long-term increase. According to him, with the \$42-billion health transfer and the \$200 billion over the next five years, which is \$10 billion more than the Conservative Party provided in the last year of its term, crisis management is part of the expenses. To us, we are managing the crisis for the people of Canada and Quebec.

Is it normal that the Conservatives are simultaneously concerned about balancing the budget and increasing health transfers, which are inadequate according to them?

Hon. Steven Blaney: Madam Speaker, I thank my colleague. I see that he paid close attention to my speech, and I want to say to him that the Conservatives supported measures to help people during the pandemic.

However, the government put measures in place without consulting Parliament when it prorogued the House, and for that reason they were not productive.

Business of Supply

I am certain that my colleague has in his riding, as I do, restaurants who had a hard time finding staff this summer because the government put in place poorly targeted measures that created an artificial labour shortage. Programs such as Canada summer jobs could have been enhanced to give young people the opportunity to work this summer. Unfortunately, the government did not put more money in this envelope.

I want to tell my colleague that the Liberal government has a responsibility. The money that was invested previously does not count; what counts is what happens from now on and how we look forward. There is money being injected into the health system, but there are also steps that could be taken to reduce the pressure on the system, and that requires a vaccine and rapid testing.

[English]

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, I would like to thank the member for his comments.

[Translation]

I apologize for speaking in English.

[English]

I will learn.

My question is around the supports for our essential workers. We know how much they have done during this pandemic and how important they have been. However, one of the problems we are having in Alberta is that our provincial government will not actually take the money that the federal government has allocated to top up wages for essential workers.

Knowing that there are provinces that are not willing to even take the funds, I think we are the only province, I am wondering if the member would speak about the impacts of provinces not working well with the federal government in this way.

Hon. Steven Blaney: Madam Speaker, one vision that we have as Conservatives is that we do not like the approach of “Ottawa knows best”.

Actually, we believe that the expertise is in the provinces, just as it is in Quebec and Ontario or elsewhere in the country. We feel that provinces are best placed, since they have a Constitutional responsibility for taking care of health, and that they are there to support the system and they are facing many challenges. We believe that provinces need to be strongly supported by the federal government in order to be there for the first responders.

[Translation]

Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC): Madam Speaker, I thank the member for his comments.

He spoke a lot about how far behind the Liberal government and Canada are when it comes to vaccination. This is very worrisome.

My question is the following. Could my colleague tell us more about how the delay in vaccination will affect seniors' homes, Canadians and the economy?

• (1115)

Hon. Steven Blaney: Madam Speaker, I thank my colleague from British Columbia for his question. We are both members of the Standing Committee on Official Languages, and it is a pleasure to have a francophile like him on the committee who is working to sustain the vitality of linguistic communities across the country.

His question is very simple. We are in the second half of a tunnel. The longer we go without a vaccine, the longer the tunnel becomes. The earlier that Canada has access to the vaccine, like all other countries in the world, the faster we will be able to see the light at the end of the tunnel and come out the other side. That is why we are calling on the government to give us a plan and tell us when we will get the vaccine in Canada.

[English]

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Madam Speaker, I want to thank my colleagues from the Bloc for this very important motion today, and it is really quite fitting that it is December 1. Many are heading into the holiday season and we are heading into some extraordinary challenges, so hopefully this measure of support from all parliamentarians will mean something and will matter. More important would be the action of getting rapid testing in place and getting vaccines in a quick and timely way so the end of the tunnel would be closer.

This motion is in three parts and so I will talk a bit about each part of the motion. The first part is acknowledging the extraordinary work of the health care workers. It talks about the nurses, the doctors and the orderlies. I want to note there are many more who keep our health care system going, so our appreciation is also extended to the folks doing the laundry and the cleaning and those who are playing so many critical roles like working in the laboratories in order to keep our system going. They are also doing extraordinary work during extraordinary challenges.

The motion also talks about seniors and the general public. We know there are many challenges in the long-term care homes as well as some tragic outcomes from the first wave. Unfortunately, we did not learn from the first wave in terms of being as prepared as we should be for the second wave in our homes and with the general public. Public health care workers are now overwhelmed with the testing and contact tracing that has to be done, and in some provinces, they are actually not able to do what they originally were needing to do.

This is not like a marathon, where one knows how far one needs to go. Health care workers are having to put in these extraordinary efforts and they do not know when the end point is. It is certainly starting to take a toll on them. Again we need to note the extraordinary work they are doing.

Business of Supply

We are also getting to a stage where many difficult decisions need to be made. At the beginning, it was around how we keep our PPE, which we had limited resources of. Canada likes to think it is doing very well compared to our neighbours in the U.S., but there was some recent work done by a health care institute out of Washington that thinks that by mid-December Canada's per capita numbers are actually going to be worse than the United States. I am not sure we can be proud as we think of how we have responded to this crisis when we compare ourselves to the U.S. and its numbers, because now we are not looking nearly as good.

People see the oxygen coming from the wall in hospitals and they believe it is unlimited, but yesterday in Alberta a memo went out about having to start being very conscientious about how oxygen is used because it is a limited resource. Originally we had a lot of conversations about ventilators, but I do not think there was much in terms of the oxygen that is available. As we hit these extraordinary numbers in December, ICU capacity in some hospitals in some provinces might face very challenging issues.

The second part of the motion recognizes the courage and sacrifice of the front-line workers and their families. I am a former nurse, and I have mentioned that before in this House, and I have friends and colleagues and family members who are still involved in the health care profession.

I will give one personal example of some of the challenges health care workers are facing. I have a son who works up north who is a nurse and does medical evacuations. He just headed up north today, and he has to stay in isolation for the next five weeks unless he is involved in an emergency. He is up north where it is dark all day and is not allowed to leave the house because of course they need to protect the communities he goes into.

● (1120)

He goes into communities, but when he is not working on call, he will spend five weeks sitting in a house waiting for calls and we all know that the Internet is not even a resource that is easily available up north. His girlfriend will be working through the Christmas holidays dealing with the extraordinary challenges of working in an emergency department and an ICU in a small community and having friends and family come in.

Up in 100 Mile House workers want to protect their families, so they have been staying in hotels. They do not have rapid testing in a way that meets their needs, so not wanting to expose their grandparents, parents and children, they spend many nights in hotels. Of course, who has not read or seen the stories of nurses using Face-Time so family members can say goodbye, doctors phoning loved ones or family members saying goodbye while fully masked and gowned and holding loved ones' hands? It is extremely challenging.

Canadians are asked to stay home and wear masks and that is what we need to do. We need to wear masks. Even if it only protects a little, it is not a big deal to put on a mask when going into stores or public areas. Quite frankly, when we look at what health care workers have to deal with and wear, asking Canadians to wear masks, to me, is certainly not too big a deal.

The motion talks about the work of the provinces, which are of course responsible for health care. They need sustainable funding

and long-term resources. There is one thing I want to note from the economic fiscal update yesterday that is a concern. The \$1 billion for long-term care, I am sure, is going to be welcomed by many of the provinces, but it would have been much more appropriate to use that money between the first and second waves. The government could have made some capital investments to improve infection control measures. Though \$1 billion is important and will be welcomed, is it not a little late? The government is typically behind the eight ball and the \$1 billion should have been used between the first and second waves.

As for vaccines, instead of the partnership with China, which has not been a reliable partner for many years, the government could have looked outside China. We know of the failure of that particular partnership and now know that Canada is going to be behind many other countries in getting the vaccine.

Rapid testing is not a perfect answer, but it is a tool in the tool box. Why can health care workers not have rapid tests and then have policies reflect the results of the tests. It is not perfect, but it would certainly help to make their lives more livable right now.

Hopefully all members in Parliament are going to support this motion and recognize the extraordinary work and courage of health care workers. More importantly, we have a job to do, which is to get the vaccine and be prepared. To be frank, the government's approach has failed Canadians in many ways, whether it was the health surveillance system, telling Canadians COVID was low risk for too long, refusing to close the border, being slow with rapid testing, not considering home testing until recently or vaccine deployment.

Our numbers are starting to look very challenging and we need to move forward for the sake of our health care workers and Canadians.

● (1125)

[*Translation*]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker, what the Liberals have been telling us since the start of today's sitting is rather absurd.

Health falls under provincial jurisdiction. The federal government does not manage any hospitals or pay any doctors. We are calling for health transfers.

Since the beginning of the pandemic, we have been asking the federal government for two fairly simple things: to close the borders and to secure a vaccine when one became available. The government did not come through on either of those requests.

Business of Supply

We are calling for health transfers, which is simple. All of the provincial premiers agree that the federal government should send money to the provinces to help them get through the pandemic.

My question is quite simple. Health transfers have declined from 50% to 22%. That did not happen in three days, a week or even a month. This has been going on for 30 years.

If there was an election tomorrow morning and the Conservative Party were elected, would my colleague agree to meet the demands of the provincial premiers and increase federal funding from 22% to 35%?

[*English*]

Mrs. Cathy McLeod: Madam Speaker, our party has always believed in sustainable long-term funding to the provinces and not interfering in provincial jurisdiction. Whether with respect to the needs of Quebec versus Prince Edward Island, Newfoundland or British Columbia, we believe the provinces, both constitutionally and in practice, are best set to deliver health care. If we look at the current federal government's record of committing to plant two billion trees and not managing to plant any, it getting into the jurisdiction of provinces would certainly end up a disaster.

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 disagree with a number of the comments the member has put on the record.

With respect to vaccinations, I believe the government has done an excellent job working with and listening to experts and the immunization advisory committee, as well as working with the provinces and other stakeholders to ensure the interests of Canadians will be taken care of when the time is right and we receive the vaccines.

The question I have for my friend is this. I believe there is widespread support, I can assure her there is in Winnipeg North, for a federal government that understands the importance of the Canada Health Act and that it has a role to play. If we look at the monies we have invested even recently, whether in mental health, home care services and so much more, does the member not recognize that many of her constituents would want to see a presence in health care that goes beyond just handing over a bunch of cash?

Mrs. Cathy McLeod: Madam Speaker, I want to first start with the preamble to that question. The Liberals talk about vaccines. It is true they put their eggs in the basket of China. Procuring multiple doses per Canadian is important, Health Canada approval is important, but what is most important is when we will see those vaccines put into the arms of people. I need to compare that to Australia, where we can look at a plan that is clear and transparent. Last night, I looked at the plans for Canada and Australia. There is no plan for Canada. Australia's was simple and easy. All Canadians are asking for is a transparent view of how we are going to get to the end of the—

• (1130)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have time for one last question.

The hon. member for South Okanagan—West Kootenay.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, I believe my colleague from Kamloops—Thompson—Cariboo rightly highlighted some of the tragedy that has unfolded in our long-term care homes. Just quickly, I would like to ask her, through you, whether she would support the NDP's proposal to bring long-term care into the Canada Health Act so the provinces would have a proper funding source to maintain those homes to care for our seniors in a proper way, because although there are standards, they do not have the funding to meet those standards of care.

Mrs. Cathy McLeod: Madam Speaker, the biggest tragedy is the billion dollars that is to be used later as opposed to between the first and second waves. That money could have been well used by the provinces in preparing for the second wave, training their staff, infection control measures, capital improvements and—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Rosemont—La Petite-Patrie.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, first I want to let you know that I will be sharing my time with my distinguished colleague from Vancouver Kingsway.

I was delighted to hear the previous Conservative Party colleague talk about what I feel is the issue at the core of this motion. Along the way, that got a little lost among the important debates we have been having. I am talking about health professionals, health care workers. For the past nine months, they have been working incredibly hard to take care of us, they have been trying to save lives and salvage the situation. They get up every morning—or every evening or night, as the case may be—to care for people with COVID-19. These people are making absolutely incredible sacrifices, and they are there for us.

One of the very good questions we need to ask ourselves as parliamentarians is this: Are we there for them? Have successive Conservative and Liberal governments been there for our health professionals, for our health care workers?

I wanted to come back to that because it is a fundamental issue in which the federal government has a role to play. These are frontline workers. They are literally putting their lives and their health on the line. We have seen that people who spend time with those who are sick or infected can catch the virus, get sick or infect people in their family, their spouse for example. That has happened.

Business of Supply

I wanted to take a minute to draw our attention to something very specific about these health workers who are our guardian angels. That is how we have referred to them for a while. They are refugees or asylum seekers who voluntarily signed up to work in our long-term care facilities, in our hospitals or in our clinics to try to take care of people. Many of them got sick or even brought the virus home, which led to the death of their spouse. We have heard some heart-rending stories.

We worked very hard to create a program to regularize their status, in other words, give them an opportunity to become permanent residents, considering all their hard work in our health care system. The program was announced in August, but absolutely nothing has been done to date. It appears to be blocked somewhere. Initially, we wanted it to be for all essential workers, that is, people who worked in pharmacies and grocery stores, and also for those who did not necessarily provide direct care but worked in the health care system, for example, kitchen staff and security guards. Even for those who provided direct care, the program has not yet been successfully implemented.

Something very troubling happened yesterday. Without any warning, and on the day of the economic update, the Canada Border Services Agency announced that it was going to resume removals and deportations. Some people were promised or led to believe they would be granted permanent residency, but since the program does not really exist on the ground yet, some risk being deported, even though they came to help us in our long-term care centres and our health care system. I think that is appalling. No one should be deported during a pandemic, but especially not those who came to help us.

I want to get back to health care workers. Have we been there for them?

They have been working in deplorable conditions. Certain types of jobs, especially the lower-paid ones, are just not very attractive because of the working conditions. Just look at the wages paid to orderlies, nurses' work hours, the heavy workload and the mandatory overtime.

In the middle of a crisis and a pandemic, the health care sector is short-staffed. If the provincial and Quebec governments had had the money to treat these people better, we would probably have fewer problems retaining workers and attracting new workers. People are not really encouraged to go to work if the conditions are difficult and they earn \$12 or \$13 an hour.

• (1135)

The provinces were unable to provide good working conditions and did not have the resources to do so because the federal level has slashed health transfers to the provinces. The Conservatives and Liberals are both to blame here.

Earlier I asked the member for Laurier—Sainte-Marie a question, and he gave us some acrobatics.

There is something completely unrealistic here, and the motion touches on that. After the Stephen Harper government was elected, the increase in health transfers, which had reached 6% a year, was

cut to 3% a year. This created a shortfall of around \$36 billion for the provinces over a 10-year period.

Unfortunately, despite all of their lofty promises, the Liberals under the current Prime Minister have picked up where the Conservatives left off, increasing transfers by 3% a year, even though health care costs are increasing by 5.4% a year, as my colleague from Vancouver Kingsway pointed out earlier today. There is a shortfall here, and it is neither viable nor sustainable.

We need to start giving the provinces back the ability to properly serve the public. To do that, the federal government needs to carry out its role of increasing health transfers. That is absolutely essential. It cannot be avoided, otherwise, we are not doing justice to our health care workers and we cannot provide them with decent working conditions.

The federal government therefore needs to increase health transfers. The Liberals will say that an increase of 6% per year is not sustainable for the public purse, so then what should we do? The NDP has some unique and worthwhile proposals, such as the completely crazy idea of getting money from those who have it, those who have so much that they do not know what to do with it all.

Our party is the only one saying that we could create a tax on wealth. People who have more than \$20 million in property and assets could pay a small surtax of 1% per year. That is not too much. It would bring in hundreds of millions if not billions of dollars. Why not create a tax on wealth? It would not harm the middle class or workers. The wealthy are perfectly capable of paying it.

There are also companies that have made inordinate profits since the start of this pandemic. Why could we not establish, perhaps on a temporary basis, a special tax on the excessive or inordinate profits of certain companies that lined their pockets? I am obviously referring to the web giants, such as Netflix or Amazon, whose profits literally exploded.

I would like to say a few words about Amazon. Oxfam recently pointed out that if Jeff Bezos were to give a \$105,000 bonus right now to each one of its 876,000 employees, he would still be just as rich as he was before the start of the pandemic. This shows the extent to which certain companies profited. The NDP believes that these companies could be made to pay taxes, which has not yet happened.

I have another important matter to address before concluding. I was very disappointed with yesterday's economic update with respect to the web giants. The government told us that it is going to make web giants pay the GST. That is a good thing that we have been asking for, and it is about fairness and justice. That said, charging the GST means that consumers will pay it. Customers are going to pay the GST. It is the right thing to do because it is fair, but at the same time, this costs the web giants nothing, since it will be the consumer who pays.

Business of Supply

All of a sudden, the government is telling us that digital giants are going to pay tax not in January, but 13 months from now. They are being given a one-year reprieve before they have to pay tax in Canada. Moreover, we do not know if they will even pay tax because the Minister of Finance says they will pay tax if necessary.

Digital giants have not been paying tax in Canada for years, and that is an absolute scandal. Tax havens still exist, and the Liberal government is doing absolutely nothing.

Let's get serious. Let's get money from those who have it, boost health transfers and pay a reasonable wage to the people who look after our sick.

Once again, I thank them from the bottom of my heart and I salute them. I want them to know we should do better. An NDP government will do better.

• (1140)

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Madam Speaker, I thank my colleague for his speech.

My colleague asked himself not once, not twice, but three times whether we, as the government and as parliamentarians, have done right by the people during this crisis.

My colleague knows very well that, in general, Canadians are satisfied with how we have been managing this crisis. We have been responding to this pandemic since March 11.

Would he agree that, since March 11, we have taken the necessary steps to support our workers, our industries, our businesses, our seniors, our youth and everyone going through tough times and help them weather this pandemic? Would he agree that we have done all that without an instruction manual?

Mr. Alexandre Boulerice: Madam Speaker, I thank my colleague for his question.

Some measures were fairly good, but usually it was because the NDP pushed the government to take action. Without the NDP, there would be no 75% wage subsidy and no \$2,000 a month Canada emergency response benefit. Without the NDP, self-employed workers would not have been included so that they can receive an income. Without the NDP, there would have been no benefits for students.

As for what will happen next, we will have to see whether these measures come to an end in June or September and if anything else will be done at that point. We do not know what the health and economic situation will be at that point. The government needs to commit to being there for people and to getting the resources and revenue needed to continue to help them.

[*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.): Madam Speaker, I wonder if the member could expand on how the New Democratic Party talks a great deal about supporting a national pharmacare program. It talks a great deal about home care services. It talks about the potential federal government involvement.

Could the member provide further thoughts in regard to the importance of the Canada Health Act and what role that plays in society today?

[*Translation*]

Mr. Alexandre Boulerice: Madam Speaker, the first time the Liberals promised child care services, I was 20 years old. Now my daughter is 20. The first time they promised a pharmacare program, I was 24 years old. I will not tell you my age, but we have been waiting for quite some time now.

Yes, we are in favour of a universal public pharmacare system, like all of the Quebec labour unions and the Union des consommateurs du Québec have been calling for, because such a system would save us money. The NDP has been fighting tooth and nail for years for this very worthwhile project, which we would want to carry out through a constructive dialogue between the federal and provincial governments. We think that the federal government needs to implement such a program. It needs to stop with the rhetoric and keep its promises. It needs to actually implement this program.

[*English*]

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, my colleague is a strong voice in our caucus. He is a leader in representing the people of Quebec in the House.

I want to ask about long-term care. We have seen critical and devastating conditions across the country with respect to long-term care. We have seen too little action from the Liberal government.

Could he share his thoughts on the NDP platform on long-term care and what we would like to see to ensure our seniors are taken care of and are protected as we head into the second and potentially the third wave of the pandemic?

[*Translation*]

Mr. Alexandre Boulerice: Madam Speaker, I thank my colleague from Edmonton Strathcona for that very important question.

Yes, I think that, as a whole, we need to set goals for the quality of care available to seniors. That is a big job that needs to be done in partnership with the provinces to deal with this challenge, and transfers are a big part of it. The death toll was horrendous, and we do not want to go through that again.

The NDP is actually the only party that says there should be no private sector involvement in health care, especially when it comes to caring for seniors. We saw the appalling nightmare that took place at the Herron long-term care home in Dorval, a private facility.

In our view, people should not have to use their credit card to access health care. It should be a universal right, and we should work together to achieve the highest standards of care and respect for seniors. They worked so hard their whole lives, and I think that is the least we can do for them.

Business of Supply

• (1145)

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I am so pleased to stand in the House today to speak to this important motion, which is so timely and needed right now in our country. The motion would do a number of critically important and profoundly worthy things. It has us acknowledge the extraordinary work of health care workers, including doctors, nurses and all allied health professionals and workers during the COVID-19 pandemic.

It calls on us to recognize the courage and sacrifices that have been required from all front-line health care workers and their families as they tend to the very important health services on which so many of us are counting. It highlights the work of all the provinces in respect to the health crisis. It calls on the federal government to significantly and sustainably increase Canada health transfers, starting before the end of this year.

I want to begin by acknowledging the extraordinary work and sacrifice of health care workers in British Columbia. I would like to start with the top doctor in British Columbia, Dr. Bonnie Henry. B.C.'s provincial health officer, Dr. Henry, has been widely praised around the globe for her response to the COVID-19 outbreak leadership. In particular, she has been recognized for her ability to convey complicated health information in a clear way that does not talk down to people.

Under Dr. Henry's direction, B.C. led the way in implementing a testing strategy, physical distancing and control measures at long-term care facilities faster than every other province in the country. Dr. Henry's leadership, expertise and genuine care about the safety of British Columbians have also instilled a sense of trust that has helped foster public co-operation throughout the pandemic, which is critically important at this time.

When Dr. Henry declared an official health emergency on March 17, she ended her initial statement with the phrase that has been heard countless times throughout B.C. since, "This is our time to be kind, to be calm, and to be safe".

Under Dr. Henry's leadership are the tens of thousands, perhaps the hundreds of thousands of health care workers and their families that have done so much to keep Canadians and British Columbians safe.

I want to particularly highlight the work of the health care unions in British Columbia as well. They have played such a leadership role during this crisis.

Nationally, according the Canadian Institute for Health Information, 19.4%, almost one in five of those infected with COVID-19 in Canada as of July 23, were health care workers. This was twice the global average.

According to the BC Nurses' Union, 40% of nurses are reporting serious depression and 60% are on track to have post-traumatic stress disorder. According to Christine Sorensen, the president of BCNU, B.C. nurses are not healthy right now. They are overtaxed. They are emotionally distressed, trying to manage all the personal and professional implications of COVID, which all of us are managing, plus they need to go to work and be exposed daily to

COVID. By the way, this description of the stress and danger that are affecting nurses in British Columbia is true across the country in every province and territory, and in every community.

Dr. Kathleen Ross, president of Doctors of BC, says that physician burnout was an issue before the pandemic and it has become much worse. She says

We need to continue to recognize that as we head into this second wave, many of us are still recovering from the first wave...The pandemic has certainly required all frontline providers, including physicians, to step up to the plate and access our surge capacity, that ability to step forward and work harder.

It is not just health professionals shouldering the burden. Critical front-line health care sector workers like personal support workers, cleaning crews, maintenance workers and administrative staff have made tremendous sacrifices to keep the health care system operational throughout the COVID-19 pandemic.

I want to recognize, in particular, care aides, not only in long-term care centres but in our hospitals. These workers do incredibly important work. They take care of our loved ones at their most vulnerable. This is skilled work. This is compassionate work. This is difficult work. It is also underpaid and undervalued work.

• (1150)

At this point, I want to single out the particularly strong and early recognition of these facts by the British Columbia NDP government under the tutelage and leadership of the best provincial health minister in the country, Adrian Dix.

What did the British Columbia government do early on? It was the first province in the country to ban the practice of care aides shuffling between care homes. They sometimes had two to three part-time jobs. Not only has this been very difficult on the care aides to raise their families with no benefits and the difficulty and precarity of the situation, but they were also seen as a vector of transmission.

However, backing up this move with money, the British Columbia NDP government poured \$10 million per month to raise the wages of care aides and create full-time jobs. This was not only better for workers, but better for patients. Workers could actually have full-time jobs with benefits in one single place, which gave the kind of care the residents needed and the workers the kind of security they needed.

Business of Supply

The B.C. NDP government tore up the Liberal legislation that created the crisis in the first place, which was Bill 29. The bill was passed in 2002 by a provincial Liberal government in British Columbia. It attacked health care collective agreements and unions. Plus, the B.C. NDP government added more care hours, fewer shared rooms for seniors, more non-profit ownership of long-term care centres and more inspections of long-term care homes. This is the kind of work and leadership done by a provincial government, a New Democrat government, that puts a priority on health care.

On March 23, the B.C. government also approved a \$5 billion pandemic contingency allocation to support its response to the COVID-19 pandemic. This funding has supported a number of initiatives: to hire contact tracers; to provide additional funding for long-term care facilities; to support mental health initiatives; to increase funding for long-term care; and, as I said earlier, to provide more care hours for residents, have fewer shared rooms and have more non-profit facility ownership in the long-term care sector. These initiatives were done by the Province of British Columbia, starting last spring.

This federal government has yet to actually act on those very important measures. I was disappointed to see in the economic statement yesterday that we were still waiting for national guidelines on long-term care homes.

The motion also calls on the federal government to significantly and sustainably increase the Canada health transfers before the end of 2020.

When medicare was first established in Canada, the federal government agreed to assume 50% of the costs incurred by provinces and territories. At a first ministers meeting in 1976, prime minister Pierre Trudeau proposed replacing the 50/50 cost sharing with a new regime of block grants that exposed the provinces and territories to unilateral federal cuts over the subsequent decades, which successive Liberal and Conservative governments in fact did. Today, the federal share of overall health care spending in Canada has plummeted from that original 50/50 share to approximately 22% today.

Seeking re-election in 2011, Stephen Harper pledged to negotiate a health accord with the provinces and territories, however, no negotiations ensued. Instead, finance minister Jim Flaherty announced that when the 2004 accord expired in 2014, the Canada health transfer escalator would remain at 6% until 2017 and then grow no higher than 3% for the next decade. The Liberals under the current government promised to address that but instead adopted the Harper cuts.

The impact of that is clear. Health care costs in the country are rising at an average of 5.4% per year. If the federal government is increasing spending at 3%, clearly that is a recipe for long-term fiscal problems and cuts. With the COVID-19 pandemic, the Conference Board of Canada estimates that total health care expenditures will actually rise between 6.5% and 8.4%. Therefore, today it is more important than ever.

It is time for this federal government to put its money where its mouth is, reverse the long-term slide of federal funding in health care transfers and start getting it back up toward the 50%, so that

we can bring pharmacare, dental care, long-term care, mental health care, eye and ear care coverage for every Canadian in the country.

• (1155)

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 can understand and appreciate a number of the comments my colleague has made.

For me, I look at it with respect to what we have seen over the last number of years, such as record amounts of health transfers to provinces. In this year of the pandemic we have seen hundreds of millions of allocated tax dollars from Ottawa to the provinces, with emphasis on issues such as mental health and home care services.

We have seen an ongoing commitment toward the establishment of a national pharmacare program. I know the NDP likes to say that it has been 20 or 25 years, but this government has been in office since 2015.

The member talked a great deal about what is happening in B.C., with the NDP and its progressive attitudes toward health care. Does he know if the Province of British Columbia, because I am sure the member agrees with me, believes that the best way to have a truly national program is to have the support of provinces? Where does the Province of B.C. stand on a national pharmacare program?

Mr. Don Davies: Madam Speaker, I would point out that the Liberals have been in power for 18 years of those years since 1993, 16 of that in majority government. They have had a lot of time to address these structural problems.

I want to just quote from a letter that was written yesterday by the president of the Canadian Medical Association, Dr. Ann Collins. She says:

I shared my deep concern about the state of Canada's health systems, which were stressed before the pandemic and now have reached a critical tipping point. Many of my physician colleagues ... are exhausted and facing burnout. They are under immense pressure while they tackle the second wave of this pandemic ... Today's federal economic update should have offered health care providers hope of relief and a glimpse of the federal leadership required to keep our health system afloat. But instead it fell short. ... The reality is that our health care system is on the verge of crumbling.

This is what the head of Canada's doctors is saying.

Business of Supply

Pharmacare, to answer my hon. colleague's direct question, is something that all provinces will join if the federal government puts sufficient money on the table and plays a leadership role so we can expand pharmaceutical coverage to be the exact same as any medical service, from hip replacement to cataract surgery to broken arms.

It is long overdue and the government should play a leadership role. It continues to say that it wants it in every throne speech, but fails to act on it.

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, one of my questions is around the Canada Health Act. I know my colleague is extremely knowledgeable about that act.

When the transfer payments to provinces become so low, like they are now, and increasingly get lower and lower as we go forward, how does that impact our ability to ensure that Canadians across the country can access the same level of care and ensure that the different provincial jurisdictions do not privatize some services or chip away at that very cherished public universally accessible system?

Mr. Don Davies: Madam Speaker, I would like to thank my hon. colleague from Edmonton Strathcona for her excellent work in standing up for a strong public health care system in the face of, in her province of Alberta, a Conservative premier who is attacking the very notion of public health care and floating the idea of privatizing parts of our system.

Canadians value and cherish our public health care system. They know how important it is that every Canadian can get access to the medical care they need, regardless of their wealth or their social status. Canadians are most proud of that.

To make it work, we need a strong federal government as an equal partner at the table that is meeting its fiscal obligations and also enforcing the Canada Health Act, which has five principles. We count on the federal government to ensure that any province that violates those principles is immediately addressed.

Frankly, I have seen successive federal governments, both Conservative and Liberal, fail on that front. We have privatized MRI services in Saskatchewan, private surgical ideas floated in Alberta and the New Brunswick government failing to ensure women have access to reproductive health services. We need the federal government to get back in the game, to exercise its jurisdiction and to fund the health care system properly, so Canadians can not only have the health care system they are used to, but expand our health care system to make it more comprehensive and deliver health care in the most efficient way. We know public health care is the best and most efficient way to deliver that care.

• (1200)

[*Translation*]

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, I want to inform you that I will be sharing my time with my esteemed colleague from Thérèse-De Blainville, who will deliver a most interesting speech, as usual.

The Bloc Québécois's motion today is meant to offer a huge thank you to workers, most of whom are women, on the front lines in long-term care homes, in hospitals, and all across our health care system.

These people are working under very difficult and unsafe conditions. They can be told at the last minute that they need to work a second shift because of a lack of staff. They are always directly exposed to COVID-19 and must deal with never knowing if they have been infected or have infected their families. They are living in uncertainty and have been making a huge daily sacrifice for several months. We tip our hat to them and thank them from the bottom of our hearts. They matter a lot.

The current pandemic, a crisis that affects us all, has shown just how fragile our health system has become after decades of underfunding by Ottawa. No matter the party in power, the approach has been to disengage and provide less and less funding, which has weakened the health system and led to the lack of resources we are facing, including at long-term care homes. This pretty much explains the tragic situations that have occurred during this pandemic.

This fall, the CHSLD Saint-Eusèbe, in downtown Joliette, also experienced significant challenges. We want to commend and thank the front-line workers who look after patients.

I have no words to describe the government's arrogant and contemptuous attitude in the House towards the provinces and Quebec. This government is telling us that it is our fault that things are going badly, and that we did not do our part. This government claims that it could have done better and continues with its centralizing agenda by attempting to take over provincial responsibilities and powers under the pretext that it can do better.

All of this is happening while the federal government is failing to properly fulfill its role and responsibilities. One such example is vaccine procurement, which I think has been a disaster compared to other countries. We will have the proof in the weeks and months to come. Another example is border control, which was very poorly managed at the beginning of the pandemic.

Yesterday the government delivered its economic update, and clearly it will continue to interfere in provincial jurisdictions, while refusing to provide additional funding for health care. I expected the economic update to finally get health transfers back on track. I would have liked to see some acknowledgement that Ottawa has been shirking its responsibilities and not contributing for the past 25 years.

All we got was a promise of \$1 billion for long-term care centres, or roughly one four-hundredth of the deficit, which is up to \$382 billion.

If only this government would let us apply our standards. In her speech last week during the committee of the whole meeting, the Minister of Health insisted that her government was going to impose Canada-wide standards, as if what is missing from long-term care and health care is more standards.

During the first wave of COVID-19 in the spring, the military was called in to help in the long-term care facilities. According to reports from the Canadian Armed Forces, it was not a lack of rules and standards that caused the crisis in the long-term care facilities, but rather a lack of resources.

• (1205)

Why was there a lack of resources? Because the health care system had been undermined. Why was the health care system undermined? Because the federal government has been saying for 25 years that it will not play its part. How will it tackle the deficit? By cutting health care funding, too bad. People will complain to the governments of Quebec and the provinces. It was Jean Chrétien who said that at a G7 meeting at the time. His counterparts said that they were going to impose austerity measures and that there were all kinds of demonstrators in front of their parliaments. Jean Chrétien told them that he did not have that problem, that he was cutting funding to the provinces and that people would demonstrate in front of the National Assembly and the legislative assemblies of the different provinces. He laughed about it, but they cut funding from essential services.

Originally and until the end of the 1970s, the agreement was that half of health spending would be funded by Ottawa. That was an entirely logical criterion. When taxpayers pay their taxes, they pay roughly half to Quebec and the provinces and the other half to Ottawa. After that, it is only normal that we share health funding fifty-fifty.

To deal with its deficit, Ottawa said it would no longer play its role. Its share has decreased to 21% or 22%. That is clearly not enough. As the fiscal capacity, the surplus or the flexibility are in this Parliament, Ottawa is using this flexibility to invest in programs that give it greater visibility. Ottawa is not listening to Canadians who say that health care is the priority and that they need funding for health care. No matter the party in power, Ottawa refuses. That is unacceptable and deplorable.

To add insult to injury, in yesterday's economic statement the government boasted that 80% of every \$10 injected to get through the pandemic comes from the federal government. It is patting itself on the back for that.

The government fails to mention that all of that adds to the national debt and that taxpayers will be the ones who will eventually have to pay it back. The government also fails to mention, and I find this particularly insulting, that the exact opposite is true when it comes to health care. Ottawa is providing barely more than 20% of health care funding. It gives itself some wiggle room and then tells us to look at how well it is dealing with the pandemic. The wiggle room is here, and the needs are in the health care system. Our workers are doing miracles. They are living in very difficult conditions to try to deal with that and the government is taking a haughty attitude and saying that it will show the provinces the right thing to do because it knows all about this sort of thing. It is showing contempt for Quebec and the provinces. That is unacceptable and it needs to change.

I was expecting that to change in the economic update. Obviously, that was an unpleasant surprise. Perhaps it will change at the meeting with the provincial premiers, which was finally announced

Business of Supply

today and which will take place on December 10, just before the break. We will not be able to question the government about this meeting, but I hope that the government will get back on track.

Earlier this afternoon, Quebec's finance minister commented on yesterday's statement. Of course he said how disappointed he was. He thought it was unacceptable for Ottawa to impose standards on the provinces. It disrespects jurisdiction, and it has to change. The December 10 meeting is an opportunity. Let us hope it is not a missed opportunity, despite the Prime Minister's statement that he has already done quite a lot for health. He believes the provinces have adequate health funding. The Minister of Intergovernmental Affairs tweeted that all kinds of other subjects would be on the agenda. He is determined to downplay the importance of health funding.

Will Ottawa do what it usually does by lowering the bar and trying to divide the provinces? When the provinces are struggling financially, there are always some that give in for cheap. Ultimately, Quebec will be the only one asking for more money, and the health system will continue to be underfunded.

That needs to change now.

• (1210)

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Mr. Speaker, I thank my hon. colleague for his speech.

He really emphasized the measures our government has taken during the pandemic. He finds it insulting that the government has paid \$8 out of every \$10 spent during the pandemic.

Could he tell us whether his constituents oppose the measures this government has taken? The government has invested during this crisis to save lives, households, businesses and seniors in his riding.

Mr. Gabriel Ste-Marie: Mr. Speaker, the government claims to have saved seniors, while their cheques have increased by 61¢ in taxable income. That is completely unacceptable.

Mr. Stéphane Lauzon: That is false. It is an adjustment. Do you know what that is, in tax policy?

Mr. Gabriel Ste-Marie: Mr. Speaker, the Parliamentary Secretary to the Minister of Seniors asked his question and was allowed to speak. I did not agree with the premise of his question, and I will explain why, but I would now like him to let me answer.

What I am criticizing is not the fact that Ottawa spent during the pandemic, but rather that it is bragging about being better than the provinces. It still has such an arrogant attitude towards the provinces. The reason the fiscal capacity and fiscal flexibility remain here is because the Liberals have slashed what matters, that is, health care funding.

It was a Liberal government that began this practice in the 1990s. This puts pressure on the system, and the current pandemic has revealed just how fragile that system has become. The pandemic should serve as an opportunity to fix the problem and better fund the health care system.

Business of Supply

[English]

Mr. Scott Duvall (Hamilton Mountain, NDP): Mr. Speaker, I appreciate my friend's intervention on this.

What I have been hearing lately on this is that health care is in the provincial jurisdiction. Provinces do the administration but need more federal funding, with which I agree. In some of those provincial jurisdictions, looking at long-term care, we found out there were atrocious conditions. This was not caused by COVID-19, it was exposed by COVID-19.

Does my friend feel that more money should come with more federal standards, to make sure that our seniors have the proper health care and the dignity they should have and not just privatization, where money goes into the pockets of privatized people? Should all this go with public health care?

[Translation]

Mr. Gabriel Ste-Marie: Mr. Speaker, I thank my colleague for the question.

We do not need more federal standards in our long-term care facilities. People keep saying that it is resources and funding that we need. Standards are in place. The report of the Canadian Armed Forces, which lent us a hand in the long-term care facilities in the spring, came to the same conclusion. There are enough standards. I have not heard one nurse, or anyone on the front line say that this was going so badly because of a lack of Canada-wide standards, which would solve everything. That is rhetoric from the Minister of Health and other MPs in the House.

The Constitution is clear: Health is the exclusive jurisdiction of Quebec and the provinces, except when it comes to the health of indigenous peoples, military hospitals, drug approval, and quarantine. Ottawa's role is to fund health and leave the rest to the provinces, which have the expertise to take action, including in long-term care facilities.

• (1215)

The Deputy Speaker: We have time for a quick question and a brief response.

The hon. member for Laurentides—Labelle.

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, I will be brief.

What does my colleague think I should say to my constituents when I return to my riding of Laurentides—Labelle? All the provinces have called for an increase in these health transfers.

What will it take for the government to understand that not only is this urgent, but also that it has to be done now?

Mr. Gabriel Ste-Marie: Mr. Speaker, before the throne speech, the provinces stood together to ask that Ottawa cover one-third of their health spending, since it pays for barely over 20%. However, none of this was mentioned in the throne speech.

We expected to see something in the fall economic statement, but, once again, there was no mention of it. I would suggest to my esteemed colleague from Laurentides—Labelle that she tell her constituents to wait until December 10, when the provincial pre-

miers and our premier, François Legault, meet with the Prime Minister.

Will Ottawa rectify the mistakes of the last 25 years and improve health funding? We shall see. We will be here to pressure the government to do so and to respond to people's concerns.

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Mr. Speaker, I felt proud when our motion was presented, because it is all about kindness and appreciation. This morning, I wondered who, among us in the House, could be against that.

I said that this motion is about kindness and appreciation because it acknowledges the extraordinary work of everyone working in our health care facilities. The motion calls on the House to recognize the courage and sacrifices required from these workers; highlight the work of Quebec and the provinces in responding to the health crisis; and note the direct impact on their respective budgets. The wording is important here. Kindness and gratitude are not about pointing fingers or talking about how they poorly managed the crisis. Quite the opposite, in fact.

The fourth point of the motion calls on the House to recognize once and for all that Quebec and the provinces have exclusive jurisdiction over delivering and coordinating health care and services. This means that the government must significantly and sustainably increase health transfers based on real needs. These are four recommendations for what should be done.

We have to recognize health care workers, who are predominantly women. They are nurses, practical nurses, orderlies, doctors, paramedics, medical technicians—those who analyze test results everywhere—the support staff who keep our medical facilities up and running, food services staff and health care professionals like psychologists, occupational therapists, physiotherapists, social workers and others.

All these people take care of patients every day. They are on the front lines despite the fact that the burden of care rests entirely on their shoulders. They know how essential their work is and how much good it does, but at the same time, they are suffering. They often fear for their lives and that of their loved ones. They are exhausted, and statistics clearly show it. They might not even have any time off during the holidays. Nevertheless, health care workers step up to the plate time and time again.

I am a nurse by training. I worked as a nurse for about a decade in the field now known as critical care. During that time, I took care of people and was proud to do it. I was also a union leader. I represented health care workers. It was all about recognizing their work and expertise, which goes beyond calling them guardian angels, even if that is nice. It was all about recognizing their contribution and expertise.

Business of Supply

In Quebec, 80% of health care spending is dedicated to human resources, to the people who provide services. More than anything, it is because of these people that we have quality health care services. They deserve more than our respect. We should admire them even more knowing that they are still on their feet even though they are exhausted and that they go to the front lines to demand better working conditions. They should be commended for that. They will keep soldiering on.

• (1220)

Starving the provinces and reducing their capacity to provide quality health care puts them at the mercy of the federal government's spending power, a power that is too often exerted with no consideration for the needs of provinces.

If the government had kept its part of the original deal requiring it to cover 50% of health expenditures, it would not have to explain today that it spent \$19 billion here and \$600 million there, that it distributed face masks, and so on. The people who wear masks, face shields and gowns need only adequate funding to be able to provide quality health care. They do not need reams of figures. Let me remind you that these men and women are your constituents. Like us, they expect to receive quality health care. It is a federal responsibility.

You forgot to mention that in your economic statement yesterday. All provinces are unanimous in asking the federal government for sustainable and predictable funding they can count on. I do not see why anybody here would disagree with that. They do not want to be guessing every time what the government will do. They do not want to feel compelled to beg for money. It is our tax money, and the government owes it to us.

Next week, on December 10, provinces will speak with one voice. They will ask for the money and the capacity they need to act. We should be able to count on that.

Quebec called the last agreement on federal health transfers to provinces a partial victory, and with good reason. It was one of the first times bilateral agreements were favoured. The "divide and conquer" principle was applied. Everybody is on the losing side in that agreement. All provinces are now severely underfunded on health care.

Nature abhors a vacuum. Provinces will possibly exclude some options. We hear a lot about the privatization of health care. We should speak out against that, as provinces do. Such an option should not be considered. Cuts had to be made because of the funding shortfall and due diligence, not to mention that governments lacked the political will to honour their commitments. That suits them fine.

Here is our message to the government. Before the end of 2020, let us put an end to these cheap tactics. If the health and safety of our fellow citizens really matter, then provinces must be given the capacity they need, not piecemeal but in a sustainable way.

• (1225)

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Mr. Speaker, I would like to thank my colleague for the second part of the Bloc Québécois speech.

According to her, the health transfers would fix all the problems related to this pandemic. This pandemic hit us very abruptly. No previous event in Canada's history gave us insights on how to deal with it.

My colleague seems to be trivializing the transfers. She only spoke about masks, even though the federal government did more than simply ship masks. She did not mention the respirators and all the equipment provided to medical teams. There was also the contribution of the army and the Red Cross.

Does she really believe that a health transfer would have supported our seniors in long-term care? We provided support by sending in the army and providing equipment such as respirators and so on. The Red Cross also pitched in, for example.

Ms. Louise Chabot: Mr. Speaker, I thank the member for his question, especially regarding the long-term care facilities.

I hear talk about the army, but this is not about federal jurisdiction. If we needed the help of the army, we might need to ask some serious questions. Quebec and Ontario asked for this help. Funding usually goes first to where it is most needed. Perhaps that is because those needs were not there before the pandemic.

As for the staff shortages and lack of equipment, if the provinces had received sustainable funding, that might have helped. I think that is the bone of contention.

The government is laying it on thick saying that the provinces needed help and that it responded by spending \$600 million on this and \$19 billion on that. When I spoke of masks, I was not talking about the coverings themselves, but about the people behind the masks and visors, those who wear the gloves and gowns so they can take care of people. If we had looked at this idea of ongoing, sustainable funding 20 or 25 years ago instead of playing games with the provinces' needs in their areas of jurisdiction, we would not be talking about all these amounts of money that the government pays out piecemeal.

Ms. Leona Alleslev (Aurora—Oak Ridges—Richmond Hill, CPC): Mr. Speaker, I thank my hon. colleague for his speech.

Yes, fighting the pandemic is hard, and the provinces are doing great work. However, the federal government has not shared a COVID-19 vaccine distribution plan. That is problematic for the provinces because it means they cannot plan how they are going to fight the pandemic going forward.

Can my hon. colleague tell the House what she thinks of the federal government's missing COVID-19 vaccine distribution plan?

Ms. Louise Chabot: Mr. Speaker, it is deeply disappointing, but it comes as no surprise. From the start, we have been lamenting this government's lack of vision and lack of a plan. From the start, it has reacted instead of taking action. It has tried to cure rather than prevent. The House was prorogued and suspended for two months while we awaited the throne speech, which ultimately had no new information. We might have expected a vision. What is happening now is deplorable.

Business of Supply

Mrs. Jenica Atwin (Fredericton, GP): Mr. Speaker, I simply wanted to say that I fully support increasing federal health transfers. The Atlantic provinces face unique challenges, and their aging population requires and deserves additional support. That was already the case before the pandemic. We need to support our provinces and territories in their recovery. I thank my colleague and I agree with her.

• (1230)

Ms. Louise Chabot: Mr. Speaker, I thank my hon. colleague for her comments.

I want to take this opportunity to add something I forgot to mention. The Canada health transfers to the provinces fail to take into account one aspect of the funding. It is on a per capita basis, but it does not take into account the aging of the population. In Quebec and Ontario in particular, the rate of aging is higher than the Canadian average. That should also be taken into account. This is one way to look after the most vulnerable.

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Mr. Speaker, I want to inform you that I will be splitting my time with my hon. colleague from Châteauguay—Lacolle.

I thank everyone for raising this important issue in the House of Commons and giving it national attention. This matter is very personal for me as the parliamentary secretary to the Minister of Seniors. We have been very hard at work throughout this pandemic.

The pandemic is extremely hard on everyone, but even more so on those fighting every day on the front lines to help people and save lives. Without hesitation, health care workers went to the front lines with a single goal in mind: protecting Canadians. They pay a very high price for their dedication. Some even made the ultimate sacrifice.

Without their hard work right from the beginning of the pandemic, even more people would have lost their lives. Words cannot express how thankful I am. We owe them a tremendous debt of gratitude that we can never repay.

From the outset of the pandemic, the government provided support to Canadians and worked with provinces. We introduced the Canada emergency response benefit to help people who had lost their job. We invested \$500 million through partnerships to help seniors and others get essential supplies and services such as grocery delivery. In July, we sent a one-time tax-free payment of \$300 to seniors eligible for old age security and an additional \$200 to the most vulnerable seniors, in other words, those eligible for the guaranteed income supplement.

We worked with the provinces and territories to ensure the safety of residents and staff in long-term care facilities. When the provinces called on us, we were there to help. Members of the Canadian Armed Forces were deployed in more than 50 long-term care facilities in Quebec and Ontario. We also published guidelines for these types of facilities in order to prevent and control COVID-19 infections.

We are investing billions of dollars in the purchase of personal protective equipment for health workers, including the ones who

are providing long-term care. Indeed, with the new essential services contingency reserve we will make sure that the men and women who take care of our seniors always have the PPE and other supplies they need.

Under the safe restart agreement, we will provide \$740 million for measures to control and prevent infections, including in long-term care facilities, which means among the most vulnerable. We have provided \$3 billion to the provinces and territories to increase the wages of low-income essential workers, such as staff at long-term care facilities.

Our government has taken comprehensive measures to improve the quality of life of our seniors. That is on top of the attention that we have paid to seniors since we were elected.

Since 2015, our government has implemented a number of measures to improve the quality of life of seniors across the country. Thanks to our initiatives, many seniors are able to make ends meet, receive the care they need and remain active in their communities. One of these measures includes lowering the age of eligibility for old age security and the guaranteed income supplement from 67 to 65. We did that at the very beginning of our mandate. That is how we put thousands of dollars back into the pockets of new seniors.

We also invested to give seniors greater income security by increasing the guaranteed income supplement and the GIS earned income exemption. We worked with the Government of Quebec to harmonize the Quebec pension plan. We are continuing our efforts to enhance the Canada pension plan, specifically by increasing the maximum annual CPP benefit by 50%.

• (1235)

In the House, the Bloc Québécois is criticizing us for small increases, when its members know very well that these are adjustments to the amounts, not increases. They are playing with words in order to misinform our seniors in Quebec and Canada.

Our government's leadership and collaboration with the provinces prove that it is possible to establish national standards for the benefit of seniors and the public while respecting provincial jurisdictions.

Furthermore, we know how important it is to help seniors live longer in their own homes. That is why we invested an additional \$6 billion in home and community care and palliative care services.

Since delivering the throne speech, our government has been committed to continuing to provide the support that seniors and essential workers need. We will work closely with the provinces and territories to establish new national standards for long-term care so that seniors receive the best possible support. We have a good working relationship with the provinces and territories, including Quebec.

We are also committed to fast-tracking measures to bring in a national and universal pharmacare program in collaboration with the provinces and territories. We have also committed to proposing changes to the Criminal Code in order to explicitly penalize those who neglect seniors under their charge, thereby putting our seniors at risk.

Yesterday, our government presented the 2020 fall economic update. We know that Canada is dealing with a second wave of the COVID-19 virus. We are better prepared than we were in the spring. We have learned a few things. We have the PPE that we need to protect nurses, doctors and front-line workers, and our government is procuring even more. That is why we are creating a new \$1-billion fund to ensure the safety of long-term care, which will help the provinces and territories protect people in long-term care and support the prevention and control of infections. It is a health transfer.

We are committed to providing \$38.5 million, a health transfer, to support training for up to 4,000 personal support care trainees to address the severe shortage of workers in long-term care and home care.

The government is proposing to invest \$150 million to help the Canadian Red Cross. This transfer will help our population and our seniors, and will help other organizations to establish and maintain a pool of humanitarian workers who will provide surge capacity in response to outbreaks of COVID-19.

We will invest \$6.4 million to expand the Canadian Foundation for Healthcare Improvement's LTC+ initiative. Once again, this will help Quebec and all of Canada's provinces.

All Canadians and Quebecers can rest assured that the government will continue to work closely with the provinces, territories, municipalities and indigenous communities to implement a Canada-wide response to the pandemic. There remains work to do, but our government's ambitious measures are truly making changes in the lives of our seniors. The measures implemented during the pandemic made it possible to help millions of people, and we will always be there for Canadians and Quebecers.

We have a good relationship with Quebec. Even if the Bloc Québécois would like us to be at odds with Quebec, we will always be there for Canadians and Quebecers during this pandemic.

• (1240)

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, I simply want to read an excerpt of a report that states, "According to our observations, the critical need for CHSLDs is an improved level of staff with medical training."

Business of Supply

This was not a report from a separatist body looking for trouble. It comes from a truly independent body known as the Canadian Armed Forces.

I would like to hear my colleague's thoughts on that quote.

Mr. Stéphane Lauzon: Mr. Speaker, I thank my colleague for his question. If he read one line of the report, then he surely read the whole thing.

The report found that the Canadian government needs to support our seniors in long-term care homes. The measures taken during the COVID-19 pandemic in long-term care homes shed a light on what was going on in these homes, and we will always be there to help seniors.

We do not think that seniors are a provincial, federal or municipal responsibility. They are human beings whom we have a responsibility as a government to support.

[*English*]

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, I just want to stay on that theme of long-term care. We have seen the tragedy that has unfolded in long-term care homes across the country. This is a problem that was there before COVID. COVID has just exacerbated it.

The NDP has put forward a proposal to bring long-term care into the Canada Health Act. The trouble with the provincial standards is not that the standards are too low; it is that none of the provinces are meeting them because they do not have the funding.

Can the member comment on that and the NDP proposal to bring this into the Canada Health Act, so that every province would have adequate funding and our seniors can be taken care of in the manner that they deserve?

[*Translation*]

Mr. Stéphane Lauzon: Mr. Speaker, I want to thank my colleague from the New Democratic Party for his excellent question.

We are in the process of negotiating with provinces and territories to establish national standards for our seniors. Indeed all ideas are welcome.

However the primary purpose is to improve and give back dignity to our seniors. They are the ones who built Canada, and they are proud of it. They are our teachers. They are the ones who put us here today. They are our decision-makers. We owe them the greatest respect, which means we should set national standards by working with provinces and territories to give seniors a dignified pension and end of life.

Business of Supply

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Mr. Speaker, I have a lot of empathy for my colleague representing seniors who has to go to bat for his government and deliver an empty speech.

The government repeated the same number three or four times, namely, the \$300 sent in July, but that was a long time ago. Now it is talking about investments during the pandemic.

Indeed the federal government invested in health care during the pandemic, but it had to do so because no investment was made before that. If health transfers had been increased before, investments would not be needed during the pandemic. What we are asking is that the government invests now so we do not have to go through the same thing again. That is the problem and that is what we are asking this morning.

My hon. colleague keeps saying that people know and that the Bloc is spreading disinformation, that it acts in a partisan way. Last night I received an email from one of my constituents who seemingly had not read the same newspapers as my hon. colleague across the way. My constituent writes that many political columnists and politicians talk about extra money for older people, but he is wondering where that extra money is after being mentioned many times over a long period of time. It was supposed to be for older and low-income people. He concludes by thanking me for my involvement and my interest in helping the cause. A citizen from my riding wrote that to me yesterday, after the speech by the hon. Deputy Prime Minister.

● (1245)

Mr. Stéphane Lauzon: Mr. Speaker, thank you for giving me the opportunity to answer that question.

I can help my colleague answer his constituent if he cannot. It is very simple. He could mention that the \$300 helped greatly during the pandemic, but that other measures have been taken. He could reiterate that organizations in his riding benefited from the new horizons program to break social isolation and improve mental health. He could also remind his constituent that we invested another \$20 million in projects through the new horizons program, \$350 million for charities and \$9 million for the United Way of Canada. We did all of that to help seniors. There was also \$100 million for food banks that helped seniors. We have been there for seniors and everyone in my colleague's riding. I can certainly help him answer his constituent if my colleague needs a hand.

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Mr. Speaker, first of all, I wish to take this opportunity to thank and salute all the health care workers in my riding of Châteauguay—Lacolle. They do amazing work on the ground, in CLSCs and at Hôpital Anna-Laberge.

Since March, Quebecers and the Government of Quebec have taken individual and collective measures to slow and contain the spread of COVID-19. These measures were strengthened by the close and ongoing collaboration between federal, provincial and territorial governments.

The Government of Canada has always proudly supported the delivery of health care services to Quebecers. In 2020-21, our

government transferred over \$9.42 billion to Quebec through the Canada health transfer, a 3.4% increase over the previous year and a \$1.1-billion increase compared to what Quebec received in 2016-17. This represents 23% of the Government of Quebec's total health care spending.

On July 16, the Prime Minister of Canada and the Premier of Quebec, along with the other provincial premiers, announced the safe restart agreement. The agreement includes more than \$19 billion in federal money to help the provinces and territories, including Quebec, restart their economies safely in the coming months while making Canada more resilient when future waves of the virus hit.

In addition to the \$500 million transferred to the provinces and territories at the start of the year to help their health systems weather the first wave of the COVID-19 pandemic, the safe restart agreement included \$700 million in additional funds to ensure that Canada's health systems were ready to deal with surges and future waves of COVID-19. That amounted to \$270 million in new money to help the Government of Quebec continue to meet Quebecers' needs and maintain capacity within its health system.

Since the beginning of the pandemic, we also committed to support the efforts of the provincial governments, including Quebec, when it comes to testing, contact tracing and data collection. To that end, our government allocated over \$775 million to support the Government of Quebec's testing, contact tracing and data collection efforts.

What is more, in May 2020, the Government of Quebec and the Government of Canada announced that they had come to an agreement to support the provincial government in contact tracing. Statistics Canada has currently increased its capacity to 1,980 calls per day for Quebec.

We also support virtual care services and online screening assessments in order to take the pressure off emergency departments and support physical distancing. We also invested \$240 million to implement virtual care services to help the provinces and territories carry out this important work. That includes \$150 million this year for the provinces and territories to help them expedite their work to improve accessibility to virtual care while protecting the privacy of Canadians. Over \$28 million of the total amount allocated to virtual care was given to the Government of Quebec.

We also committed to protecting our most vulnerable populations, including people in long-term care facilities and those receiving home care. That will continue under the safe restart agreement.

● (1250)

The federal government took a number of measures to respond to the major challenges that long-term care facilities in Quebec and across the country are facing, in order to avoid more tragedies like the ones we saw in the spring.

We called on the men and women of the Canadian Armed Forces when we found out about the difficult situations in long-term care facilities in Ontario and Quebec. That was the help that was needed to stabilize these situations during the summer months.

After the Canadian Armed Forces mission ended, we worked with the Canadian Red Cross to continue to support the provinces and territories dealing with outbreaks in their long-term care facilities. To date, a total of 1,553 Canadian Red Cross members have been involved in long-term care facilities in Quebec. In addition, 582 Red Cross members are still active in the province to help reduce the incidence of current and future outbreaks in long-term care facilities.

What is more, up to \$3 billion in federal funding is being provided to the provinces and territories to support increasing the wages of low-income essential workers, who may include front-line workers in hospitals and long-term care facilities.

The safe restart agreement will provide \$740 million in additional funding to help the most vulnerable Canadians, including those receiving long-term care, home care and palliative care, who are at an increased risk of more severe cases of COVID-19. These funds will support progressive measures to control and prevent infections, which will protect those receiving long-term care, home care and palliative care. These new funds, including more than \$166 million for Quebec, will be in addition to the financial support measures agreed to between the Government of Canada and the Government of Quebec.

Those earlier measures were set out in a bilateral agreement in 2017. They provide support for home and community care, as well as mental health and addiction services. The dollar value of these measures is updated annually and is based on population estimates. At present, the theoretical total for Quebec is more than \$10.48 billion over 10 years, including \$1.35 billion for home care and \$1.13 billion for mental health.

The safe restart agreement will enhance these supports and include \$500 million for Canadians experiencing challenges related to mental health and substance use.

My time is running out, but I want to mention that we invested over \$46 million to launch the Wellness Together Canada program, a new online portal that provides access to a virtual network of psychosocial supports. Wellness Together Canada is the first national service of its kind to offer access to free, evidence-based resources, tools and supports on a 24-7 basis. These very important resources are there to supplement provincial health care services, like those offered by Quebec's Department of Health and Social Services, and include self-assessment, peer support, and confidential sessions with social workers, psychologists and other professionals.

Since the beginning of the pandemic, we have proudly supported Quebec's efforts. As my colleague just mentioned, we have a very good relationship with the Premier of Quebec regarding all the work we do together.

We are proud of the co-operation we have seen throughout this pandemic between our government, the Government of Quebec, municipalities in the province and other key stakeholders. We will maintain the same approach going forward to build back better.

Business of Supply

• (1255)

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, I thank my colleague for her speech.

I unfortunately did not hear what she thinks of her government imposing national standards in long-term care homes.

The riding that my colleague from Châteauguay—Lacolle represents is in the region covered by the Montérégie-Ouest Integrated Health and Social Services Centre. I am curious to hear her thoughts on the Quebec premier's recent statement in the media that forcing national standards on Quebec long-term care homes is unacceptable.

A year ago, I was managing a long-term care home for seniors. Did my colleague contact Normand Gaudet, who is the assistant director of the nine long-term care homes in the Montérégie-Ouest region, which did not have a single death among their residents? We did not need the army or the Red Cross.

What does my colleague have to say in response to Quebec's Premier Legault?

Mrs. Brenda Shanahan: Mr. Speaker, I thank my colleague opposite for her question.

I also thank her for mentioning the quality of care in the long-term care homes in my riding. We are very proud of the good work they have consistently done, which has been even clearer during the pandemic.

I was very happy to participate in conference calls with all the stakeholders in my region in the early days of the pandemic and with elected officials at all levels of government. We made sure to get all of the necessary equipment, PPE and care.

As for my colleague's question, we are not talking about imposing national standards on long-term care homes. We are talking about collaboration. I have worked in these facilities. It is very important to have discussions at all levels.

*Business of Supply**[English]*

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Mr. Speaker, we have heard a lot today about long-term care. I have spoken a couple times on it in questions and comments. I would like to talk about another issue that is facing Canadians within our health care system that should have been included from the start, which is dental care. Dental care really goes down the line. If we do not have good dental care, we end up costing our overall health care system millions and millions of dollars. It is one of the parts of health care where one's income is one of the big factors. If someone has a low income, they tend not to have access to dental care.

If we provide a national, publicly funded dental care program for those people who really need it, we can really help Canadians who need that help the most and help out health care system. I would like to hear her comments on that.

- (1300)

Mrs. Brenda Shanahan: Mr. Speaker, I would like to thank my hon. colleague for bringing up that area of health care. I do not want to say it is neglected because if we neglect our teeth, we will find out about it very soon.

My brother has been a dentist for 40 years. His first 10 years of practice were here in Ottawa working in a provincial clinic where he was providing dental care for people of low incomes and vulnerable people. It is certainly an area that needs to be explored.

[Translation]

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, I really enjoyed my colleague's speech.

I would also like to point out the work that she has done with long-term care home stakeholders in her community and region and ask her what she thought about the announcement that the Deputy Prime Minister and Minister of Finance made yesterday concerning a \$1-billion investment for long-term care homes. Perhaps some of that money will go to helping care homes in her region of Montréal.

Mrs. Brenda Shanahan: Mr. Speaker, our colleagues' questions are always the most difficult ones to answer, are they not?

In all sincerity, the announcement that we heard yesterday was very well received by the people in my region. As I said, my region could be a model for long-term care home management. This money will really help and support us in those fine efforts.

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, I want to inform you that I will be sharing my time with the fabulous, wonderful and extraordinary member for Montarville.

I want to begin with some warm words for all of the employees who work in the Quebec public health network. Under normal circumstances, without a pandemic, Christmas is a difficult time because everyone wants to take time off, scheduling is tricky, and it is hard to please everyone. This year, health care workers at all levels, from maintenance workers to those in charge of entertainment and activities, will be having a rather different Christmas.

It is the same thing for patients. This Christmas will be very different since they may not be able to have as many visitors as they would like.

In particular, I want to thank the people who work for community groups. We forget about them because we focus on long-term care homes, community health centres and home care. We do not spend enough time talking about the people who work for community groups, about the community network that complements the public network and works in partnership with it. These volunteers, these citizens, improve other people's quality of life and provide services. I would like to express my deep appreciation and support for them. We know it is not easy. Community groups providing essential services have not had a break since March. They adapted quickly and changed how they operate so they could keep providing the services people need.

We talk a lot about seniors' needs in this pandemic situation. They have been hit hard, perhaps harder than anyone else, by this pandemic. People talk as if that were the only issue, but we need to acknowledge that conditions of care in long-term care homes were the weak link in this pandemic.

I have said repeatedly that I used to work for seniors, specifically managing seniors' housing. It was a big part of my professional life. I can tell the House one thing for sure, and I think my colleague from Châteauguay—Lacolle said this earlier: some long-term care homes did not have the same death toll as those in other parts of Quebec because they had enough staff and good management. The problem is that those people are now worn out. They have been working non-stop since March, not taking vacation, sometimes doing mandatory overtime, yet they have continued to care for our seniors.

Long-term care homes are already regulated by and must comply with many Quebec standards. They are inspected and evaluated regularly by the department. Amongst ourselves, we call these departmental visits. We call this obtaining accreditation from Accreditation Canada. In long-term care homes, there are standards for reducing medication for seniors, including the prescription of psychotropic drugs. There are standards for reducing control measures, formerly known as restraint measures. Long-term care homes have many quality performance targets to meet in order to pass a departmental visit or obtain accreditation from Accreditation Canada.

Therefore, there is no need for Canada-wide standards to improve the quality of care provided in long-term care homes. There is no doubt about that. As the Premier of Quebec told the media earlier, the idea of Canada-wide standards for the supervision and management of our long-term care homes is unacceptable. This does not respect jurisdictions and, let's face it, it is not Ottawa that provides direct services to seniors, youth and the homeless; it is the staff hired and covered by a collective agreement, which is managed by and negotiated with the Quebec government. Additional standards will in no way bring in more staff at long-term care homes or ensure extraordinary service levels. The service is already extraordinary.

Business of Supply

• (1305)

The thing that is missing is an extra set of hands. That is clear. There is a shortage of workers at every level. Obviously there is a lack of funding to hire that extra staff. We must not overlook the fact that there is currently a labour shortage. There are not enough people who want to become personal support workers. We talk a lot about personal support workers in long-term care homes, but we must not forget that home support workers and social workers also provide home care. It is hard to recruit people in that field as well.

Standards are not going to fix the problem in long-term care homes, in home care or in the delivery of different services to the people who need it in Quebec and the provinces. There needs to be increased funding to better organize services and meet needs.

No one will be surprised to learn that this requires better federal transfers to the provinces, as we have said repeatedly today. Quebec has to make tough choices. It does not have the necessary financial capacity because Ottawa has diminished that over the years. Year after year, federal health transfers to the provinces have been reduced so much, by both the Conservatives and the Liberals, that they now cover only roughly 21% of needs.

I have listened to the debates. It is often said that the Bloc wants to pick a fight. I am not trying to pick a fight. Earlier, I read that Ontario's finance minister said that he hopes parliamentarians will support the Bloc's motion. It will take federal health transfers to Quebec and the provinces to increase their capacity to meet the needs of their residents. The experts, the pros at organizing health care services, are the ones who know what is needed. We often talk about a top-down approach. The needs are not being expressed at the federal level, and the federal government does not deliver the services. It does not have the expertise or the necessary first-hand knowledge to provide money with conditions to bring in programs.

I am passionate about this subject, and I have two things to say. First, we must not forget that the health care system does not merely consist of services for seniors. These services are important, but other care sectors are also important, especially those dealing with homelessness, mental health and addiction issues. Community groups are known for their innovation and practices, which are often studied by other countries. Quebec's intervention practices are closely followed.

I will repeat that the Government of Quebec must make agonizing choices. We know that 45% of Quebec's annual budget is allocated to health. Obviously, it must increase its capacity.

I implore my Quebec colleagues to understand and to use their leadership to convince the government that it is misguided in its desire to trample on Quebec's jurisdictions and to impose standards. It is playing with words. I am certain that the deputy House leader will tell me that soon. We know that the Liberals do not want to impose them. No provincial government will agree to participate in the negotiation of Canada-wide health standards for long-term care. Not one. If it does not work, it cannot be imposed.

I am asking all Quebec members sitting in the House of Commons to collaborate and stand together with the Premier of Quebec, who requests and requires respect for provincial jurisdictions, and I

am asking the government to drop this idea of imposing Canada-wide standards for long-term care homes.

• (1310)

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Mr. Speaker, once again, I thank my colleague for her wonderful speech, which gives us an opportunity to explore this worthwhile topic.

My region managed quite well, even though it is no better off than other regions, so I think that is something to look into. I recently learned that my colleague was involved in managing these services. Money is helpful, but do we not also need to consider management, as well as administrative and policy decisions?

Perhaps in some respects Quebec could serve as an example to the rest of the country.

Mrs. Claude DeBellefeuille: Mr. Speaker, I thank my colleague for her question.

The Montérégie-Ouest Centre intégré de santé et de services sociaux is a striking example. It did not need Canada-wide standards to manage its long-term care homes and to do a good job. As my colleague can see, her government is misguided.

The Government of Quebec's innovative practices are a source of inspiration for other provinces and countries. Quebec is also a model in terms of child care. These are services that Quebec citizens and taxpayers pay for and that other provinces could choose to fund. They choose not to, however, and that is up to them. We are also a model in terms of how we support our community organizations that serve the public.

We are indeed a good example, but that is no reason for the federal government to come in and tell us what to do and how to do it. I hope my colleague understands that and will get her government back on the right track.

[English]

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, I want to follow up on the comments my colleague just made about ensuring provincial governments have the ability to make decisions. She talks about the fact that Quebec has a wonderful child care program and does not need national standards and these sorts of things.

I am happy the people in Quebec have this access, but I am concerned about people across the country having equal access and it being the same for long-term care in Quebec as it is in Alberta and British Columbia. I see a value in national standards.

I wonder whether she could talk a bit about how we would ensure people in each area of the country could access the same quality of care if we did not have a national standard.

• (1315)

[Translation]

Mrs. Claude DeBellefeuille: Mr. Speaker, I thank my colleague for her question.

Business of Supply

We do not share the same definition of the word “national”. When I say “nation”, I mean Quebec. If I mention Canada-wide standards, that means all of Canada.

If my colleague wants to influence the scope of social benefits and health care in her own province, I just want to tell her that she is in the wrong Parliament. She should instead try to influence the politicians in the Legislative Assembly of Alberta.

I would point out to her that we pay the QST and the GST in Quebec. We pay a lot of taxes in Quebec, because we have decided to redistribute the money collectively and equitably in order to provide social benefits to everyone.

Ottawa's Parliament is not the place to hold debates on health care and social services; they must happen in the parliamentary assembly of each province. I therefore urge her to use her fighting spirit to influence the politicians in Alberta.

Mr. Stéphane Bergeron (Montarville, BQ): Mr. Speaker, I want to thank my wonderful and brilliant colleague from Salaberry—Suroît for her compliments. Fortunately, I was wearing my mask. Otherwise everyone would have been able to see me blush.

As members no doubt know, red does not suit me very well. It is not part of my usual colour palette, although, as I often say, it is better to wear or drink red than to be subject to it.

That being said, just yesterday around 8 p.m., my colleague across the way, the Minister of Intergovernmental Affairs, tweeted the following:

On December 10th, the PM—who I will not name since I cannot do so under the rules—and I will meet with Canada's Premiers to discuss our continued work together to fight COVID-19, strengthen health care, and on the distribution and logistics of vaccines.

Other than wanting to know when they will finally be able to start vaccinating people and when the vaccines will finally be available, the provinces' and Quebec's main request is a substantial increase in health transfers. What is incredible about this statement by the Minister of Intergovernmental Affairs is that this invitation was issued when the Prime Minister of Canada was sure to arrive empty-handed.

Why did he make sure to arrive empty-handed? That very afternoon, the Deputy Prime Minister and Minister of Finance basically explained how she intends to spend money she does not have, how she will spend that borrowed money. To no one's surprise, there was not a single penny for transfer payments to the provinces.

How ridiculous is that? We are in the middle of the worst health crisis in history and the federal government cannot find a way to increase transfer payments, a very basic demand from the provinces and Quebec to help them face not only this pandemic, but the day-to-day delivery of health care services in their jurisdiction.

The government prefers to invest elsewhere. It prefers a “national” regime. As my colleague from Salaberry—Suroît said, and as former Bloc Québécois leader Lucien Bouchard used to say, there are two countries in this country. We obviously have a different definition of the word “national”. As far as a national child care system goes, Quebec already has one. That is the choice we made, as my colleague mentioned.

Regarding national long-term care standards for seniors, we wonder why the federal government thinks investing in standards is a better idea than investing in health care. It is going to impose standards on the provinces and Quebec in an area it knows absolutely nothing about. The federal government has no expertise in that area, but it thinks it knows how things work and it is going to show provinces and Quebec how it is done.

Why does the federal government think it has to get involved? According to the government, provinces were so negligent that the army had to step in. It is as if the armed forces could only offer humanitarian aid abroad. I will simply remind my colleagues that Quebecers also pay for that army. It is only normal for the army to intervene when needed.

• (1320)

Let's come back to the Canadian Armed Forces. It is interesting to see that they do not recommend at all that the federal government proceed as it intends to. In fact, they say that there is already an abundant supply of standards and that the problem is elsewhere.

The problem is insufficient staff. There are not enough available and qualified people. The report says, “According to our observations, the critical need for CHSLDs is an improved level of staff with medical training.” The health care system, Quebec and other provinces do not need standards; they need resources.

What has been happening in the long-term care facilities in Quebec and all other provinces since the spring is the result of negligence by the federal government. People will wonder how this can be. It is quite simple. The federal government had agreed initially to provide 50% of the money for health care, but it does not even spend a dime on long-term care for seniors.

The result of federal cuts in health care funding is that 80% to 85% of the money for long-term care comes from the Government of Quebec and the rest from users themselves. To find that kind of money, the Government of Quebec has to draw from the scarce resources left for health care after successive cuts from the federal government. If the federal government had maintained its funding levels at 50%, the Government of Quebec and the provincial governments would have had more resources available to provide long-term care properly. Unfortunately, the federal government chose to disengage.

That is why we are a little afraid when the federal government tells us it wants to impose new standards along with a budget envelope. We know that the funding will eventually run out but that the standards will remain. In fact, the federal government has maintained its requirements under the Canada Health Act even if it does not provide more than 20% of the funding for health care.

I will conclude by coming back to the wording of the motion, which proposes that the House “acknowledge the extraordinary work of health care workers (including doctors, nurses and orderlies) during the COVID-19 pandemic, particularly with seniors but also with the general public”. We all agree on that.

The motion also proposes that the House “recognize the courage and sacrifices required from them and their families in order to be on the front lines”. We cannot disagree with that either.

The motion proposes that the House “highlight the work of Quebec and the provinces in responding to the health crisis and note the direct impact on their respective budgets”. The pandemic definitely had a direct impact on Quebec's finances and the provinces'. The federal government may not acknowledge that, but it is a fact.

Lastly, the motion proposes that the House “call on the government to significantly and sustainably increase Canada health transfers before the end of 2020 in order to support the efforts of the governments of Quebec and the provinces, health care workers and the public”. There might be some disagreement on this last point.

I have heard my Liberal Party colleagues' speeches up to this point. I just want to tell those colleagues that, even if they do not really agree with that last point, they should vote in favour of this motion for at least two reasons. The first is that it respects the Constitution that the Liberal Party of Canada imposed on Quebec. The second is that it is consistent with the federal government's promise at the time to cover 50% of health care costs.

• (1325)

Mr. Stéphane Lauzon (Parliamentary Secretary to the Minister of Seniors, Lib.): Mr. Speaker, I thank my colleague opposite for his speech.

My colleague is highly educated and I know him quite well through his career in politics. He is saying that, according to his party's former leader, there is a country within a country. I remind him that he represents a province within Canada, a country that we need to manage through the pandemic. Quebec is a province and is part of Canada.

In addition to the \$200 billion in health transfers, we have invested \$19 billion to help Canadian provinces and territories as part of the safe restart agreement. Does my colleague agree that a portion of that \$19 billion for the safe restart can also be used for health care?

Mr. Stéphane Bergeron: Mr. Speaker, I get the impression that the hon. member was not here when my colleague from Longueuil—Saint-Hubert replied to his speech saying that the reason there is a need for financial support during this pandemic is the federal government's negligence when it comes to transfers to the provinces. The WHO has said that there will be other pandemics. If we want to avoid ending up in exactly the same situation, then we need to start reinvesting now to avoid being in the same situation later.

I thought my colleague from Longueuil—Saint-Hubert had been extraordinarily clear, but it seems that my colleague from the Liberal Party has not grasped the nuance. A sum of \$19 billion is nice, but it does not solve the root of the problem. The problem is that

Business of Supply

health care in Canada is underfunded because of the federal government's disengagement. If Quebec is part of this beautiful, great country, then perhaps the federal government should assume its responsibilities and part of those responsibilities is to keep its word on paying 50% of health care.

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I thank my colleague for his impassioned speech. He is always energetic and interesting to listen to. The motion before us today is a good one; it contains several interesting aspects.

We in the NDP have always condemned the cuts that were first made by the Harper Conservatives and later continued by the current Liberal government. These cuts have resulted in transfer increases of about 3% per year, while health care costs have risen by 5.4%. Clearly, we have reached an impasse. It is not sustainable, not viable.

We want to acknowledge the work done by health care workers, which is a very good idea. However, among those workers, there are also asylum seekers who were promised that their status would be regularized by last August. Yesterday we learned that the Canada Border Services Agency is going to resume removals and deportations.

I would like to hear what my colleague has to say about the current Liberal government's lack of sensitivity, compassion and solidarity if it ends up deporting people who helped us and cared for us during this pandemic.

Mr. Stéphane Bergeron: Mr. Speaker, my learned colleague from Rosemont—La Petite-Patrie can correct me but, as far as I know, neither the federal Liberal government nor the Quebec government has any intention of deporting anyone who has helped care for people during this pandemic.

In that regard, I believe that the answer is clear. We should not be concerned that people who look after our seniors, among others, during the pandemic could possibly face deportation.

That said, we should recognize that being accepted by a country is not a right. A certain number of criteria must be met. If these criteria are not met, the law does provide for deportation. It is not my cup of tea nor my specialty. I will therefore let the experts elaborate on this issue.

• (1330)

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, I congratulate my colleague for his speech.

I would like him to comment on something I was told today. We are often told that the Bloc always makes demands and that it looks for a fight when what it is calling for is fair health transfers for Quebec and the provinces.

Business of Supply

Ontario's finance minister stated earlier today that the provinces are more united than ever under the leadership of François Legault, that the Bloc Québécois motion would be helpful and that it would be a good thing if it were adopted. It was Ontario's finance minister who said so, not Quebec's.

I would like my colleague to comment on that.

Mr. Stéphane Bergeron: Mr. Speaker, I thank my colleague from Drummond for his excellent question.

He is completely right. The Leader of the Government in the House of Commons keeps saying that the Bloc Québécois wants to pick a fight. It was not the Bloc Québécois who said today that federal standards were completely unacceptable, it was the Premier of Quebec. It was not the Bloc Québécois who said what my colleague from Drummond just mentioned, it was the Ontario finance minister.

We are simply a reflection of reality, and that reality is that not everything is peaches and cream between the federal government and the governments of the provinces and Quebec. The Leader of the Government in the House of Commons can claim until the cows come home that we are only looking to pick a fight, the reality is that there is some dissatisfaction about the availability of vaccines and transfers to provinces. The federal government has to address that dissatisfaction without pretending that people are looking to pick a fight. Things need to be addressed. We are here to clearly state Quebec's demands and expectations.

Mr. Darrell Samson (Parliamentary Secretary to the Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I am very pleased to voice my opinion and, of course, talk about what front-line health care workers are going through in my riding.

[*English*]

I will be sharing my time with the member for Outremont.

There is no question that this pandemic has been unprecedented. It has been a challenge right across the country. It has been a challenge for families and individuals. The bottom line is that families and communities have come together. That is so important to note, and I want to thank them.

Health care workers are the backbone of this pandemic. They have played and continue to play an extremely important role. As well, I want to thank the provinces, territories and our government for their excellent work, a team Canada approach, so to speak.

I would like to also mention the individuals who have been helping us through this pandemic: front-line workers, health care workers, those working at long-term care facilities and senior residences, our men and women in uniform, even those working at gas stations, convenience stores and grocery stores. All these people have played such an important role. I want to thank and underline some of them in my riding.

I want to thank the nurses working in long-term care at Ocean View Manor in Eastern Passage, the Ivy Meadows in Beaver Bank and Sagewood in Sackville. They have contributed and continue to do great work. I want to note some of the individuals I visited throughout the summer during the pandemic. Sabrina at the Beaver-

bank Convenience Store worked to support her community; VJ at Cooks Convenience Store in Middle Sackville; and Sandra with By the Ocean Art in Eastern Passage. So many individuals and groups have been contributing, and I want to thank them. It is extremely important.

Some organizations too have played a very important role. I think of the Boys & Girls Club in East Preston, which delivered boxed lunches; Lions Christmas Express in Fall River; the Beacon House in Sackville; the Eastern Passage-Cow Bay Community Food Bank; and the Waverley Heritage Museum. All these great organizations had to do things differently in order to help and they did a great job doing that.

I want to note some individuals who volunteered, like Stefanie in Porters Lake, who led the Craig's Cause Pancreatic Cancer Society's five-kilometre run. I thank her for her leadership. Sandra MacDonald-Miles in Fall River raised over 800 pounds of food for Nova Scotia. These are great stories and I am sure all members could tell stories as well.

I want to thank the business community that had to do things differently to try to survive. They had to find ways to increase revenue and shed expenses. Some of them pivoted following our Prime Minister's encouragement to look for different ways to support Canadians through this pandemic. Stanfield's in Nova Scotia pivoted its operations to make gowns. Spring Loaded in Dartmouth made face shields. These are very important companies.

I want to thank our government for helping individuals and seniors with its various programs: the CERB, the wage subsidy, the rent subsidy, the transfers for seniors and the program for people with disabilities. I cannot say enough about how important these programs were. As an MP, I was so proud of our government rolling out these programs and then listening to MPs across the country to make the tweaks and adjustments necessary to meet even more demands by Canadians and businesses.

The second part of my presentation is about health care and working with provinces and territories.

● (1335)

I want to thank the Public Health Agency of Canada. It has worked closely with our government, the provinces and territories, our international partners and the world health organizations. Those great networking avenues have helped us through this pandemic and as we continue to move forward.

Health care is a very important area as is the health transfer for Atlantic Canadians in Nova Scotia, because we have the most seniors. The funding based on population rather than ratio it is an issue for us. However, we need to underline that our government has invested not only in the health care transfer agreement, but has also helped with home care, which is essentially what Canadians have underlined.

Top priorities for Nova Scotia are mental health, pharmacare, strategies for dementia and family doctors. Our government has been working very hard in these areas to help Canadians, such as national standards for long-term care and mental health, which are big issues.

With respect to supporting the provinces, I cannot thank them enough with respect to our restart agreement of \$19 billion plus an extra \$2 billion for education, which is a big investment, to help with testing, creating capacity and PPE.

Now we are investing in child care spaces, as members heard yesterday, which is extremely important.

I want to thank our Canadian Armed Forces for helping us. When we get our vaccine, the distribution will be supported by the Canadian Armed Forces.

[*Translation*]

I would like to remind the members of the Bloc Québécois of some very important things. They keep talking about areas of jurisdiction because the situation makes them uncomfortable.

I want to tell them how things really are. Our federal government has to enforce certain standards and is required to ensure that people have access to consistent health care services and have the same rights all across the country. We need to stop people like Alberta Premier Jason Kenney who is trying to privatize health care. We are investing in seniors and day care, which are also very important. We need to ensure that we have standards.

That is where the Bloc Québécois seems to be on the wrong track. We can speak on behalf of Quebec because our Parliament represents all of Canada and we have responsibilities. It is not just the Bloc Québécois that knows the truth about the support that is needed.

I am rather disappointed in my colleague from Beloeil—Chambly, whom I admire. He gave two speeches. In his speech last week on the French language, he did not show much emotion and I do not know why. Again today, when he spoke to his motion, he was a little vague.

I see that my friends from the Bloc Québécois, whom I like very much, continue to support the Conservatives. I am wondering if something will happen in the new year. Are we going to see the Bloc Québécois and the Conservatives join forces? Will there be an agreement between the member for Beloeil—Chambly and the member for Durham to form a coalition government?

I am asking that question because it is becoming quite obvious that the Bloc Québécois does not have much room to manoeuvre while the Conservatives, on their part, seem to like everybody all of a sudden and increasingly want to help people. However, members

Business of Supply

will recall that, for a long time, all Conservatives could think of was budgetary cuts.

Our government has restored the health care funding. We continue to make those investments, not only under existing agreements, but also in all other areas that matter to Canadians.

Once again I am not trying to speak on behalf of the Bloc Québécois, but I am worried about the way things are going.

In 2011, when the Conservatives were in office, Ontario's health minister said the following:

● (1340)

[*English*]

“it's a unilateral federal offer...Our Christmas present this year is a lump of coal.”

[*Translation*]

The Government of Ontario felt that the federal Conservatives had a unilateral approach, but the situation is different all of a sudden, when talking about areas of jurisdiction. As for us, we believe that our government is a national government. We must be there for all Canadians, for families and organizations. We are there for everybody, in all parts of the country.

We want to make sure that acceptable standards are implemented, so that seniors' rights are respected, no matter if they live in Quebec, Alberta, Nova Scotia or New Brunswick.

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, I thank my colleague for his speech.

It is true that we need standards, but what we need are standards for the Quebec nation. Every province has its own standards because they set them based on their unique circumstances and needs.

I do not agree with my colleague's assertion that this is what the Bloc wants. It is not the Bloc that wants this. All the provinces want it. All the provinces have asked the federal government to respect their jurisdictions and transfer the money to the provinces so they can provide adequate health services.

Why is the government insisting on interfering in areas under provincial jurisdiction as clearly described in the Canadian Constitution?

Why does my colleague not give a fig about that?

Mr. Darrell Samson: Mr. Speaker, I thank my colleague for her question. It is a very important question, and I definitely want to give her an answer.

With respect to quality standards, we need to help everyone, young and old, whether they are in Newfoundland and Labrador, in Ontario or in Quebec. We need to guarantee a minimum standard. If Quebec wants to do more in certain areas, it can. There will be a guaranteed minimum standard.

Business of Supply

There is no doubt that the federal government's investments in long-term care have proven its desire to help seniors in every province.

Jurisdiction must be respected. I am not saying it should not be, but I am saying there should be standards because we have one Canada for all Canadians no matter where they live.

• (1345)

[*English*]

Mr. Scott Duvall (Hamilton Mountain, NDP): Mr. Speaker, I want to tell my friend that I appreciate his speech.

I was very interested in the first part, when he talked about the programs that his government has implemented for seniors and people with disabilities. On the first wave, the government made small payments. Now that we are in the second wave, does the government have any plan at all to make additional second-wave payments to help our seniors and people with disabilities, and when will this happen?

Mr. Darrell Samson: Mr. Speaker, I want to thank my colleague, whom I know very well, for his important question.

We need to continue to invest in Canadians. We need to continue to invest in seniors as well, there is no question about that. We are looking at the Conservatives who are quick to say that we are spending too much money, that there is not enough money. We need to make sure that Canadians are safe and that is essential. We need to invest in Canadians, and we will continue.

We built programs in the first wave. As the Minister of Finance explained yesterday, we are working now on support for the second wave. She described some of the initiatives that we would be coming forward with and it is a top priority to discuss how we can support seniors.

[*Translation*]

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, Canadians are very proud of their health care system. In Quebec, we are fortunate enough to have one of the country's most progressive and comprehensive systems.

Before getting into the nuts and bolts of our collaboration with the government of Quebec and the other provinces on matters of health care, I would first like to speak to health workers.

There are a lot of numbers being quoted these days, like the number of cases and sums of money, and I will quote some myself soon. Our health care system, however, is made up of human beings, men and women, Quebecers and Canadians. I am thinking in particular of those who work in the free testing sites in Outremont, Côte-des-Neiges, the Plateau and Mile End. I am also thinking of the staff at the CHUM, the Centre hospitalier universitaire Sainte-Justine, the Jewish General Hospital and St. Mary's Hospital.

The nursing staff is on duty day and night, much like the physicians and surgeons, orderlies, receptionists, not to mention the entire cleaning and cafeteria staff. They are all tired. They have been dealing with a health crisis for over nine months now. We all acknowledge their work, and their call for more resources are entirely

legitimate. That is why the federal government has spent \$3 billion to top up the wages of our essential workers.

The motion before us contains four elements. You will not find many colleagues who oppose the first three. I will never miss an opportunity to thank our front-line workers and acknowledge the sacrifices they have had to make and continue to make. However, with respect to the fourth part of the motion, which is essentially asking us to give the provinces blank cheques, I do have some questions.

Our government is committed to working with the National Assembly and with all provincial and territorial governments, to improve access to care for all Canadians. That is why our government has announced that it is entering into negotiations with the provinces on health care and transfers. That meeting is scheduled for December 10, just under 10 days from now.

The COVID-19 pandemic has certainly highlighted the importance of strong and resilient health care systems. It has shown us that health systems need to be more flexible and capable of reaching people in their homes and communities.

The Government of Canada is committed to working in partnership with the provinces and territories to strengthen health care through investments in virtual care, home care, long-term care, community services, and mental health and substance use services. It is a real Canada-wide effort to provide Canadians with the best care possible. It is an unprecedented collaboration between the different levels of government.

I want to remind the members that over the past nine months, the federal government has already provided the provinces with a total of more than \$24 billion in direct support. In other words, over a period of nine months, \$24 billion was transferred from the federal coffers to the provincial governments.

In fact, if we consider all of the programs, not just the transfers to the provinces, over the past nine months, the federal government has provided almost 85% of the funding that has gone to support Canadians, including Quebecers, of course, in fighting the pandemic. That also includes more than \$25 billion that was allocated specifically to fight COVID-19, protect Canadians' health and support a safe restart.

This includes more than \$4 billion for the purchase of PPE, more than \$4 billion to help the provinces build up their testing capacity, \$2.3 billion for public transit in our municipalities, more than \$1 billion for medical research, and much more.

• (1350)

As a mother, I would also like to note the \$2-billion transfer to the provinces for the safe return to school, half of which was transferred in September.

While we often hear arguments about the provinces' exclusive jurisdiction over health, I do not recall hearing a lot of noise about this transfer, which, I would remind hon. members, comes with certain conditions.

All these targeted investments are in addition to the funding that our federal government already provides to the provinces and territories through the Canada health transfer, which I will refer to as the CHT. In 2020-21, the government will transfer nearly \$42 billion in funding through the CHT to support provincial and territorial health care systems, for a total of more than \$200 billion over the next five years.

There is also the nearly \$20-billion investment in the safe restart agreement. These investments, which again came from the federal government coffers, allowed our government to increase health transfers to the provinces by more than 23% in relation to the CHT. That is a 23% increase.

By targeting investments to specific priorities, our government is helping the provinces expand access to services where they are most needed. For example, we know that the pandemic has created a mental health crisis. Our government is investing in mental health and addiction services to help the provinces implement initiatives that enhance children's and youth's access to mental health community services. These services roll out evidence-based community models of mental health care and culturally sensitive models of intervention that are integrated into primary care services and increase the availability of integrated community-based mental health and addiction services for people with complex health needs.

Canadians expect governments to collectively achieve concrete results. Accordingly, health ministers have undertaken to measure their performance and report on the results obtained with these investments. Once again, we developed this approach, which includes clear conditions and targets, together with the Government of Quebec.

Bilateral agreements with the provinces allow us to focus efforts on sectors of the health care system that are most in need of resources. Our targeted investments help make our health care system more sustainable in the long term. Now, bilateral agreements on virtual care are helping the provinces and territories speed up their process. In addition, our government will continue to work with the provinces and territories to improve access to family physicians and primary health care teams; increase their ability to provide virtual health care; and strengthen the medicare system.

We look forward to continuing our work with the Government of Quebec and all provincial and territorial governments to make significant changes to our health care system and provide better support to Canadians across the country.

• (1355)

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, I thank my colleague from Outremont for her speech.

Statements by Members

I have to admit, I had to pick up my jaw from the floor a few times. Not only is the government openly admitting to interfering in provincial jurisdictions, but it seems almost proud of it—almost to the point of disrespect, I would say.

When provinces ask for transfers, they are not begging. It is their money. My colleague mentioned a blank cheque. The government will transfer money to the provinces, but with strings attached. What is that about? Provinces need those health transfers to pay for their health care systems. That is part of the deal in our federation. I am speechless.

I will ask my colleague's thoughts on the Ontario finance minister's comments. I mentioned it to my Bloc colleague earlier. The Ontario finance minister said that the provinces are more united than ever under the leadership of François Legault on that matter, and that adopting the Bloc Québécois motion would be helpful and a good sign. That is from the Ontario finance minister. I think the message is clear: The provinces and Quebec do not want the federal government to interfere in their exclusive jurisdictions like health care.

Ms. Rachel Bendayan: Mr. Speaker, let us remember that it is incumbent on all members of the federal government to read and understand the Canada Health Act. As a federal government, we have a responsibility in health care as well. We need to collaborate with provincial and territorial governments, of course, but we also have obligations under the federal act.

STATEMENTS BY MEMBERS

[*Translation*]

GENDER-BASED VIOLENCE

Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.): Mr. Speaker, during these 16 days of activism against gender-based violence, I would like to highlight the pandemic's impact on victims of domestic violence. Many women's shelters like La Passerelle in my riding, Vaudreuil—Soulanges, have seen an increase in demand for their services since the start of the pandemic. In other words, more women and children are seeking help to get them out of dangerous situations.

[*English*]

In fact, in September, Statistics Canada released a report that showed there was an increase in calls for wellness checks and domestic disturbances. We know that social isolation and unstable employment situations increase the instances of domestic violence and that the majority continue to suffer in silence.

Statements by Members

[Translation]

I would like to thank the teams at La Passerelle for the important work they do for our community. I urge the people of Vaudreuil-Soulanges to support them in their mission.

Together, we must get the message across and help end domestic violence.

* * *

[English]

TZU CHI FOUNDATION CANADA

Hon. Alice Wong (Richmond Centre, CPC): Mr. Speaker, on November 27, I witnessed the delivery of 450 high-quality winter jackets by the Tzu Chi Foundation Canada, CEO David Tang, to the Aboriginal Mother Centre Society, AMCS, in East Vancouver. To Maura Gowans, the executive director of AMCS, this donation was timely. The society has been moving mothers and children at risk off the streets and providing them with all the support they need under one roof.

Through my connection, Charles Tam, a garment factory owner, donated a total of 182 boxes of clothes for Tzu Chi to reach different nations. Besides AMCS, brand-new winter jackets were also delivered to the native AIDS health center in Vancouver, Lil'wat Nation in Mount Currie, Sumas First Nation in Abbotsford and Seabird Island Band in Agassiz. Tzu Chi has been serving these nations well in different capacities.

A big “Thank you” to all.

* * *

● (1400)

PETER JEPSON-YOUNG

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, on World AIDS Day, I honour a Canadian hero, who, 30 years ago, turned tragedy into hope.

During the AIDS pandemic, Dr. Peter Jepson-Young, a young Vancouver physician, contracted AIDS. Instead of submitting to fear, he chose to shed a light on the deadly disease through a CBC series, the *Dr. Peter Diaries*.

From 1990 until his death in 1992, for 111 episodes, Canadians glued to our TVs shared Dr. Peter's pain, watched the disease devastate his body and listened as he explained every stage in clear detail with candour and humour.

Nominated for an Academy Award, the *Dr. Peter Diaries* fought stereotypes and broke down the social taboos around HIV/AIDS, shaping how Canadians perceived and understood the disease and those who suffered it.

Dr. Peter's legacy lives on in the work of the Dr. Peter Centre in Vancouver, one of the world's most progressive care facilities for persons with HIV/AIDS.

[Translation]

JAMES W. PRICE AND YVETTE MATHIEU LAFOND

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, it is my honour to mark two birthdays today—two 100th birthdays, no less.

The youngest of the two, James W. Price, will be blowing out 100 candles on December 30. Mr. Price was born in Cape Breton and arrived in Drummondville at the age of eight. For 45 years, he worked at Celanese, a textile company in the area. He still lives in his house, by himself, and steps out to get some fresh air every day.

Today is Yvette Mathieu Lafond's birthday. Mrs. Lafond lived and raised her family in Saint-Cyrille, in the “petit trois”, where she also taught for 33 years. She lives at home, in Drummondville, with her daughter Denise, who helps her out from time to time. I had the pleasure of spending a few moments in her company last Friday. I would have happily spent the entire day listening to her stories and life anecdotes. That must be why we already agreed to meet again next year.

Mr. Price and Mrs. Lafond are not old; they have just been young for longer than us.

On behalf of the entire House, I wish Mr. Price and Mrs. Lafond a very happy 100th birthday.

* * *

GENDER-BASED VIOLENCE

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Mr. Speaker, we are in the midst of a yearly 16-day international campaign against gender-based violence that ends on December 6, the day of the sad anniversary of the events at École Polytechnique in Montreal.

I want to take this opportunity to acknowledge the excellent work done on the ground by the thousands of community organizations across the country to counter gender-based violence. Everybody has the right to live free from violence, and victims need to be supported and rescued.

I also want to thank the organizations in Châteauguay—Lacolle, such as Espace Châteauguay, CALACS and the Re-Source shelter.

* * *

[English]

A THRILL OF HOPE

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, Christmas cheer, community spirit and a creative alternative to our traditional holiday parades are needed more than ever this year.

I am ecstatic to share with the residents of Elgin—Middlesex—London “A Thrill of Hope” stationary Christmas parade in partnership with MPP Jeff Yurek.

Statements by Members

A Thrill of Hope will be taking place in St. Thomas's Pinafore Park on December 4, 5 and 6, from 4:00 p.m. to 9:00 p.m. nightly. This event will bring together community groups, businesses and service clubs from across Elgin—Middlesex—London to install lit-up floats or stationary displays along the roadway in Pinafore Park, which residents of the community can drive by and enjoy. For residents who do not have a vehicle, a safe shuttle service will be available starting at the CASO Station.

There will be a collection for non-perishable food and monetary donations that will be evenly distributed across the riding. Our event plan has been submitted and approved by Southwestern Public Health and we will be in regular contact with it going forward.

A huge thanks to the planning committee, volunteers, St. Thomas Optimist Club, Mayor Joe Preston and all the others for all their work. I am very excited to be sharing A Thrill of Hope with all the constituents of Elgin—Middlesex—London.

* * *

• (1405)

RETIREMENT CONGRATULATIONS

Mr. Patrick Weiler (West Vancouver—Sunshine Coast—Sea to Sky Country, Lib.): Mr. Speaker, I stand in the House today to honour the exceptional work of Sean Eckford, who has made extraordinary contributions to our community and country throughout his decades-long broadcasting and journalism career. Sean consistently provides residents on the Sunshine Coast and beyond with quality reporting and reliable information that is trusted and appreciated by all.

From his early days at the CBC, covering Parliament Hill, to his managerial role at Coast FM and his more recent tenure at the Coast Reporter, Sean has, for so long, been an important fixture in our community. His integrity, sincerity and depth of knowledge are an example for fellow journalists, politicians and citizens.

The relationship between the press and our elected officials is a pillar of our political discourse and democracy. Accurate, fair and rigorous journalism is more important than ever. Sean's career epitomized that ethos.

We thank Sean for serving our community and country. We wish him a well-deserved retirement.

* * *

COMPANION OF THE ORDER OF CANADA

Mr. Lloyd Longfield (Guelph, Lib.): Mr. Speaker, I rise to celebrate the achievements of one of Guelph's, and Canada's, most prolific authors, Thomas King, who recently was named a Companion of the Order of Canada for his enduring contributions to the preservation and recognition of indigenous culture.

His work is regularly recognized as part of the Canada Reads and Indigenous Reads programs, including his latest book, *Indians on Vacation*.

As the holiday season approaches, I want to encourage all Canadians to support the work of Canadian authors and illustrators, like

Tom, by supporting our incredible independent book stores. Let us shop local and read Canadian.

* * *

PEACE COUNTRY

Mr. Chris Warkentin (Grande Prairie—Mackenzie, CPC): Mr. Speaker, for many, it has been a tough year. Too many families across the Peace Country have suffered the pain of financial loss and loneliness over the past months.

I have heard stories of families facing this Christmas season without a loved one, lost to suicide or overdose. I have spent hours with moms and dads who have lost their jobs or businesses, or had crop failure. They do not know how they will pay the bills, never mind buy Christmas gifts for the kids.

For many, it feels hopeless. I believe that there is reason for hope. In these dark and challenging times, I have also witnessed the selfless giving of people who are struggling themselves. I have seen the ingenuity and the creativity of small business owners who have struggled back with the help of their neighbours and even competitors to build opportunities for others. I have seen churches and service clubs that have found ways to make connections with the lonely, the hungry and the heartbroken.

This Christmas season I have hope for the Peace Country because of the people who call our region home.

* * *

GENDER-BASED VIOLENCE

Mr. Ryan Turnbull (Whitby, Lib.): Mr. Speaker, over this past summer, a senseless act of violence occurred in my riding of Whitby.

Kimberley was out for an evening walk and was brutally attacked and beaten to within an inch of her life. Our community was shocked and devastated by this senseless act of random violence.

As a community, we stand together against gender-based violence. We stand together to support Kimberley, her family and friends, and all others who have been victims of gender-based violence.

I am truly proud to see how our community has come together to support Kimberley and her family. I am in awe of the grace and resilience displayed by her. When I spoke to Kimberley about this incident, she wanted only good to come of what had happened to her.

Sadly, incidents like the one that Kimberley went through remind us that gender-based violence remains a major problem in this country. We all have a part to play in ending gender-based violence, including and especially men, who must take an active role in combatting gender-based violence.

Statements by Members

Our government has developed a first-ever national action plan on gender-based violence, and I know this week is the 16 days of activism to end gender-based violence. I encourage all Canadians to get involved in helping end gender-based violence.

* * *

VICTIMS' RIGHTS

Mrs. Shannon Stubbs (Lakeland, CPC): Mr. Speaker, Lisa Freeman's father was murdered 30 years ago. The violent killer was given life in prison, but in March, Lisa found out that he could be released this fall. She relived the pain to prepare a victim's statement for the unexpected parole hearing, but a lack of action for victims' rights stole her chance to face him.

A private member's bill, spearheaded by our colleague from Ottawa, will be tabled today in the Senate by Senator Boisvenu, both tireless advocates for victims' rights in Canada. It would give transparency to victims' families, who are often left out of the loop or find out at the last minute about parole requests and hearing dates.

The Victims Bill of Rights says that victims and families have the right to know about and to attend parole hearings, but the system puts up roadblocks. Murderers and rapists are given the privilege, but victims' families are treated like a second thought. That is backwards. Lisa says, "the system will bring you to your knees." Like so many others across Canada, she wants to be seen and to be heard about something that impacts her whole life.

Victims and their loved ones should not be casualties of the system. Let us work to put them first.

* * *

• (1410)

JOHN LAMBERT

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, today I pay tribute to one of our fallen heroes, Private John Lambert.

This brave young man wanted to serve so badly that he lied about his age to enlist with the Newfoundland Regiment when he was only 16. He fought throughout Europe during the First World War and made the ultimate sacrifice, dying in the Battle of Langemarck at the young age of 17. However, like so many others, his body was not recovered and identified.

During an archaeological dig in Belgium in 2016, a soldier's remains were discovered. Thanks to modern technology and DNA sampling, the remains were identified as those of Private John Lambert. This young man died a hero and it is only fitting that he has now been laid to rest alongside his fellow soldiers at the Commonwealth War Graves' New Irish Farm Cemetery in Belgium.

In sharing Private Lambert's story, we remember the service and sacrifice of all our fallen heroes. May they rest in peace.

* * *

SELF-TEST KITS FOR HIV

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, today marks World AIDS Day. Let us unite again to-

day in the fight against HIV/AIDS to show support for people living with HIV and to commemorate the many who have died from AIDS-related illnesses.

A future with zero new HIV infections is in reach, something as a gay man of a certain age I never thought I would see. Knowledge is the key to eliminating the spread of HIV. People who know their status are far less likely to spread the virus and that makes self-testing a crucial factor in HIV prevention. Now that Canada has finally approved self-test kits, the government must ensure that indigenous, racialized, low-income people and those who live in rural and northern communities actually have access to these kits.

Improving access for the most marginalized and those who face the largest barriers to testing and treatment is the only way for Canada to meet its commitment to the UNAIDS 90-90-90 goal and the only way to eradicate HIV once and for all.

* * *

[*Translation*]

THE MEMBER FOR SALABERRY—SUROÏT

Mrs. Marilène Gill (Manicouagan, BQ): Mr. Speaker, on behalf of the Bloc Québécois, I want to warmly congratulate the member for Salaberry—Suroît, who received the Marie-Victoire-Félix-Dumouchel award at the 2020 Gala des Patriotes organized by the Rassemblement pour un pays souverain.

This award recognizes the member's complete and full commitment. Commitment is giving of oneself and making the deliberate but compelling choice to be completely and unconditionally dedicated to turning words into action as part of a story that is bigger than us, a story into which she breathes new meaning.

The member for Salaberry—Suroît is also the embodiment of a perseverance that implies a walk toward love, as Miron once wrote, a walk that has irremediably been undertaken. She is that movement that refuses to submit to the yoke of time and rather chooses to embrace and follow the horizon, knowing that each burst forward is a way to move the country closer to the self.

With humility she steps back in silence to let others fully exist. She welcomes and brings people together.

She is the very force of the love for one another that lies in the country we still have to build with this great patriotic woman.

[English]

COVID-19 PANDEMIC

Mrs. Rosemarie Falk (Battlefords—Lloydminster, CPC): Mr. Speaker, COVID-19 is taking a heavy toll on the mental health and the well-being of Canada's seniors. Temporary measures to protect our vulnerable populations have become less and less temporary. Seniors have been distanced from their loved ones and many have missed birthdays, holidays and family milestones. They want their lives back. Canadians want their lives back.

To accomplish that, we know that we need rapid and mass testing and we need safe and effective vaccines, yet yesterday's fall economic statement offered them no real plan for testing or vaccines. There was no clarity, there was no timeline and there was no plan for safe family reunification.

The Christmas holidays are just around the corner and seniors who are waiting to hold their grandbabies in their arms deserve better. They deserve certainty, clarity and competence from the government. They deserve a real plan.

* * *

• (1415)

[Translation]

WOMEN'S RIGHTS

Ms. Soraya Martinez Ferrada (Hochelaga, Lib.): Mr. Speaker, I am a little surprised to see how the Conservatives have been trying to rebuild their image with women over the past few weeks.

It will take more than just words to convince us women. I would like to remind the House of certain facts. When we introduced a bill on equal pay, the Conservatives voted against it. When we proposed historic funding to support the women's movement, they voted against that too. The word "gender" does not appear once in the Conservative leader's recent platform. When women do get mentioned, it is almost exclusively as mothers, not as business owners or people contributing to the labour market. Furthermore, the Conservative leader has frequently stated that he would not stop his members from proposing anti-abortion legislation.

We on this side of the House firmly believe that women have the right to make their own reproductive choices, and that is what we have decided. Women know that our government is putting out progressive, feminist policies and that it will always fight for women's rights.

The Speaker: Before we continue, I would like to remind the members participating virtually that they must use a microphone that is approved by the House.

ORAL QUESTIONS

[English]

HEALTH

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, the general in charge of vaccine distribution in the United States said that all Americans will be vaccinated by June. The Prime Minister has suggested that only a few Canadians will be

Oral Questions

vaccinated by September. This morning, the Deputy Prime Minister said she hoped vaccinations would start by the summer.

Why can this government not give Canadians any certainty on what date they will first have access to a COVID-19 vaccine?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, this government worked hard throughout the summer and secured access to tens of millions of doses of vaccines for Canadians. We have the most diverse portfolio of potential vaccines of anyone because there is right now no effective vaccine against COVID-19.

Countries around the world are working to approve many of the promising candidates, but we do not know which one is going to be most effective or which ones are going to arrive quickly. That is why we secured, as a government, access to the largest range of vaccines and more vaccines per capita potentially than any other country. We are—

The Speaker: The hon. Leader of the Opposition.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, the Prime Minister is responsible for presenting a comprehensive plan for vaccine distribution for Canadians. So far, all we get are Liberal buzzwords like a "robust portfolio" and no details. Seven months ago, the Prime Minister announced with great fanfare a joint venture on a vaccine with China. The China deal fell apart at the end of the summer, and since then the government has been scrambling to come up with plans for a vaccine.

Why did the Prime Minister put the lives of Canadians in the hands of Communist China when it came to a COVID vaccine?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the Leader of the Opposition should not just make stuff up. The fact is that we secured contracts for vaccines in August, and right now we are moving forward with the approvals for four different vaccines, Pfizer, Moderna, AstraZeneca and now Johnson & Johnson, at Health Canada so that we can be sure that as soon as those vaccines arrive we will be able to deliver them to Canadians. We know we need to get through this with vaccines and that is why the government has worked hard to ensure vaccines are there for Canadians.

Oral Questions

• (1420)

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, it is time for the Prime Minister to be honest with Canadians. Last May, the Liberals announced a joint venture with China, the CanSino deal. That was going to be their major vaccine distribution plan for Canada. That deal fell apart in August, and then in September, they changed the regulatory structure and started dealing with Moderna and all the other companies.

It is time for truth. Why did the Prime Minister put all of our vaccine eggs in the Communist China basket?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Again, Mr. Speaker, that is simply not true. We worked, as Canadians would expect us to, to cover all the bases to try and reach out to get the most diverse portfolio of vaccine candidates of any country around the world, and we did. Some of them did not pan out, but many others have.

That is why the four top vaccines around the world are now currently in regulatory approval from Health Canada, and we have secured tens of millions of doses of those vaccines. That is the work this government is doing. That is the plan we are delivering on.

[*Translation*]

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, France has announced that it will vaccinate its entire population by June. The U.S. has said the same.

This morning, the Deputy Prime Minister announced that only a handful of Canadians will be vaccinated by next summer. This government's delays are putting lives in danger, and Canadian families want to see a plan.

Where is the plan for distributing the vaccine? Who is going to be vaccinated first, and when?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, with regard to the vaccines, we have been working with the provinces and experts since last spring, first to sign contracts and now to ensure that the vaccines are appropriately delivered as quickly as possible. We will continue to work toward that.

As experts have said, we expect most Canadians to be vaccinated by September of next year, but we hope it will be much sooner than that.

Hon. Erin O'Toole (Leader of the Opposition, CPC): Mr. Speaker, this week, CNN revealed that China hid the truth about COVID-19, but this Liberal government is so pro-China that it chose to work with that country to develop a vaccine. That deal fell through in August.

Will the Prime Minister admit that Canada does not have a vaccine because of its partnership with China?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, once again, the Conservatives are playing political games. No one in the world currently has an approved vaccine. We are all working on different vaccines. Health Canada is currently working on approving four vaccines.

Yes, there was a partnership with CanSinoBIO, a company that was extremely effective in developing a vaccine for the Ebola virus

a few years ago. That is something that we looked at, but we have vaccine deals with seven different companies around the world and they are the ones who will deliver vaccines to Canadians in the coming months.

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, I have a surprise for the government. We looked into this, and it turns out that health is the jurisdiction of Quebec and the provinces.

Quebec and the provinces are unanimous on issues around health transfers, which are crucial to taking care of society's most fragile and vulnerable members. The Prime Minister rescheduled his meeting with the premiers to December 10. That is convenient, because there will be no more meetings of the House after that, and we will not be able to ask him questions.

What will the Prime Minister be offering the provinces? Will he show up at the meeting empty-handed?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, for the past 10 months, we have been working with the provinces to help them provide health care with support from the Canadian Red Cross and the Canadian army, and we have transferred billions of dollars to help them run their health systems during the pandemic. We will keep working with them.

At the same time, I want the member to know that I will be engaging directly with the premiers, not with federal opposition parties.

• (1425)

Mr. Yves-François Blanchet (Beloeil—Chambly, BQ): Mr. Speaker, it is true, we are merely elected members of the House of Commons.

The Prime Minister claims that he respects provincial jurisdictions and tells us how wonderful he is. However, Minister Girard said in Quebec City this morning that national standards are unacceptable to Quebec and the provinces. Regarding pharmacare and child care, he said he would definitely be invoking his right to opt out with compensation. It does not work exactly as the Prime Minister would have us believe. We are talking about health and human lives.

Will the Prime Minister acknowledge right now that he accepts Quebec's right to opt out unconditionally and with compensation?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, the dignity and the lives of our seniors are not a jurisdictional matter. We will all work together to protect our seniors.

What happened last spring in long-term care centres all over Canada, including Quebec, was unacceptable. That is why the federal government was there to work with the provinces so that they could regain control of the system and be there to help seniors.

We will always work to protect seniors, no matter where they live in Canada, because that is what Canadians expect us to do.

[English]

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, we all know seniors have been particularly hard hit by COVID-19, not only because they are vulnerable, but also because of the isolation. Many seniors have seen their programs cancelled. They cannot come together and connect the way they were usually able to. We know the medical experts have said there are enough COVID vaccines to cover about three million Canadians. There are over 4.5 million seniors over the age of 70, so what is the plan? Which seniors will get the vaccine and which will have to wait?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, every step of the way we have worked with health experts and scientists to determine the prioritization of vaccines on the rollout. We need to get to the most vulnerable, we need to get to our front-line health care workers, and that is exactly what we are going to do. We are working with the provinces on establishing that list, but I can tell members the vaccines that are coming will go to those people who need them most urgently. Because Canada has secured tens of millions of doses of vaccines, we will ensure everyone gets the vaccine in the coming months.

* * *

INDIGENOUS AFFAIRS

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, the Shamattawa First Nation community in northern Manitoba is faced with a COVID-19 outbreak and is in urgent need of help. It is already dealing with a housing crisis and TB. Like many other remote and northern indigenous communities, it is experiencing underfunding, under-resourcing and a lack of access to basic things like the Internet. The chief has asked for the military to be sent to the first nation to provide testing, contact tracing and safety measures. Will the Prime Minister heed the call of the chief and send in the military supports that he needs?

Right Hon. Justin Trudeau (Prime Minister, Lib.): Mr. Speaker, from the very beginning of this pandemic we have worked closely with indigenous communities and indigenous leadership across this country to ensure they have everything they need. We saw the first wave hit far less hard in indigenous communities than in many other communities because of the leadership of the indigenous communities and the partnership we have been able to establish with them. We will continue to work with local and territorial governments, as well as remote communities, to ensure that everything they need they will have.

* * *

HEALTH

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, Canadians want their lives back, but yesterday they got no plan to fix the vaccine mess that the government has made. They want paycheques, but, instead, yesterday they just got more credit card bills. The national credit card debt will grow by \$10,000 per man, woman and child in Canada. The deficit is eight times bigger than the previous all-time record, bigger than any other country in the G20,

Oral Questions

and yet we will not have vaccines before billions of other people have them.

The only way to get Canadians safely back to work and paycheques in their pockets is a vaccine. When will every Canadian who wants one have one?

● (1430)

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, the leader of the official opposition claims to believe in unions and in supporting union workers, so I am sure the Conservatives will be interested in what the Teamsters had to say about our fall economic statement, “Today’s...numbers show that Ottawa is dead serious about supporting working-class and middle-class Canadians through this terrible crisis. The...pandemic is sadly far from over and, over the coming months, continued government spending will be the only thing keeping millions of honest, hard-working families from total ruin.” I could not have—

The Speaker: The hon. member for Carleton.

[Translation]

Hon. Pierre Poilievre (Carleton, CPC): Mr. Speaker, the question was about when Canadians would have access to the vaccine. The only way to deliver paycheques to people safely is by giving them a vaccine to protect them, if they choose to get one.

While Canada is running the highest deficit in its history and credit card bills are hitting record highs, will the government finally tell Canadians when they will have access to a vaccine?

[English]

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, let me start by setting the record straight on what I said about vaccines this morning since the leader of the official opposition misconstrued my words, something which is becoming a bad habit of his. As Moderna's chief medical officer said this week, “Canada's in the front row” on vaccines. I know that and I know our rollout will be a success.

Since the leader of the official opposition mentioned France, let me inform him that the EU said this week its regulators will not take a decision on Pfizer until December 29 and on Moderna, not until July 12.

Oral Questions

[Translation]

FINANCE

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, the members across the way like to lecture people, but what they presented yesterday was essentially a political statement, not an economic statement. Canadians are no fools and they got the message.

According to columnist Emmanuelle Latraverse, Canada's unprecedented deficit is consistent with the Liberal government's ideological agenda; it is a decidedly election-minded deficit.

Canadians want answers on the vaccine, not a list of election promises in the style of a Christmas wish list.

When will we have a clear and precise vaccination plan?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, when will the Conservatives have a clear and well defined financial plan?

Sunday, on *Tout le monde en parle*, the Leader of the Opposition assured Canadians that, under a Conservative government, they would have received the same amount of support as we provided.

So what do the Conservatives really believe in, austerity or support for Canadians?

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, these comments prove that Canadians were really disappointed with yesterday's economic statement. It lacks certainty about vaccines, it lacks certainty about budget forecasts, it shows a glaring incompetence with respect to the economic recovery and, above all, it shows that the Liberals have lost control of spending.

The minister says that she has put in place budget safeguards, but she is not protecting Canadians from her future reckless spending.

When will we see a plan with dates and measures?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, allow me to remind the member opposite that our approach is already bringing jobs back.

In fact, 79% of the jobs lost during the crisis have been restored in Canada, compared to 54% in the United States. Moreover, in the third quarter, Canada's GDP increased at a record annualized rate of 40.5%. That is success.

* * *

[English]

HEALTH

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, today the Prime Minister said that it would be September before most Canadians would be able to get a COVID-19 vaccine, but the Minister of Intergovernmental Affairs said early January, and then just January. Today, the Deputy Prime Minister said before the summer.

My question is for the health minister. Is she content to keep letting her colleagues give their best guess on a very important issue to Canadians or will she finally take responsibility and give us an actual date?

• (1435)

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, every step of the way my colleagues and I have worked incredibly hard hand in glove with the provinces and territories to secure the best portfolio of vaccines in the world, secure the most doses per capita in the world, and strengthen the regulatory process at Health Canada to give them every resource they need to accelerate their work.

Canadians should be proud and confident we have a plan. They will get vaccinated when the vaccines are perfectly safe and effective.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Mr. Speaker, so the answer is no. The Prime Minister said September for vaccine delivery. The Minister of Intergovernmental Affairs said January or early January. The Minister of Public Services and Procurement said the new year. The Deputy Prime Minister said before summer, and today the health minister said early 2021.

COVID-19 is a deadly disease that is crippling our economy. Why is the health minister content to keep allowing her and her colleagues to play vaccine date bingo with Canadian lives?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I invite the member opposite to get a briefing on vaccine work, as I repeatedly offered her for testing. Her remarks indicate that she does not understand how many moving parts there are in vaccine delivery.

I want to say this to Canadians—

Some hon. members: Oh, oh!

The Speaker: I am very interested in hearing the responses, just as I am interested in hearing the questions. When it gets loud, it is very difficult for everyone to hear, so I want to remind everyone that we want to hear the answers and the questions.

The minister can continue.

Hon. Patty Hajdu: Mr. Speaker, as I was saying, we have the best portfolio of vaccines in the world. We have the most doses per capita in the world. We are working hand in glove with companies like Pfizer, Moderna, Johnson & Johnson and AstraZeneca. In fact, we were the first country in the world to receive applications from the four leading companies. Do members know why? It is because our Health Canada regulators are the gold standard. The world looks to Canada for safety and efficacy, and we are here for Canadians.

Oral Questions

[Translation]

SENIORS

Ms. Andr anne Larouche (Shefford, BQ): Mr. Speaker, how could the government write a 223-page economic statement in the midst of a pandemic without mentioning seniors?

This statement does not contain a single measure for seniors, even though they have been hit hardest by the pandemic. It does not mention health transfers, even though Quebec needs money to maintain quality of care. It does not increase pensions to support their purchasing power. It does not even offer a second special payment, even though we know that the pandemic will drag on for another year because the vaccines will be late in coming.

How can the government explain this to seniors?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, from day one, we have been working with the provinces and territories to protect the most vulnerable Canadians, including by supporting the work of the Canadian Red Cross and deploying members of the Canadian Armed Forces to a certain number of long-term care homes.

In the fall economic statement 2020, we are committing up to \$1 billion for safe long-term care so we can continue to help the provinces and territories protect our seniors.

Ms. Andr anne Larouche (Shefford, BQ): Mr. Speaker, I was talking about putting more money in seniors' pockets, not the army's.

In the throne speech, the government raised the possibility of increasing the old age security pension. It was not enough, but the possibility was there. Today, there is not a word about seniors in the economic update. The Liberals have abandoned them.

Seniors are the ones suffering the most because of COVID-19. They are the ones dying from it. They are the ones experiencing the most stringent lockdown measures. They are the ones who will be spending Christmas alone this year, because they want to stay safe.

How can the government abandon them today?

[English]

Hon. Deb Schulte (Minister of Seniors, Lib.): Mr. Speaker, for many months we have been providing support for seniors through tax-free payments and enhanced community supports. The fall economic statement reiterated our government's support for seniors by establishing a new \$1-billion safe long-term care fund that will help the provinces and territories protect seniors in long-term care. We are also committing \$38.5 million to support training of up to 4,000 personal support worker interns, and we will move forward in establishing the foundational elements of national universal pharmaceutical care. It is clear that we will always stand with seniors.

* * *

[Translation]

HEALTH

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, the Prime Minister had a hard time managing crises before COVID-19. His management of the COVID-19 crisis

is yet another example of his poor management skills. Last Friday, the Prime Minister told everyone that the majority of Canadians would be vaccinated by September. I asked the minister yesterday whether that meant 51%. She told me that 70% of Canadians would be vaccinated.

Can the minister provide specific documentation to back up this figure, or did she make it up during question period?

• (1440)

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, we are working hard to ensure that Canadians can get vaccinated when the time comes.

Once we have a vaccine in Canada, we will work with the provinces and territories to create a distribution plan so that Canadians can get vaccinated. Our approach has always been based on science and facts, and that will not change.

We will work in collaboration with experts like the National Advisory Committee on Immunization and other public health experts to ensure that Canadians are protected from COVID-19.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, speaking of planning, let us look at the example of our allies.

Yesterday, there was an interesting report on the CBC that showed that, while Germany still does not have an approved vaccine, it has a very detailed plan for logistics and distribution. The plan was shared with citizens two weeks ago. It is so detailed that we know that it is going to take two minutes to vaccinate each German citizen. The Netherlands, Belgium, Spain and France have also prepared detailed plans for their citizens. While all this is happening, what is Canada doing? We are looking foolish in front of everybody.

When will the government present a detailed plan with specific dates and specific quantities of vaccines?

Hon. Pablo Rodriguez (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the Conservatives are trying to play politics on the issue of the vaccines. They are trying to scare Canadians. That is completely unacceptable.

They do not like to hear it, but we have been working with the provinces for months to prepare for the distribution process. Former NATO commander Dany Fortin has just been appointed to lead the Canadian operation. The provinces are setting up their task forces.

We are working together. The Conservatives do not like to admit it. We will get the job done for Canadians.

*Oral Questions**[English]*

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, while millions of people around the world will start getting vaccinated for COVID-19 next week, Canadians will be stuck at home watching it all happen on TV. The Liberals say they have a plan, but they are keeping everyone in the dark. Canadians deserve to know how many troops will be deployed to distribute COVID-19 vaccines. Who is the top logistics officer who will be in charge of this distribution? Where is the plan?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, the member opposite, I understand, has a great deal of knowledge about the Canadian Armed Forces. He should be expecting the same level of excellence that he would have come to know during his time with the forces. We are so pleased that Major-General Dany Fortin has embedded himself and his team within the Public Health Agency of Canada. This builds on the partnerships across the government to safely deploy vaccines. I will tell members that we will not deploy vaccines until we are certain they are safe in Canada. That is the role of Health Canada. We are world-class regulators. Canadians can be confident in this.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, I have confidence in the Canadian Armed Forces. I do not have confidence in the government. It says it has the plan, but it does not sound like it has a plan. How can Canadians trust the Liberal government when it refuses to answer simple questions?

Canadians deserve answers, so I will try this again. How many personnel are being trained to inoculate Canadians against COVID-19? How many military aircraft are ready to deploy and distribute these vaccines? Where is the plan?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, the member opposite does not realize that immunization is actually done by provinces and territories. In fact, they have the jurisdiction to deliver health care and the federal government is stepping up to help them in that responsibility by acquiring vaccines and by ensuring we have a logistical plan to deploy the complicated vaccines.

Let me say this: The provinces and territories have successfully, over the last few weeks, vaccinated 16 million Canadians for influenza. They have the expertise. They have the people to do that. We are going to support them.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, this week, the U.S. received vaccines on American soil, so they are ready to distribute once approved by the FDA. In contrast, Canada has either refused or neglected to accept vaccines while waiting for Health Canada's approval. Clearly, making arrangements to accelerate vaccinations is smart policy. Having vaccines on Canadian soil ready to be rolled out once approved will save time and lives.

The Liberals are either refusing to receive vaccines now or are unprepared to do so. Which is it and why are they falling behind the United States?

● (1445)

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I stay focused on Canada's plan and I can tell members it is one of the best in the world. It is because we have seven of the most promising vaccines in our portfolio. We have more doses per capita. We are working closely with manufacturers like Pfizer, Moderna

and AstraZeneca. Johnson & Johnson just applied on Monday. We were the first country in the world to get their application. Moderna's chief medical adviser said, "Canada's in the front row." That is because we acted early, we secured contracts early and we are well placed to vaccinate Canadians.

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, that was not an answer to my colleague's question. In Canada, we have learned that only three million doses of the vaccine will be available by March, while other countries are stocking up so that there is no delay in getting it to their citizens once approved. If we do not take swift action, Canadians will have to live with the pandemic for months longer than other countries. The toll on seniors, families and small businesses is already significant.

Why will the Prime Minister not ensure that Canada can stock up on the vaccine while we wait for Health Canada approval?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, I will just repeat that we have the best portfolio in the world. In fact, we have the most doses per capita in the world. That is because of an aggressive procurement strategy at the very beginning. Not only that, but we are working hand in glove with manufacturers around the world. Canada is well situated. The manufacturers themselves are saying we are well situated. On top of that, we have the expertise and a public health care system that knows how to vaccinate Canadians. I have confidence in Canadians. I have confidence in the regulators. I have confidence in the provinces and territories that will get this done.

* * *

THE ENVIRONMENT

Mr. Yvan Baker (Etobicoke Centre, Lib.): Mr. Speaker, my question is for the Minister of Environment and Climate Change.

Canadians and people in my community in Etobicoke Centre want clean air, healthier communities and also a strong economy, while protecting the environment for our children and our grandchildren. That is why constituents in my riding of Etobicoke Centre want government to take real and meaningful action on climate change.

Today is the coming-into-force day of the amendments to the Federal Sustainable Development Act. Could the minister share with this House and with my constituents in Etobicoke Centre how this is helping us in the fight against climate change?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I want to thank the member for Etobicoke Centre for his deep commitment to tackling climate change.

Today, an act to amend the Federal Sustainable Development Act came into force. These important amendments expand the number of federal organizations that must contribute to the good work done under this act, from 27 to 95. It will make the act more accountable to Parliament. It will include new principles around intergenerational equity, openness, results and delivery, and the involvement of indigenous peoples.

When it comes to climate change, Canadians expect the federal government to lead by example, as we saw yesterday in the fall economic statement. The improvements to the Federal Sustainable Development Act help us do just that.

* * *

INTERNATIONAL TRADE

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, the appearance of the international trade minister at committee on Monday left us with more questions than answers about the Canada-U.K. agreement. We still do not have the text. We still do not have the legislation. Now we have found out that there is no plan for mitigating tariffs if the government cannot get this agreement done by the December 31 deadline. The minister says she cares about certainty for our importers and exporters, so when will the minister release this plan?

Hon. Mary Ng (Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, our priority is to provide predictability and stability for Canadian businesses that trade with the U.K. Now that we have concluded the negotiations, the next step is for the agreement to be ready for signing by Canada and the U.K.

For Canada, this means tabling in the House of Commons, for debate and parliamentary scrutiny, in accordance with established practices.

I look forward to working with colleagues from all sides of the House to support the timely parliamentary approval of this TCA, and our government is actively working on how to mitigate the impact of any implementation delay so that businesses can rely on the continuity that they need.

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, the minister has used buzzwords like stability, predictability and certainty, but this means nothing if there is not a plan in place.

The minister told the committee that she does not want to make up policy on the fly. Well she would not have to do this if the government had taken this seriously from the very beginning and not left it until the final month in the final year. Can the minister tell us why she still has no policies for disruptive tariffs if a Canada-U.K. agreement is not finalized by the end of the year?

• (1450)

Hon. Mary Ng (Minister of Small Business, Export Promotion and International Trade, Lib.): Mr. Speaker, I can assure the

Oral Questions

hon. member that our government is actively working on how to mitigate the impact of any implementation delays so that businesses can indeed rely on the continuity that they need. It is excellent that we have worked with the United Kingdom to come to this continuity agreement, so that there is that predictability and stability for Canadian businesses. I would like to work with all colleagues on all sides of the House to ensure that we take this agreement in a timely way through the parliamentary process.

* * *

GOVERNMENT ACCOUNTABILITY

Mr. Kelly McCauley (Edmonton West, CPC): Mr. Speaker, last night the President of the Treasury Board admitted he conducted zero due diligence on the \$900-million WE deal. Now, the Treasury Board exists to ensure government spending is vetted and that all rules are followed, so either the President of the Treasury Board simply does not know his job or he deliberately turned a blind eye so that his colleagues could continue to line the pockets of Liberal insiders.

Minister, which is it?

Hon. Jean-Yves Duclos (President of the Treasury Board, Lib.): Mr. Speaker, I am very glad and proud to be able to answer this question. As the member knows, as I told him just last night, the Treasury Board Secretariat is there both to provide guidelines and to make sure authorities are at the disposal of appropriate ministers when it comes to implementing new policies and programs.

The Speaker: Before we continue, I just want to bring up one point. I noticed on both sides the questions are being asked of the Speaker. I am sure they do not want the answers from me.

Please ask the questions through the Speaker and answer through the Speaker.

* * *

[Translation]

OFFICIAL LANGUAGES

Hon. Steven Blaney (Bellechasse—Les Etchemins—Lévis, CPC): Mr. Speaker, it is obvious that, despite their claims, the Liberals care very little about the status of French in Quebec.

Yesterday at the Standing Committee on Government Operations, we obtained confirmation not only that the Treasury Board's rules were not respected in the contract with WE Charity, but also that no official languages impact analysis had been done. The Liberals claim to be the great defenders of French, but the fact is that they could not care less about it.

Oral Questions

Why did the Minister of Diversity and Inclusion and Youth ignore Treasury Board rules when applying the scandalous WE Charity project in Quebec?

Hon. Mélanie Joly (Minister of Economic Development and Official Languages, Lib.): Mr. Speaker, it goes without saying that we always comply with not only the spirit of the Official Languages Act but also the letter of the Official Languages Act.

My colleague the President of the Treasury Board does his job as president by ensuring that we comply with linguistic conditions, which we do in every case.

If my colleague has any other question on the topic, it would be my pleasure to ensure that he gets a response.

* * *

AEROSPACE INDUSTRY

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, in the economic update, Ottawa talks about helping the industries most affected by the pandemic. That is great.

Once again, aerospace is not mentioned at all, although planes have been grounded for eight months. It is really discouraging. Some 20,000 jobs are at risk in the short term, in the next two years, without an aerospace policy. We have an entire network of SMEs that is currently weakened and risks being taken over by foreign companies for peanuts. We are going to lose control of our economy.

What will it take for the minister to take action to protect Quebec's global expertise?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, our government is very much aware of the importance of aerospace and the air sector.

That is why in yesterday's economic update we promised \$206 million over two years to support regional air transportation, \$186 million to help small airports and \$500 million to help large airports.

On top of that, we are now in discussions with the major airlines—

The Speaker: The hon. member for Saint-Hyacinthe—Bagot.

• (1455)

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, just a minor detail, but I was not talking about air transportation. I was talking about the aerospace sector.

For months, we heard the government say that a solution was coming. However, there was not a word about the aerospace sector in the throne speech, nor in the economic update. This silence speaks volumes.

The Deputy Prime Minister says she is working on a plan. Obviously she is working alone, because her boss seems to have no interest in the matter. He could not care less about the aerospace sector.

Since her boss is abandoning Quebec's number one export sector, does that show just how few defenders of the aerospace sector there are in this government?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, all of Canada's exports, including Quebec's, are very important to our government.

For instance, I myself have worked closely with the aluminum sector to protect our exports. With regard to the aerospace sector, I think it is a crucial sector, and its transition to the green economy must and will be a big part of our economic growth plan.

* * *

[English]

HEALTH

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, hospitals all across Canada have done a phenomenal job of taking care of people. They do this despite staff burnout, increased operating costs for PPE and cleaning, and many more. Headwaters Health Care in my riding does this and faces it every single day, but now hospitals are being asked to be pilot sites for rapid tests, with absolutely no money to operate the machines.

How has it taken 11 months for us to be piloting rapid tests in hospitals during a pandemic?

Hon. Patty Hajdu (Minister of Health, Lib.): Mr. Speaker, every single step of the way we have been there for the provinces and territories to protect health care workers with massive amounts of personal protective equipment and to ensure they have the tools they need, including building up testing capacity, ensuring they have the ability to contact trace and ensuring they have the ability to capture all that data. Over 5.7 million tests have been deployed across the country: two million to Ontario, over a million to Quebec, 650,000 to Alberta and 627,000 to B.C. The list goes on.

We will be there for the provinces and territories and for the hospitals the member opposite is talking about.

* * *

THE ENVIRONMENT

Mr. Matt Jeneroux (Edmonton Riverbend, CPC): Mr. Speaker, currently, during the pandemic, we are seeing an increased emphasis on using plastic items. Many grocery stores are asking customers to keep their reusable bags at home and are providing plastic bags instead. The increase in ordering from restaurants has seen an uptick in to-go packaging, including plastic cutlery. The use of masks and gloves at stores means we are having to use more disposable waste than ever before.

As businesses struggle to stay open and adapt, why has the minister chosen right now to push labelling plastic as a toxic substance?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, Canadians know that plastics are a challenge that need to be managed appropriately. The focus of the plastics announcements we made a couple of weeks ago is about keeping plastics in our economy, not in the environment, in our lakes, rivers and oceans. The vast bulk of what we announced was about enhancing recycling, ensuring that we are actually getting investments alongside regulations that will improve the amount of plastic materials that are recycled. This is completely consistent with what the Government of Alberta announced with respect to turning the province into a centre for recycling opportunities going forward.

Canadians are far ahead of political parties on this. They want us to address the plastics issue.

* * *

COVID-19 EMERGENCY RESPONSE

Ms. Nelly Shin (Port Moody—Coquitlam, CPC): Mr. Speaker, Fraser Mills, a brewery in Port Moody, just opened in March. Unfortunately, with lockdowns, they can only serve at 30% capacity in their taproom. With reduced revenue, no rent relief, looming loans, fixed costs and PPE expenses, the owners are depleting their personal savings to stay open because the government has failed to provide help for newly opened businesses that cannot confirm revenue loss.

What will the minister do to help new businesses like Fraser Mills to give them peace of mind this Christmas?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, this gives me a great opportunity to point out to the lion's share of businesses in Canada that the rent support program is open now and businesses will start getting their money this week. That is going to support thousands and thousands of jobs across the country, and businesses like the one we just heard of, subject to additional lockdown measures, can get up to 90% of their rent covered.

We do know that there are always special circumstances and some businesses fall through the cracks. That is where the RDAs come in. They are able to support businesses, and I would urge the business the member mentioned to talk to its local RDA. We are—

The Speaker: The hon. member for Brome—Missisquoi.

* * *

• (1500)

[Translation]

AGRICULTURE AND AGRI-FOOD

Mrs. Lyne Bessette (Brome—Missisquoi, Lib.): Mr. Speaker, dairy, egg and poultry farmers breathe life and strength into rural regions across the country, including my riding of Brome—Missisquoi.

The Fromagerie des Cantons in Farnham, an artisanal cheese-maker that has won numerous awards for its cheese made from Jersey cow's milk, stands to benefit.

Oral Questions

After signing trade agreements with the trans-Pacific nations and Europe, our government committed to providing full and fair compensation to our supply-managed farmers.

Could the Minister of Agriculture and Agri-Food give the House more details about this compensation?

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, last Saturday, we announced that the remainder of the \$1.75 billion promised to dairy farmers in compensation for the first two agreements would be paid out not over seven years but over three years. That represents \$468 million per year or \$38,000 per year over three years for an average farm with 80 cows.

Egg and poultry farmers will receive \$691 million over 10 years in the form of investment and marketing programs.

* * *

[English]

HEALTH

Mr. Ted Falk (Provencher, CPC): Mr. Speaker, as part of a long-standing agreement between Manitoba and Minnesota, some remote Manitobans in the southeast corner of the province receive their health care in Minnesota. When the Canada-U.S. border was closed to non-essential travel, health care was considered essential. Then suddenly the CBSA required residents to isolate for 14 days after attending necessary medical appointments. I have reached out to the health minister and public safety minister to address this issue, but five weeks later there are no results.

How long do these ministers expect these residents to go without health care?

Hon. Bill Blair (Minister of Public Safety and Emergency Preparedness, Lib.): Mr. Speaker, I thank my friend from Provencher for his advocacy on this matter.

We think it is absolutely essential that people have access to health care. I have had a conversation with my counterpart in Manitoba and, in fact, the constituents the member opposite refers to are able to cross into the United States and obtain the necessary health care they require. However, under the arrangement that is currently in place at the borders, when they return, because they have been exposed to the population in Minnesota, they are subject to a 14-day quarantine. That measure is in place to keep all Canadians safe.

*Oral Questions***THE ENVIRONMENT**

Mr. Gerald Soroka (Yellowhead, CPC): Mr. Speaker, the Liberal clean fuel standard will increase the cost of fuel by 4¢ per litre. This increase in cost will have disproportionate effects on Canadians living in rural areas, like so many of my constituents. Rural Canadians do not have the same transportation options as those in urban centres.

Will the government make concessions for rural residents to even the playing field or will it continue gouging rural Canadians?

Hon. Jonathan Wilkinson (Minister of Environment and Climate Change, Lib.): Mr. Speaker, using cleaner fuels in our buildings, vehicles and industries is one of the biggest steps we can take to reduce emissions in this country. The clean fuel standard will cut pollution by up to 30 million tonnes in 2030, which is equivalent to taking seven million cars off the roads. It is going to create enormous opportunities for farmers and companies producing renewable fuels, hydrogen and biofuels. It will encourage investments in energy efficiency that will help Canadians save money. It will assist with the faster deployment of electric vehicles. It is something that will drive innovation in this country, business opportunity and environmental sustainability.

* * *

NATURAL RESOURCES

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, it will drive jobs out of the country.

Our energy sector continues to suffer under the Liberal government. Just this month, Imperial Oil, Nova, Cenovus, Husky Energy and Suncor announced 3,000 layoffs across Canada. That is more Canadians who will need government assistance instead of supporting their families with well-paying jobs. The government has been punishing this sector even before the pandemic, but it doubled down with carbon taxes, the clean fuel standard and the plastics issue.

At a time when Canadians need work more than ever, why are the Liberals hurting this sector instead of helping it?

• (1505)

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, the government absolutely understands the importance of the energy sector when it comes to the Canadian economy and Canada's exports. That is why we have been working very closely with the energy sector in a joint effort to reach net-zero emissions by 2050. The Canadian energy sector understands that we as a country and the Alberta energy sector as a sector need to be able to do that in order to attract investment from around the world, and we are here to support it.

* * *

THE ECONOMY

Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.): Mr. Speaker, yesterday's fall economic statement was clear: The government will continue to be there for Canadians as we fight through this pandemic. It also began the important work of setting the stage for our recovery by making a down payment on a meaningful and targeted stimulus.

Can the Minister of Middle Class Prosperity and Associate Minister of Finance tell the House how the government will ensure that this recovery is inclusive and focused on the quality of life of Canadians?

Hon. Mona Fortier (Minister of Middle Class Prosperity and Associate Minister of Finance, Lib.): Mr. Speaker, I would like to thank the hon. member for Mississauga—Lakeshore for his hard work for his constituents.

Smart time-limited investments that improve Canadians' quality of life are at the heart of our plan to jump-start the economy. This means taking the next steps toward a Canada-wide early learning and child care system, support for youth through job placements and the alleviation of federal student loan interest. We will also bolster training supports for those hardest hit by the pandemic, including marginalized and racialized women, indigenous peoples and people with disabilities.

* * *

POST-SECONDARY EDUCATION

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, during the first wave of COVID-19, the government decided to temporarily not profit off struggling students and froze student loan repayments and interest. Just last week, the Liberals unanimously supported the NDP motion to go a step further and put a moratorium on student loan repayments until May 31, 2021. Students hoped it would be in the economic update. However, six days later the Liberals already broke their promise.

Students are being forced to continue to make loan payments in the middle of the second wave. What happened between last week and yesterday that caused the Liberals to break their promise to students?

Mr. Irek Kusmierczyk (Parliamentary Secretary to the Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Mr. Speaker, we know that post-secondary students across Canada are facing unprecedented challenges. That is why we launched the suite of measures that included direct financial support, funding to double Canada student grants, a temporary moratorium on Canada student loan payments and investments that allowed students to gain the experience they needed to start their careers.

As we announced in the fall economic statement, our government is significantly scaling up the youth employment and skills strategy to provide more paid work experiences for young Canadians. In reducing student debt by eliminating interest on the federal portion of student loans for the next school year, our government will continue to be there to help students through these challenging times.

* * *

PERSONS WITH DISABILITIES

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Mr. Speaker, December 3 is International Day of Persons with Disabilities. In Canada, people with disabilities are forced to live in legislated poverty. Benefit clawbacks prevent them from earning a modest living.

Veterans Affairs Canada has a backlog of almost 50,000 disability benefit applications and people with disabilities are still being charged outrageous fees for help in applying for the CPP disability tax credit.

Will the government develop a national disability strategy so people with disabilities in Canada can live with dignity?

Mr. Irek Kusmierczyk (Parliamentary Secretary to the Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Mr. Speaker, we know this pandemic has deeply affected the lives and health of all Canadians and disproportionately affected Canadians with disabilities.

From the beginning, we have taken a disability-inclusive approach to our emergency response to ensure Canadians with disabilities get the support they need. We are building on the progress made over the last months and years and committing to developing a disability inclusion action plan, which will have 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 disability programs and benefits.

* * *

● (1510)

POINTS OF ORDER

ORAL QUESTIONS

Mr. Kelly McCauley (Edmonton West, CPC): Mr. Speaker, if the House will give permission, I would love to table the blues from November 1, 2018, where the president of the Treasury Board Secretariat at the time, Scott Brison, stated, “day in and day out, Treasury Board has a responsibility to oversee expenditure management for the government” in contradiction to what the current President of the Treasury Board stated today.

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

Some hon. members: Nay.

Business of Supply

GOVERNMENT ORDERS

[*Translation*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—SUPPORT FOR HEALTH CARE WORKERS

The House resumed consideration of the motion.

Mrs. Marilène Gill (Manicouagan, BQ): Mr. Speaker, I would like to inform you that I will be sharing my time with the member for Montcalm.

This historic year will soon be drawing to a close. The year 2020 quickly became just as difficult as it was troubling.

There is a lot of noise, Mr. Speaker. I cannot hear myself think.

The Speaker: We are going to take a few minutes to let everyone who is leaving make their way out. Those who stay will be very attentive.

The member can continue.

Mrs. Marilène Gill: Mr. Speaker, I was saying that a historic year is drawing to a close.

As we know, 2020 was tough and quickly went downhill. Many Quebecers were worried about it, as was the entire global population.

Let us remember that we were all here in the House in early March when we agreed to change the parliamentary calendar and temporarily suspend the work of Parliament in order to protect our fellow citizens from the spread of what we did not yet realize was a pandemic. Just a few hours after Parliament shut down, we began this historic chapter that will leave its mark on the way we think and the decisions we make for days, months and years to come.

In addition to the sacrifices the public has made and continues to make to avoid compromising the capacity of Quebec's health system, we saw our behind-the-scenes workers take on a huge share of the responsibility for our COVID-19 pandemic response.

Among those heroes who have gone and are still going above and beyond for our fellow citizens are health workers such as our brave nurses, who step up every time we ask them to make sacrifices and put themselves on the front lines. They work countless hours to buoy a health system that is often on the verge of going under. I thank them.

Business of Supply

I sincerely thank our registered nursing assistants who face unspeakable and innumerable challenges and always keep smiling when they are with patients, so as not to add to the distress and stress caused by this pandemic. I thank our doctors, many of whom have decided to support patients directly by staying many hours after their shift has ended to help the registered nursing assistants who have never-ending lists of tasks they must perform. Society can never thank our PSWs enough for their efforts. They were at the heart of the red zones of the first wave and are still on the front lines, doing everything in their power to avoid the second wave. I am extremely grateful to them.

Our community organizations are on the front lines whenever human, financial or material resources are in short supply. They help the most vulnerable, our seniors and those who are often on the margins of society. This year, their workload is unprecedented and they have faced the situation with intelligence and strength. I must thank them again. I am also thinking of our maintenance staff who work around the clock to ward off the virus and keep it out of our health care facilities. These people are very important and I thank them.

My mother is a nurse and I know full well the sacrifices that health workers can make in normal times to ensure that patients get the care they need. Quebec's health system can count on its workers, who are dedicated to people's well-being and who have chosen to spend their career working for the health and well-being of their community.

Quebec's health system can also count on the steadfast support of the members of the National Assembly of Quebec to support Quebec's essential health system, which, need we remind members, serves as a model around the world. Quebec's health system can obviously count on the Bloc Québécois to remind the federal government that it is not carrying out its responsibilities by systematically refusing to increase health transfers to Quebec and the provinces, as requested by the Premier of Quebec, François Legault, and the provincial premiers.

Quebec's health care system certainly cannot count on the federal government, even during a crisis. Not only is that unacceptable, but it is also disingenuous and inhumane. Now, in the middle of an unprecedented crisis, the Liberal government has presented an economic update without any major investment in health transfers. How can the federal government stand there and tell Quebeckers that health care is a priority for it? How can the federal government interfere in the jurisdiction of Quebec and the provinces by deciding, quite incompetently, to develop a national strategy that no one wants or needs? Quebec has the capacity and the jurisdiction. How can the federal government show Quebeckers that it is on their side?

I have an objective as a member of the Bloc Québécois, and I have always been open about it. This objective is quite clear, but I have to wonder, because sometimes to ask the question is to answer it, as they say.

• (1515)

Is the Prime Minister not proving yet again, by repetition or in some strange way, as if we needed proof, that we have one government too many?

I cannot help but notice that Quebec is better served by itself than by a government that is incapable of telling us when we will have our first doses of the COVID-19 vaccines, while the Government of Quebec clearly said that it would start vaccinating the public as soon as it has vaccines.

We are in the middle of an unprecedented global health crisis. Quebec's health care system is under more pressure than ever, and we need all the financial leverage possible to deal with the COVID-19 pandemic. The Government of Canada is not prepared to meet the demands of the provincial premiers and Premier Legault on health transfers.

The Prime Minister has to face the facts: things happen in the field and the field of health is the responsibility of Quebec and the provinces. It is simple. What Quebec wants and what the Bloc Québécois is asking for is for the federal government to meet its financial responsibility and make the necessary health transfers. If the government absolutely needs to feel like the hero in the health transfer saga, it can even put its little flag in the corner of its cheque, provided it allows Quebec and the provinces to handle their own affairs.

I will use my remaining time to say thank you once again to all the people who have put their lives on hold since March to take care of our constituents on the front lines of the fight against the novel coronavirus pandemic.

We are used to saying that our health workers are heroes, and there is a reason for that. A hero is a person who shows courage without ever expecting anything in return. If we could spend a day in a hospital to see for ourselves the tireless efforts these men and women make and the miracles they perform every single day for Quebeckers and Canadians, we would realize that what means the most to them are their patients' smiles, not to mention the knowledge that they are safe and healthy.

It is not just their actions that are heroic; their careers and professions are heroic as well. If there is one thing we could do as elected representatives, it should be to give them the means to do what they have to do.

As the member for Manicouagan, a riding along the North Shore of Quebec, I am proud of the health care workers back home who have fought since the start of the pandemic so that our region could be protected from the virus as much as possible.

I would like to thank Dr. Richard Fachehoun, the medical officer of health at the Côte-Nord Integrated Health and Social Services Centre, and his entire team for the efforts they make every day to inform and listen to the people. I would also like to thank Claude Lévesque, the executive director of the centre, Dr. Donald Aubin, the director of public health for the North Shore, as well as the elected and traditional leadership of the Innu and Naskapi who, along with their teams and their people, have managed to keep the virus at bay on the North Shore.

Business of Supply

I believe my speech is clear and straightforward. We are asking the government for a permanent increase in health transfers to the level called for by Quebec and the provinces, immediately. A responsible government thinks of its citizens, not its re-election.

• (1520)

Mrs. Brenda Shanahan (Châteauguay—Lacolle, Lib.): Mr. Speaker, I thank my colleague for her speech.

I would like to continue the discussion we were having earlier about the good work that is being done back home in Quebec. I had the pleasure of working in health care for part of my career. I always noticed that we collaborated not only with professionals and administrators from Quebec, but also with those from other provinces.

Could my colleague tell me if Quebec has a lot to offer? Does she agree that collaboration between the provinces, Quebec and the federal government is a good idea?

Mrs. Marilène Gill: Mr. Speaker, the whole point of my speech was to thank the people back home who are doing such a great job and who have been devoting themselves to their work since the beginning of the COVID-19 pandemic, or even longer, actually.

As for collaboration, my own humble opinion is that the participation of the federal government should be limited to delivering the health transfers, as the premiers of Quebec and the provinces are calling for. Quebecers need the money to do their jobs properly, and it is necessary for the dignity and well-being of the people.

Discussions are happening, and people can talk to one another, of course, but I still think that the federal government needs to stick to doing its job, which is to deliver the health transfers that the premiers of Quebec and the provinces are asking for. That is essential.

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, congratulations to my colleague the deputy whip of the Bloc Québécois for a great speech that clearly highlighted her appreciation for health care and social service workers in her region, a region she obviously cares deeply about.

Can she explain why it is so important to the Premier of Quebec and to the premiers of all the other provinces that the federal government respect provincial jurisdictions over health and social services?

Mrs. Marilène Gill: Mr. Speaker, I thank my colleague for her question.

I will answer in two parts. First of all, we do not need a national strategy. In fact, the army submitted a report after being deployed in Quebec. It said that Quebec had everything it needed as far as plans, knowledge and structures go. What is missing is resources, and that requires money.

At the same time, we have to take individual life experience into consideration. As I said in my speech, my mother and my aunts were nurses. They all decided to walk away from health care at one point or another over the years because budgets kept getting tighter while workloads kept getting heavier, which had an impact on their personal and professional lives. That was before the current crisis.

In my view, it is important for the government to do its part—as I keep repeating over and over hoping that it comes true—and give the premiers and the provinces the transfers they are calling for.

• (1525)

[*English*]

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, does my hon. colleague agree with the principles of the Canada Health Act, which sets out five principles that every province, including Quebec, must respect in order to receive health transfer monies?

Does she respect those principles in the Canada Health Act?

[*Translation*]

Mrs. Marilène Gill: Madam Speaker, I did not have time to put my earpiece on to hear the interpretation. That being said, I think I understand the crux of what my colleague said.

The fact remains that the Government of Quebec has jurisdiction over health care and its services, structure and knowledge.

There is no need for the Government of Quebec to be paternalistic. We already have everything we need. All we are asking for is the transfer of money.

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I would like to begin my speech on the Bloc Québécois motion by reminding the House of what Émilie Ricard said in January 2018, 10 months before the 2019 election. She made a heartfelt plea when she said, “I am broken by my profession. I’m ashamed of the poor care that I do my best to provide. My health care system is sick and dying.”

The government did not hear that heartfelt plea. It turned a deaf ear before the election, during the election and after the election. Still today, after nine months of pandemic that added even more work to already overburdened health care workers, what did the Liberal government have to say yesterday? Nothing. Absolutely nothing.

Fortunately, the House of Commons, this assembly of representatives of the people, is not the government. We are the elected House of Commons and we can adopt the Bloc Québécois’s motion that pays tribute to people like Émilie Ricard. That motion reads:

That the House:

- a) acknowledge the extraordinary work of health care workers (including doctors, nurses and orderlies) during the COVID-19 pandemic, particularly with seniors but also with the general public;
- b) recognize the courage and sacrifices required from them and their families in order to be on the front lines;
- c) highlight the work of Quebec and the provinces in responding to the health crisis and note the direct impact on their respective budgets; and
- d) call on the government to significantly and sustainably increase Canada health transfers before the end of 2020 in order to support the efforts of the governments of Quebec and the provinces, health care workers and the public.

Business of Supply

Through this motion, the Bloc Québécois and all elected members of the House, on both sides, or at least we hope, and especially those working in Quebec, stand together, united, in acknowledging that we all have a duty to send a great big thank you to workers across all of our health care networks.

I am very proud to be here this afternoon because I think this motion gets to the crux of what the government has been claiming for months: that it is collaborating with Quebec and the territories and provinces. Collaboration requires tangible actions, not just words and rhetoric that, sadly, are sometimes empty.

All of the experts who testified before the Standing Committee on Health during its study of the first wave told us that chronic underfunding of the health care system had weakened the networks and made it difficult to properly combat a pandemic of this scope. That is quite clear. Talk about not seeing the forest for the trees.

• (1530)

They told us that chronic underfunding had weakened the health networks, which were therefore unable to properly deal with a pandemic of this magnitude. It has been the biggest and deadliest health crisis of the past 100 years.

The Leader of the Government in the House of Commons says we are just looking to pick a fight and we are not the only members representing Quebec. That is fine. Quebec is represented in this place by members from all parties. However when all parties in the National Assembly of the people of Quebec adopt a motion asking for a significant increase in health expenditures, and we hear members across the aisle call it a constitutional dispute—I will come back to that later—it seems that they are not actively listening. There is more to it than empty words and indefinitely delayed commitments.

Here is what the National Assembly said as recently as the month of June, once again with the agreement of all parties:

THAT the National Assembly of Quebec regrets that the share of health expenditures covered by the Canadian health transfers has dropped by more than one half since their introduction, from 50% to 23%.

THAT the Assembly asks the federal government to quickly review the funding of the Canadian health transfers to increase them significantly for this year and subsequent years, so that the increase reaches at least 6%, without any condition;

THAT the Assembly reiterates the importance of respecting Quebec's jurisdiction over health.

It seems to me that it is incumbent upon a party comprised exclusively of members from Quebec, namely the Bloc Québécois, to be the voice in this Parliament of all parties and all of the people's representatives in the National Assembly of Quebec. If we were not doing it today, who would?

I implore the members from Quebec to distance themselves a little bit from their obsessive desire to be controlled by the executive power. I would like them to play their true role as legislators, which is to defend the interests of Quebecers in the House. I implore them to vote with their conscience in favour of our motion.

When I came here, I felt pride in asking who could vote against that motion. We wanted to bring people together.

This government is telling us that, in the Prime Minister's own words, the dignity and lives of seniors “are not a jurisdictional mat-

ter”. That phrase is as hollow as his statement that values are universal. However, these words have no meaning out of context. It is as if I said health knows no borders. The organization of health care in the face of specific threats such as pandemics implies that that organization occurs within a territory.

What does the Prime Minister's beloved Constitution say? It says that all health care falls under the exclusive jurisdiction of Quebec, the provinces and territories and that the agreement between the federal government and Quebec and the other provinces simply consists of being sure to transfer us our money, and to keep transferring it, so that we can take care of our people. Twenty-five years of underfunding has an impact on the primary determinant of health, which is prevention.

If the federal government cares about health, it should prepare us for the next pandemic, because there will be more. It should fulfill its role and do its job.

• (1535)

I have barely 20 seconds left, so I urge all parliamentarians not to view the Bloc's motion today as a provocation. I am addressing the Liberal members from Quebec, since they are the ones turning this debate into a constitutional confrontation. We never intended it to get to that level.

All we are saying is that the government needs to do what it needs to do, that it needs to keep its word—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The member will be able to continue during questions and answers.

The member for Abitibi—Témiscamingue.

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, I thank my hon. colleague for his excellent and tremendously inspired speech.

I would like to know if, in the context of the economic update we were just given in the House yesterday, he remembers hearing of any measures that would address the issues he just raised.

Has the government spoken to the concerns he has just raised, in particular as regards the much-discussed health transfers to the provinces?

Mr. Luc Thériault: Madam Speaker, we are experiencing the worst health crisis.

It is important for Quebec and the provinces, most of all Ontario. As I have heard recently, everyone should support the Bloc Québécois's motion. It is important that the people who have jurisdiction over health have a clear understanding of the structural, fundamental and long-term investments being made. The government must reinforce our health networks so that we can make it through the current crisis and face future crises.

I was hearing the Prime Minister this morning telling Mr. Arcand that it is a lot of money, that we are talking about structural investments. Indeed, that is what we need. We need more than a piecemeal approach to get us through the current situation. We should not repeat the mistakes of the past. We need to restore health transfers to 35% and heed the unanimous call of Quebec and the provinces.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Madam Speaker, I thank my hon. colleague for his speech. He is always very passionate and very thoughtful when speaking to health, an issue that is very dear to him.

My question is fairly simple. The Bloc's motion is very well crafted. I do not see anything in it that parliamentarians might want to oppose.

Does my hon. colleague know what elements of this motion other parliamentarians might want to oppose?

Mr. Luc Thériault: Madam Speaker, I see nothing in there unless, as the Prime Minister often says, someone wants to play politics with vulnerable patients and people suffering from COVID-19.

I see nothing in there, unless someone wants to play politics with a fragile system and sees this as an opportunity to boast, to point fingers as if we had said we could do better, when it is none of their business. I see nothing in there, except a political ambition to take advantage of Quebec and the provinces at a time when they are vulnerable, or to impose certain views and conditions that have nothing to do with obeying the constitutional law the government holds so dear.

• (1540)

[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.): Madam Speaker, I am wondering if my colleague could provide his personal thoughts or, better yet, the position of the Bloc on the issue of the Canada Health Act. It is something that I believe is widely supported, from coast to coast to coast, by all residents of all provinces.

Could the member share what his thoughts are on the importance of that piece of legislation?

[Translation]

Mr. Luc Thériault: Madam Speaker, I am glad my colleague asked me that question.

This act lays out and guarantees the principle of universal care and access to care. It is clear that underfunding health care and cutting back on health transfers are undermining access to health care, especially on the front lines. The Liberals have carried on Stephen Harper's policy of transfers strictly indexed at 3% rather than 6%. It is blatantly obvious. Everybody says so.

When will the government send a clear message to Quebec and the united provinces so that we can plan for the long term?

We need to plan and get out of the slump this crisis has brought on.

Business of Supply

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Madam Speaker, I would like my colleague to comment on something our Prime Minister said that will surely go down in history.

He said, "I fully respect provincial jurisdictions, but people's dignity, their health and, above all, their lives are not a jurisdictional matter".

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Montcalm has 10 seconds to respond.

Mr. Luc Thériault: Madam Speaker, I would say what I said earlier.

This debate is about collaboration, respect for jurisdiction and areas where everyone can contribute. The Liberal government is disrespecting that by trying to overstep the rules and interfere. It thinks it can do better than Quebec and the provinces did during the pandemic, even though it could not even manage its own responsibilities competently—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Montcalm went well beyond his 10 seconds.

The hon. Parliamentary Secretary to the President of the Queen's Privy Council.

[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.): Madam Speaker, it is a pleasure to rise to speak in what is, in my opinion, a very important debate about health care.

Health care is something that Canadians from coast to coast to coast truly believe in. Whenever I talk to new Canadians, especially, about some of the things that make Canada so attractive, in fact, it is our health care system. It might not necessarily be the most perfect system in the world, but it is a system that is, generally speaking, accepted as one of the finest delivery of services that we provide as a society.

Canadians love our health care system, and they want to see governments working together to protect it into the future. It is one of the areas of responsibility in which I think the current government has done exceptionally well. Shortly after forming government back in 2015, we were able to reach agreements with the different provinces and territories in regard to a funding formula, among other things.

I used to be the health critic in the province of Manitoba. I am very familiar with jurisdictional responsibilities and who is responsible for what. For those who advocate that Ottawa has no responsibility other than to give cash, they are wrong. There is a responsibility that all of us have, even members of the Bloc have to the constituents they say they represent, to ensure the health care services that we have today continue to be there in the future. If there are ways that we can expand upon them, we should be open to doing so, and this government has clearly indicated its interest.

Business of Supply

In terms of the motion that has been presented today, one of the things I do agree with is regarding the workers. I have had the opportunity, as many members have, to talk a great deal about the pandemic. I often talk about the high sense of co-operation and the focus of the government and the Prime Minister, which is, in fact, minimizing the damage of the coronavirus pandemic. We are working with all the stakeholders, and I often make reference to that. However, we have some real heroes who need to be recognized, which I have done in some of my previous comments, but I do think it is worth repeating time and time again.

Our health care workers have done an exceptional job during this pandemic, and when I think of health care workers, they are those in hospitals and personal care home facilities, home care service workers and those who visit homes to provide services to seniors. There is a wide spectrum of individuals who have been able to sustain our health care system during this pandemic, and they have really been challenged to provide the quality of service that Canadians expect there to be.

At times, it has been challenging, whether in the province of Quebec or, more recently, the province of Manitoba, where we have needed to bring in the Canadian Forces or the Red Cross. One of the nice things about the federation is recognizing that Ottawa can complement many of the things that are taking place within the health care services, and we have seen this vividly during the last eight months, and ultimately, I would argue, since 2015.

● (1545)

The government truly understands the importance of and values the work of health care professionals who meet the challenge day in and day out, seven days a week, 24 hours a day. It is one of the reasons we allocated significant money to provinces to provide additional financial support to those workers. Whether they work in operating rooms or the ICU, provide bedside care, replace bedpans or clean stations, these individuals provide the services that are so critical to allowing patients to be safe in our institutions.

There are also the services of home care providers who visit seniors and others in the community. The government has not only acknowledged their existence but has supported them financially in all regions of our country. I do not think there is a member of Parliament in this House of any political stripe who would challenge the idea that our health care professionals, workers and supporters have really stepped up to the plate during this pandemic. All members of the House would recognize that, because that is a reality.

I am very passionate about health care because I believe in it and I know the number one concern of the residents of Winnipeg North is health care. They value it and treasure it. Whether as an MLA or now as a member of Parliament, I will do whatever I can to ensure that health care continues for future generations. I am so encouraged that we have a Prime Minister who is committed to our health care system and the Canada Health Act. Previous prime ministers lacked that sense of commitment, which causes concern.

People should understand why the Bloc Québécois is here. It is not here, as the government House leader said, to contribute positively for the entire country. Members of the Bloc would be quite happy to see issues related to other provinces being left to the side. Yes, in this particular motion, they are advocating that we should

look at other provinces too, but let us also remember that the biggest advocates for just giving them cash and forgetting about anything else are members of the Bloc.

The Conservatives might not be that far behind, but I can say that it would be fundamentally wrong for any government to give a bunch of cash to the provinces and say it does not want anything else to do with them and that they should just take the cash and run. If it were up to the Bloc, it would be for not only health care but every department. I understand that because it sees it having a very different role.

We recognize that whether people are residents of Quebec, my home province of Manitoba or anywhere in Canada, our first priority needs to be the pandemic. That should be the first priority for us, not how we might have confrontations over issues that are really not there. The Bloc focuses on bringing forward issues at a time when most Quebeckers, I would think, just as most Manitobans, want all of us to work collaboratively on trying to minimize the negative impacts of the coronavirus.

● (1550)

I asked the member about the positioning of the Canada Health Act. The Canada Health Act has five basic principles: public administration, comprehensiveness, universality, portability and accessibility. Some members in the House would like to see more. A number of years back, in the 1990s, there was a push to have accountability also incorporated into the Canada Health Act.

The federal government made good decisions when it talked about the importance of home care services and medications. It would be nice to see expansion for these types of services. Some provinces are further ahead than other provinces. Quebec has done a phenomenal job on child care. That was referenced in yesterday's speech. Many years ago, the Province of Saskatchewan did a phenomenal job on health care, and look what we have today.

Yesterday, the Deputy Prime Minister and Minister of Finance referenced British Columbia and the fine work it was doing on environmental issues.

We are a big country and provinces play an absolutely critical role especially when it comes to health care delivery. As I said, I used to be the health care critic in my home province. I know the role that provinces play.

With respect to the pandemic and health care, the federal government has stepped up to the plate. We have resourced hundreds of millions, going into billions, of additional dollars to support health care. We have put special emphasis on issues like mental health. I suspect that if we were to canvass people across Canada, we would find that mental health needs require additional attention. My Liberal caucus colleagues often raise mental health as an issue.

Business of Supply

Home care services are again emphasized and financially resourced, at least in part, by the national government. We need to focus even more attention on these types of issues.

Some would say that the Liberal Party has been talking about pharmacare for a number of years. The Prime Minister made it an issue, and it has been widely debated in Canada for the last four or five years now, at a significantly higher level of debate than it was when medicare was first brought in. I am comfortable believing that because I have been a parliamentarian for 30 years. It is only in the last five years that we have seen the issue of pharmacare at the stage where it is today.

If we listen to our constituents, no matter in what province they live, we will be sensitive to the issue of a national pharmacare program. To achieve that, we have to do what was said in the throne speech in September, which is that we need to work with provinces. It is just not possible to have an optimum national pharmacare program without co-operation and support from provinces and territories. Even though we are in a pandemic, these are the types of issues on which this government continues to move forward.

• (1555)

Once again, we got an indication of this from yesterday's announcement by the Deputy Prime Minister. We continue to move forward with that. Members will remember that only four or four and a half years ago, through a standing committee, we requested that the issue be looked into and brought forward.

I will provide some comments on financing of health. I could probably spend a lengthy period of time on this, so I will try to encapsulate my thoughts on it.

On health care funding, back in the early nineties, I can remember sitting in the Manitoba legislature when Ottawa was making some cuts. At the time, we were told that we would establish a base for ongoing support toward health care and then there would be incremental increases. I suspect, if members were to look at the Debates of the Manitoba legislature back in the early nineties, members would see that it was only a question of time before Ottawa would not contribute a dime toward health care. In a previous negotiation, premiers wanted to see tax point changes as opposed to direct cash going into health care. If we had continued along that line, we would not have had health care dollars coming from Ottawa. It would have been in the form of tax point changes.

I always find it interesting when members opposite say that there were cuts in health care in the early nineties. There was one budget where there was a cut, but there was also an establishment of a base and a fact that Ottawa would always contribute toward health care. I am pretty confident in that, because I was in the Manitoba legislature when that was debated. Because of that guarantee and the monies that continued to flow every year afterward, money in the treasury continued to grow in health care transfers. Today we give more money, historic amounts of money, toward health care. Even over and above those health care transfers, additional hundreds of millions of dollars are being tagged to go toward health care in our provinces and territories.

We understand the expectations, the role of the federal government and the importance of continuing to work with provinces and

territories. When it comes to the pandemic and the testing, for example, provinces have the responsibility and the administration to ensure the testing is being done. However, during the restart program, the \$19 billion that went to the different provinces enabled the Province of Manitoba to triple the number of tests that were being done. Whether it is examples such as that or looking at vaccines, we are in a fantastic position.

Contrary to the impression that the leader of the official opposition tries to leave, Canada is well positioned to be there in a very real and tangible way, because of the fine work that was done by science and civil servants and by working with other jurisdictions. We now have an opportunity, through a number of different companies, to provide the vaccines that Canadians will need. We will be going to our health care workers and others to ensure Canadians continue to be safe going through this pandemic. We will get out of it.

• (1600)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, with all due respect to my colleague, he is initiating a debate that is unrelated to the motion.

He is saying that, when it comes to health transfers, the Bloc Québécois speaks only for Quebec's interests. Does the Premier of Ontario speak only for Quebecers' interests? Does Ontario's Minister of Health speak only for Quebecers' interest? Does his Premier of Alberta support his Liberal, centralist concept of federalism?

The parliamentary secretary is championing the government's vision. I do not know if his Quebec MPs agree with him. Quebec and the provinces are united on this, and together they are asking the government to increase health transfers.

What does he mean when he says the Bloc Québécois represents only Quebec on the subject of health transfers?

[*English*]

Mr. Kevin Lamoureux: Madam Speaker, I can assure the member that all members of Parliament represent jurisdictions. I trust, hope, believe and have faith that we advocate the best interests of our constituents, no matter what province it might be. I have always done my very best at ensuring Winnipeg North is well served by me, but I have never lost perspective of the national interest. The national interest allows for a sense of co-operation on a wide spectrum of files, so citizens as a whole will better benefit in society.

My lineage goes back to the province of Quebec, both on my mother's side and my father's side, and it has so much to offer to us as a nation. I look forward to the ongoing debates we will have on any particular issue.

Business of Supply

• (1605)

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, I have heard the hon. member opposite speak at length in the House, but I do not know if I have ever seen him this fired up. The Bloc must have definitely struck a nerve.

Canadians are rightly proud of our health care system, but decades of austerity and privatization have challenged our ability to deal with a public health crisis like COVID-19. It was back in 1976 when then Prime Minister Trudeau first proposed replacing the 50/50 cost-sharing with a new regime of block grants that exposed provinces and territories to unilateral federal cuts over the subsequent decades. The federal share of overall health care spending in Canada has plummeted to 22% at present. The Liberals promised a new health accord during 2015, but once they got in power, they kept the Conservative Harper cuts.

Given that health care expenditures are projected to increase by an average annual pace of between 6.5% and 8.4%, does the member opposite believe that it is time to increase the health care transfers from the current 3%?

Mr. Kevin Lamoureux: Madam Speaker, we have infrastructures such as our Standing Committee on Health, which is in a very good position to review issues of this nature. We have once again established, through the Prime Minister, first ministers' meetings. Those had been lost. There are opportunities to have that dialogue, whether it is in the two examples I just listed or it is in the debate in the chamber.

The member makes reference to 22%. That percentage varies, depending on the province someone is in. Some provinces have a much higher per capita cost in health care than others. While I do not fully understand all the complexities of the funding formula for health care transfers, there are variations between provinces and Ottawa.

[Translation]

Ms. Monique Pauzé (Repentigny, BQ): Madam Speaker, we have an idea about what the federal government should do better, since it is lecturing us about long-term care facilities. In March, the mayor of Montreal had to personally go to Dorval airport to give updates on the pandemic because the federal government was missing in action. The government gets an F for that.

It gets an F on vaccines. It also gets an F for abandoning the legal vehicle to facilitate local vaccine production. Shutting down the Global Public Health Intelligence Network is worth another F. Millions of N95 masks destroyed and not replaced? Also an F.

As a former teacher, I would say that the Liberal government does not get a passing grade.

[English]

Mr. Kevin Lamoureux: Madam Speaker, I guess we will just have to agree to disagree. I believe that through Ottawa's work with the provinces, we have been able to bring forward PPE and other necessary safety measures. One of the reasons the second wave is not as severe as it could have been is the great sense of collaboration and teamwork during the first wave. The lessons learned through that process have assisted us get through the second wave.

When it comes to vaccinations, for the first time in a while we can see some light at the end of the tunnel. Canada is in a good position because we have done our homework in ensuring that we have the ability to get the necessary vaccines delivered in a very safe fashion to Canadians. This bodes well for all partners and individuals who worked with the government to put these types of things in place.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, I listened with great interest as the member for Winnipeg North talked about almost everything except health care transfers, which are at the heart of the Bloc Québécois motion.

I was shocked and horrified Canadian troops and the Red Cross had to bail out long-term care homes. Does the member agree with me that we should move toward national standards for long-term care and perhaps bring long-term care under the national health care act with those national standards?

• (1610)

Mr. Kevin Lamoureux: Madam Speaker, I am from a province that has recognized the important role the Canadian military played, along with the Red Cross, during the pandemic in the province of Manitoba and in other jurisdictions. It is good to have, and this was demonstrated at a time of crisis. I see that as a positive thing.

I believe it is very important for Ottawa to work with the provinces in relation to health care to ensure that we maximize the services we know Canadians would like to have. We recognize the important responsibilities that provinces have in the administration of health, but this does not mean we have no role.

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Madam Speaker, I was going to get up on a point of order, because I believe the member for Winnipeg North claimed he was the health critic when he was in the Liberal opposition in the Manitoba legislature. I believe he was one of only two Liberal MLAs, so he held the portfolio of many different files, including health.

I want to recognize all our health care workers out there. My wife is a nurse who works in long-term care and my daughter is a nurse who works in geriatrics, and I know they and their colleagues in Manitoba and right across this country are really working hard to keep our loved ones safe.

I also want to thank our Canadian Armed Forces and the Red Cross, which have stepped in most recently in Manitoba. They have served this country well in working in long-term care facilities in Ontario, Quebec and elsewhere. Without their support, we would not have gotten through that as well as we did. I know their commitment and dedication make all of us proud as Canadians.

Business of Supply

Mr. Kevin Lamoureux: Madam Speaker, the member demonstrates exactly the point I was making at the beginning of my speech. I suspect we would not find any member of the House who would not recognize the valuable and critical role our health care professionals and support workers have played during this pandemic. They have been absolutely outstanding heroes in the true sense, and we value their ongoing commitment to the quality of service they continue to provide for Canadians day in and day out, seven days a week, 24 hours a day.

[*Translation*]

Ms. Andr anne Larouche (Shefford, BQ): Madam Speaker, I first want to mention that I will be splitting my time with the ebullient member for La Prairie. He is a tough act to follow, so I am glad to go first.

It is with a feeling of great urgency that I rise on this Bloc Qu b cois opposition day. We chose to debate health transfers. As the critic for seniors, I have decided to tackle the issue from a health perspective, to make sure that we take good care of our seniors and their caregivers, who do amazing work, often unseen and unpaid.

I will represent the views of an important seniors advocacy group, the FADOQ network. It is the largest seniors' organization in Quebec and all of Canada, with 550,000 members, 705 clubs, 16 regional groups and some 17,000 volunteers. It has a long and fruitful 50-year history and it has obviously kept up with the times. More than ever, it is a critical piece of Quebec's social fabric, especially considering the province's aging population.

In a brief submitted in June 2019 ahead of the pre-budget consultations of the Standing Committee on Finance, the FADOQ network asked for an increase in health transfers. The brief notes that in 2018-19, federal health transfers were \$38.5 billion, but total spending by Canada's provinces and territories and Quebec was \$174.5 billion, according to the Conference Board of Canada.

Health care funding accounts for 30% of provincial and territorial budgets, but the Government of Canada funds only 22% of those expenses. Again according to the Conference Board of Canada, the current fixed growth rate will make the federal share of health care funding fall below 20% by 2026.

In order to make up for years of underfunding, the FADOQ network is asking the federal government to index the Canada health transfer by 6% annually. What is more, it notes that the impact of the aging population on public health care spending is significant. The Conference Board estimates that cost of health care for the average senior is about \$12,000 a year, compared to \$2,700 a year for the rest of the population. It estimates that over the next decade, this will add \$93 billion to health care costs for Quebec, the provinces and the territories, a sum equivalent to 1.8% of all their total spending.

The Conference Board of Canada notes that 5.1 million people in Canada and Quebec will reach age 65 over the next 10 years. However, in its current form, the Canada health transfer does not take the aging of the population into account. The formula is based on an equal amount per capita. That is why the FADOQ network believes that the Canadian government needs to change the formula

and add a variable to account for the aging population in the provinces and territories. This would allow for increases in the areas that have the greatest needs. The FADOQ network used the Conference Board report to justify its demand that the government provide assistance so the network can better care for its members. Those numbers speak for themselves.

Canada's population is aging, and the proportion of seniors in Canada and Quebec will rise from 16.9% to 21% over the next 10 years. Federal health transfers in 2017-18 covered \$37 billion of the total \$167 billion in public health care costs.

Today, the Canada health transfer represents approximately 22% of total public health expenditures. I will reiterate that, under the current funding formula, the provinces and territories receive federal funds on an equal per capita basis. Over the past decade the CHT increased by 6%, but, since 2017, its growth rate has been limited to 3% or the rate of economic growth, whichever is higher.

The federal government covers approximately 22% of health care costs and if those costs rise faster than the rate of economic growth, Quebec, the provinces and the territories must absorb the difference. We foresee that this scenario will materialize within the next few years. According to estimates, the CHT will increase by 3.7% per year over the next decade, while the cost of health care will increase by 5.1% per year. In other words, the federal contribution to the funding of health care will not keep pace with the growth in health care costs. If nothing is done to correct this situation, the federal portion of the health care envelope will fall below 20% by 2026.

In its press release issued yesterday after the federal economic statement, the FADOQ network strongly deplores the fact that the government again shirked its responsibilities and announced absolutely nothing for seniors in the economic update provided by the Minister of Finance, Chrystia Freeland.

• (1615)

The Assistant Deputy Chair (Mrs. Alexandra Mend s): Order. I would remind the member that we do not mention the names of other members.

The hon. member has the floor.

Ms. Andr anne Larouche: Madam Speaker, the FADOQ was expecting the Trudeau government to announce a minimum increase of 10% in old age security. The president, Gis le Tass -Goodman, stated, "It is absolutely unacceptable that the government is once again failing seniors, many of whom find themselves in a dismal financial situation that has been made worse by the pandemic."

Business of Supply

In last September's throne speech, the government reiterated its commitment to enhance old age security. The FADOQ network had reiterated its demand that this increased benefit be given to people between the ages of 65 and 74, not just those 75 and over. People whose only revenue is old age security and the guaranteed income supplement receive just barely over \$18,000 a year, or about the equivalent of the cut-off established by the market basket measure.

Seniors in this situation therefore have to make do with the bare minimum, what Statistics Canada refers to as the market basket measure. That is barely enough to meet basic needs and does not include dental care, eye care or medication, as Ms. Tassé-Goodman points out. Like so many seniors who are among society's least well-off, the FADOQ network has still not digested the insulting indigestion—that is the word used—of less than 1% of old age security and the guaranteed income supplement, a measure that was announced on October 1, ironically, on the International Day of Older Persons.

How long will the government continue mocking seniors? How can these people, who built this country, be overlooked like this, not just during the pandemic, but all the time? Increasing their old age security by less than \$110 takes away their purchasing power, because the cost of everything continues to rise, whether it is housing, food or the essential services they are entitled to. The insult has gone on long enough.

I added that part about purchasing power because those are exactly the two things that the president of the FADOQ asked for when she appeared before the Standing Committee on the Status of Women, when we were talking about finding ways to help senior women during this pandemic. They must be given the financial means to stay at home and receive help, of course, but the health care system must also be given the means to care for seniors as well as their caregivers.

Seniors are extremely grateful to the medical personnel who take care of them day after day. They do not need national standards. It is not national standards that are going to take care of them. We need to give our health care workers the means to look after these people, through better working conditions, proper personal protective equipment and adequate supplies. In short, we can only really help seniors if the government stops cutting funding for the workers in our hospitals and throughout our health care system. The government needs to mind its own business.

Giving money to certain organizations that help seniors is good, but it is not nearly enough. It would be better if our seniors were no longer held hostage. They need to be reassured. The government needs to give Quebec and the provinces the resources to help them get through this public health crisis. Let us recognize and commend the efforts of our front-line workers and the efforts the public is making to reduce the pressure on our health care system.

The governments of Quebec and Canada have worked together for decades to meet the public's health care needs. After years of Liberal and Conservative budget cuts, these governments need to continue to work together to meet the needs of the aging population.

We hope that the Liberals will avoid the two temptations that governments face in times of crisis: austerity, such as refusing to increase health transfers to 35%, and interference in areas under provincial jurisdiction.

We need to take action to ensure that seniors are seen as a grey-haired source of strength, rather than an economic burden.

• (1620)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Before we move on to questions and comments, I want to remind hon. members that they must not name other members who are currently members of Parliament.

The hon. member for Courtenay—Alberni.

[*English*]

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, we agree that the government needs to increase transfers to support health workers. I would like to give a huge shout-out to all people on the front line putting their lives at risk every day, regardless of this crisis. Certainly, throughout this crisis they have been there for each and every one of us.

One thing we have talked a lot about is the need to invest more in long-term care and set national standards, but I want to talk about home care workers. They do not seem to be part of this conversation. I was meeting with home care workers yesterday. Obviously, their goal is to keep people out of long-term care, but they are in the middle of a staffing crisis. They would like to see more money transferred to the provinces, with federal oversight and guidelines.

Does my colleague agree that home care workers need better support, better guidelines and better oversight through a long-term agreement moving forward, and that home care workers play an important role in our health care system?

[*Translation*]

Ms. Andréanne Larouche: Madam Speaker, home care workers are more than essential. They are on the front lines, and they make it possible for seniors to stay in their own homes, as I said in my speech.

Some seniors' groups in Quebec are well aware that having home care workers support them at home depends on transfers to Quebec and the provinces. They do not want standards. As I made clear, standards cannot take care of people at home.

However, a worker who is being paid a decent wage and has the necessary equipment will be able to help seniors who want to live in their own home. That is what seniors want.

[*English*]

Mr. Paul Manly (Nanaimo—Ladysmith, GP): Madam Speaker, I want to say I support this motion. I think our health care workers have been doing extraordinary work under stressful situations and it is about time the government got back to providing proper transfers for health care.

Business of Supply

I agree with the hon. member that we should be looking at demographics with respect to these health transfers. In my region, we have a large number of seniors. People come to Vancouver Island to retire.

One thing not mentioned is infrastructure. We have aging health care infrastructure in Canada. It is stressful for workers to work in older buildings that do not meet the requirements of modern health care. I wonder if the member agrees the government should be putting money back into infrastructure for our health care system and hospitals. It abandoned funding for health care infrastructure. Should the federal government be putting money into health care infrastructure again?

• (1625)

[*Translation*]

Ms. Andr anne Larouche: Madam Speaker, I have worked with lots of seniors' groups, and I have worked on the issue of elder abuse as well as proper treatment. Proper treatment means getting seniors out of hospitals.

The reason there were so many problems during the COVID-19 crisis is that we clustered seniors in long-term care homes instead of investing in decentralizing hospitals to get them out of there. I do not think we should be investing in concrete. We should be investing in people.

Mr. Luc Th riault (Montcalm, BQ): Madam Speaker, my two colleagues claim to be shocked that the Red Cross and the army stepped in to help long-term care facilities, but we Quebecers pay these people too.

The army carries out missions elsewhere in the world, so I do not see why it should not step in domestically when we are fighting a pandemic that the government was unable to protect us from. It did not take the necessary precautions in order for us to have the equipment we needed to look after our seniors.

Beyond that, does my colleague not believe that we only had to call in the army because, as stated in the army's own report, 25 years of accumulated budget cuts left us with a labour shortage that, in turn, made it necessary for workers and orderlies to work in several different long-term care centres, which only increased cross-contamination?

Instead of being shocked and saying there should be national standards, would she not agree that that was the true source of the problem?

Ms. Andr anne Larouche: Disrupting the enemy's supply line is a time-honoured military strategy; that way, when they are on their knees, we can really let them have it.

Personally, I find it insulting to think of seniors in terms of areas of jurisdiction. Nobody in the Quebec National Assembly, the Bloc Qu b cois or Quebec's seniors groups thinks that way.

Mr. Alain Therrien (La Prairie, BQ): Madam Speaker, before I begin, I would like to highlight the extraordinary work of our health care workers.

I have no doubt that everybody here has had the experience of seeing a loved one in the hospital, or of being hospitalized them-

selves. They must have noticed how hard these people work. I think it is one of the only situations in life where waiting is acceptable.

I have had to wait for a nurse because she was overworked. She was balancing so many things at the same time. It was clear that she was not at fault; she simply had too much on her plate. What is also clear is that these people work hard and they are passionate about what they do; they are not in it for the money, but to heal people. It is not a job for them, it is a calling, and this calling manifests in everyday life as well, as they always seem to want to help and support the people around them.

Unfortunately, this ended up working against them. As the federal government slowly but surely withdrew from health care funding, the pressure on them only grew. If the health network still exists today, even in the middle of a pandemic, it is thanks to these people, who always go above and beyond.

What do they get in return? They get burnout, they suffer workplace accidents and they are forced to work extra shifts. These people are paying an increasingly higher price for the consequences of the underfunding of health care. That is what people need to realize. They deserve a lot of credit.

I say this because I know a thing or two about it. My mother was in a long-term care facility and she often went to the hospital. I looked at those people with admiration. I commend them today, those who are still there, those who are surviving this extra work from the pandemic and are holding their own. Some end up getting sick. Some have even passed away, unfortunately, in the service of their patients.

Let's think about it. It is incredible. We owe them so much. I would be remiss if I did not acknowledge the fantastic job they are doing. We are lucky to have them. This pandemic has been going on for eight months and they are still there. They are still on the front lines to help our people. We could never forget them, and it is for them that we, the Bloc Qu b cois members, are doing this work here today. I hope that the other parties will understand what we need to do to increase the amount of money they are getting for resources. Every time I went to the hospital to talk to these people, I never heard anyone say that the problem is the health standards, or that these workers want the federal government to impose standards or still that they want standards from someone who knows nothing about health. I never heard those things. What workers are telling us is that they need resources, they need help, they are short-staffed. For that, they need money.

The other side is to blame for the mess our health care funding is now in. They are responsible. Since 1867, the Constitution that they defend tooth and nail has clearly stated that health is a provincial and Quebec jurisdiction. It is right there in black and white. The Constitution also states that the federal government could help Quebec fund this sector, since Quebec does not have enough sources of funding. The federal government needs to provide transfers without conditions. That has been in the Constitution they love so much since 1867.

In 1984, 40% of health care was funded by the federal government. In the 1990s, Jean Chr tien and Paul Martin decided to tackle the deficit. What did they do?

Business of Supply

People must think that these men were so smart to be able to eliminate the deficit. All they did was offload that deficit onto the provinces. They slashed funding to the provinces. They decided to cut spending and let the provinces figure out how to provide services. That is what happened, and by 2004, the 40% funding we were getting in 1984 had dropped to 18%, a measly 18 cents on the dollar. The government is not even embarrassed about that fact. They even find it amusing. At some point, Paul Martin felt guilty. The poor man wondered if they had maybe gone too far and should increase the transfers to Quebec and the provinces. They instituted a 6% increase in an attempt to raise the 18%.

This lasted until the third Harper government. Stephen Harper and the Conservatives said that 6% was too much. From that time on, it was 3%. The Conservatives were the first to put on the brakes. The mathematics are simple and the numbers say it all. We were at 25% and the increase was starting to be interesting. Then the Conservatives said they would not give 6% but only 3%. What did the Liberals do? They thought it was a good idea, but only because they do not know how to add. They believed it was a good idea because it was going to cost them less. They did not care what impact it might have on the health care system.

Let me give them have a basic mathematics lesson, because I already hear them talking. In 2014, the Thomson report said that to maintain health care services at the same level, a 5.2% increase was necessary because of inflation, technological improvements as well as the aging and growth of the population. The percentage is 5.2%. Even my golden retriever understands that when they give us 3% and the cost increase is 5.2%, they do not pay their share and someone else has to pay. Do members see my point?

That is what is happening right now. We were getting 25%. Then it went down to 22% and it continues to drop. The Liberals think that 3% is a good idea, and it is. It is a great idea. The problem is that the government keeps making cuts to these transfers. The underfunding of health care is getting worse and it is becoming a chronic problem.

We try to explain that to the Liberals, but they do not understand. We are about to get out the puppets and crayons to explain to them how this works. I swear we are about to resort to that.

Suddenly, the pandemic strikes and the Liberals start throwing money around. The Prime Minister says that the government is going to help people. The Liberals move quickly and spend some \$300 billion. Because this is a health crisis, we thought that, at some point, the government would provide funding for health care given that people are ending up in the hospital and dying.

• (1630)

Madam Speaker, for every 100 dollars spent during the pandemic, do you know how much was spent on health care? That would be 15 cents. I did not say 15 dollars, which would not have been enough either. I said 15 cents. It does not make sense. We are in a health crisis and the Liberals are spending 15 cents on health care for every 100 dollars. Plus, they think that is good. We have to rise in the House to table a motion and tell them to wake up, because they do not realize what they are doing to the health care system.

They say the Bloc Québécois is looking for a fight. That is not true. The governments of Quebec and the other provinces are saying that the funding is inadequate and that there is an urgent need to increase transfers to the provinces. The Bloc Québécois is not the only one saying this; so are all the Canadian provinces and Quebec. They have even put a figure on their request. They did not ask for 50%, because the Liberals would call Scrooge a spendthrift. They asked for 35%, thinking they could make do with that. Accordingly, they requested \$28 billion from this government for health care, which is logical and justifiable.

Quebec spends 50% of its budget caring for people. I did say 50%. Moreover, that figure keeps going up, because the members opposite are not putting in their fair share year after year. That is where we are. We are up against a wall. This government will have to come to grips with it eventually, because we have people to care for, sick to heal and deaths to avoid. That is the Bloc Québécois's work today.

By saluting the medical workers who help us get through this pandemic, we are asking the government to help them to help us. It is the compassionate thing to do. That is all we are asking for. The evidence is clear. It is time for the Liberals to do their part.

• (1635)

[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.): Madam Speaker, I think it is looking at everyone stepping up and doing their share, there is no doubt about that. When we look at the federal dollars, for example, I suspect we would find for every \$10 being spent at least \$8 is coming from Ottawa in terms of fighting the pandemic. The best examples of that would be the wage subsidy program and the CERB program. There is a significant suite of programs that were provided from Ottawa.

On top of that, there were also additional hundreds of millions of dollars. The member says 15¢ per Canadian. I do not know the exact dollar, but it is going into additional billions of dollars that went into health care. Does the member believe that the provinces also need to participate more extensively, or does he believe 80:20 is an appropriate level of support?

[Translation]

Mr. Alain Thérien: Madam Speaker, the Liberals spent \$500 million on health care out of \$300 billion of total spending. That is 15¢ out of \$100.

My colleague says that 80% of the money came from the federal government. Of course it did; the federal government has the most money. It holds the purse strings. There is a lot of Quebecers' and Canadians' money in that purse, but the services that the federal government has to offer are more limited compared to the provinces and Quebec.

The provinces and Quebec have also been squeezed by the public debt crisis caused by the federal government in the 1990s which left them with very little financial wiggle room. That is what we call the fiscal imbalance. Yves Séguin, a loyal Liberal federalist, explained that Ottawa had all the money but Quebec had all the responsibilities. Everybody understands that.

Everybody thinks the fiscal imbalance started in 2003, but it dates back to 1867. When the Fathers of Confederation gave birth to the Canadian Constitution, they created the fiscal imbalance. Anyway, a bunch of fathers giving birth to something was hardly going to work.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Madam Speaker, when I was a young dad and my kids were younger, they often asked me for money. I asked them for accountability. In other words, if I gave them \$1, I wanted them to tell me what they planned to buy and to bring back the change. They did not come back with much change, but my kids had that responsibility around money, and they bought the candy they wanted because they knew what they liked.

As we saw in yesterday's economic statement, the federal government is behaving a little like a grandpa or a dad. It said, "Funding will be contingent on a detailed spending plan, allocated on an equal per capita basis and conditional...".

I would like my colleague to tell me if he likes the paternalistic approach toward all Canadians that we saw in the Minister of Finance's economic statement.

• (1640)

Mr. Alain Therrien: Madam Speaker, I cannot tell you that I thank my colleague for his question.

It makes no sense. They know nothing about health care, and that is fine. They are not bad people; it just is not their responsibility. Quebec and the provinces are the ones that understand. Under the Constitution Act, 1867, the provinces are responsible for health care.

The Constitution states that the federal government, which has fewer responsibilities, must give Quebec and the provinces money so they can discharge their responsibilities.

We do not need any lectures from armchair quarterbacks. The Liberals need to take taxpayers' money and give it to those who are providing these health care services. Quebeckers and Canadians contribute this money and they are in need of care.

[English]

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Madam Speaker, of course, I would like to join all my Bloc colleagues in thanking the health care workers in my riding as well who have done such an amazing job, in particular in the long-term care homes.

I also join them in suggesting that federal transfers should be increased. The NDP has been calling for that for a long time.

I want to stress again that I thank the members of the Canadian Forces for the work they did in Quebec, Ontario and are now doing in Manitoba.

Business of Supply

In the defence committee when we were studying the response from the Canadian military, we had an interesting comment from the former Parti Québécois minister of health, Réjean Hébert. He said that he had no problem with national standards being established for long-term care, because those standards would be the same for all Canadians, that provincial boundaries would not really make any difference and that there were not really significant cultural differences there. He thought that establishing national standards, if that would help flow more funds to Quebec, would be a very good idea.

[Translation]

Mr. Alain Therrien: Madam Speaker, after the Canadian Armed Forces finished their work in Quebec, they produced a report.

By the way, I salute the Canadian Armed Forces, and we thank them for the work they did. However, let us not forget that Quebeckers pay their share for the military.

That report revealed that the problem was not with standards but with a lack of resources. The military was able to see that on the ground in no time. The problem is not with the standards. It is simply a lack of resources. I do see why we would still debate that.

I worked with Réjean Hébert from 2012 to 2014. Oddly enough, he did not say the same thing at all when he was Minister of Health. He was fiercely against the federal government. His face would turn bright red, Liberal red, I might call it. He was so furious when he talked about that—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Order. It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Mégantic—L'Érable, Agriculture and Agri-Food; the hon. member for Edmonton Strathcona, Official Languages; the hon. member for Bow River, Natural Resources.

Hon. Pierre Poilievre (Carleton, CPC): Madam Speaker, I will be sharing my time with the hon. member for Mégantic—L'Érable.

I would like to thank my Bloc Québécois colleagues for moving this motion, which we will be supporting. We are in favour of increasing health transfers.

[English]

However, I would like to speak about the other pandemic. Its symptoms include drug overdoses, depression and even suicide. According to our Public Health Agency's recent report, the grim story is that, in B.C., paramedics saw 2,700 calls, which is a 700-call increase in people asking for help to save the life of someone who was overdosing on opioids. That is 700 more people yelling into the phone at an operator asking for an ambulance to save the life of a dying person. It is not just B.C.; in Alberta and Ontario, there are 50% increases in opioid deaths.

Business of Supply

Statistics Canada reports that the number of Canadians reporting good public health dropped from 68% to 48% in just the last two years.

● (1645)

Calls to one suicide prevention line tripled, prompting one Conservative MP to call for all of the hotlines to be merged into one to serve all of the desperate people seeking help during these desperate times. What is behind all of this misery? Part of the answer is worklessness. Through no fault of their own and because of the pandemic lockdown, nine million Canadians were forced out of their work and rightly received CERB benefits. Replacing their incomes, while necessary, does not replace their work.

Allow me to quote the public health officer, who said, “Statistics Canada found lower life satisfaction among unemployed Canadians and noted that this relationship is about more than just money... This is echoed by systematic reviews exploring unemployment and mental health, unemployment and health, and unemployment and mortality risk.”

The National Bureau of Economic Research found that a 1% increase in unemployment leads to a 3.6% increase in opioid deaths. The University of Calgary found that a 1% unemployment increase led to a 2% increase across Canada in suicide rates. In other words, worklessness is literally lethal.

Researchers looked at 310 men laid off from a ball-bearing manufacturing plant in the early 1980s and found that two years after the layoffs, those who still did not have jobs reported higher rates of mental health, hospital visits, medication requirements and other health problems. Two years later, those people were suffering more than their compatriots who had found jobs.

If worklessness had a warning label, it would read like this: “Unemployment raises the chance by about a third that a man will die in the next decade,” to quote the former editor of the *British Medical Journal*, Dr. Richard Smith. “And for those in middle age — with the biggest commitments — the chance doubles. The men are most likely to die from suicide, cancer, and accidents and violence.”

One study by Dr. Diette in the United States found that those people who remained out of jobs for long periods of time, even when they had no history whatsoever of mental health problems, were 125% more likely to experience mental distress after that unemployment, and it is not just about money. Harvard professor Edward Glaeser found that the mental health impact of worklessness was 10 times higher than the mental health impact of losing \$25,000 in annual income. This goes to the core of who we are as human beings: the necessity to work, to put our brains and bodies to use for other people.

To quote the Dalai Lama and Arthur Brooks in an essay titled “Behind Our Anxiety, the Fear of Being Unneeded”, they wrote:

Virtually all the world’s major religions teach that diligent work in the service of others is our highest nature and thus lies at the center of a happy life.

Martin Luther King called it “the dignity of labor”.

I am the captain of my destiny. That is the meaning of work. It is self-agency. It is mastering one’s world, rather than having the world master one. That is why I rise today to bring the House’s attention to the urgent need to get the 600,000 people who are still

out of work since COVID back into jobs. What does that mean? It means ending the war on work.

We have, in this country, a system with clawbacks and taxes that can rob a single mother of up to 80¢ on the next dollar she earns. This system punishes people for putting their hands and their heads to work in a job to earn a bit more and to try to get ahead. We must fix that tax system to make work pay for everyone. We must remove the regulatory and taxation obstacles that make it difficult, and sometimes impossible, for our first nations communities to bring business, develop resources and give their young population the opportunity to make maximum contributions.

We must, once again, unleash the power of our resource sector.

Let us think of the number of people who have lost hope across the formerly bustling rural communities in western Canada, where work is part of not just making a living but making a life, where people always took pride in getting out of bed and producing. How many of them lost hope? How many of them took their own lives since the government decided to try to phase them out of existence? Why not unleash the power of that sector to lift people out of poverty and give them, once again, the dignity of work that they deserve and so desperately want?

Why not make Canada the fastest place in the world to get a permit to build a factory or a warehouse and to open a mine or a shopping centre, so that those places can be filled with workers? Why not make this the easiest place on earth in which to create opportunities for people to get up every day and contribute?

To restore health and happiness, we must not just increase health care funding, though that is necessary. We must also honour work and workers, reform tax and benefits to reward effort, free businesses to pay more wages, let labour keep more of the bread it has earned and unleash the mighty force of 20 million Canadian workers, because a job brings dollars and dignity, a paycheque and a purpose, a burden and a blessing, a good living and a good life.

We have work to do.

Business of Supply

• (1650)

Mr. Adam van Koeverden (Parliamentary Secretary to the Minister of Diversity and Inclusion and Youth and to the Minister of Canadian Heritage (Sport), Lib.): Madam Speaker, I rise today and am jubilant, actually, because I heard my colleague opposite, the member for Carleton, possibly do a full one-eighty on something that I have seen him stand in the House to advocate against.

I recognize that the member's message today was about jobs. However, the premise was focused on the opioid epidemic and this is something that I care deeply about. I also recognize that the previous government, the government in which he served as minister, staunchly opposed any evidence-based measures to support those suffering from opioid addictions.

I have a quote here. It is, "Should Bill C-2 become law, it will be extremely difficult to open a supervised injection site anywhere in Canada". This was a bill that the member supported and defended. It was the Respect for Communities Act in 2015. An adviser to the previous Harper government, Benjamin Perrin, had a full about-face on this issue just recently, when he began advocating for safe injection sites across the country and a more compassionate way to deal with the opioid epidemic.

My question, while not specifically about jobs, is this. Has the member had a one-eighty, and does he now support safe injection sites in Canada and a more compassionate way of dealing with opioid addiction as a disease and not a crime?

Hon. Pierre Poilievre: Madam Speaker, first of all, the member is absolutely right that opioid addiction is a disease and its victims are victims. They are not criminals, and they should be treated as victims. Our urgent priority should be recovery and lifting those people up.

I have worked with Harvest House here in Ottawa, which brings young men to an abandoned schoolhouse it has renovated into a beautiful in-patient centre, cleans them up, separates them from their troubles, gives them some skills and gets them earning money and back into their lives as good, honest law-abiding and drug-free citizens. There is hope for every single person to recover, and that must be our purpose. In order to have recovery, we have to remember that all the ingredients of human need must be in the mix. That includes work. That was the point of my speech here today. We need to bring back work. We need to end the war on work. We need to honour the dignity of work.

• (1655)

[*Translation*]

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Madam Speaker, earlier in the debate, the Parliamentary Secretary to the Leader of the Government in the House of Commons used the five national principles of the Canada Health Act to build his case for opposing this motion.

However, Quebec and the provinces respect the five principles of that act. The only one that does not respect one of those principles is the federal government, considering that, when the legislation was first enacted, 50% of health transfer funding came from Ottawa. Today, it is only 22%.

Does my hon. colleague agree that the Parliamentary Secretary to the Leader of the Government in the House of Commons has reached new heights of hypocrisy on this matter?

Hon. Pierre Poilievre: Madam Speaker, I believe so.

However, there is not much room at the top because many Liberal ministers are there already. It will be difficult to add another.

The Liberals always talk about compassion, but they are accumulating so much debt that, in future, our resources and our workers' incomes will have to pay the interest to bankers and to the rich who lent this money. There will not be much left for other priorities, including health.

That is one of the reasons why we are proposing to establish a plan to protect our finances and gradually eliminate the deficit without making the massive cuts that the Liberals made in the 1990s. It requires discipline and we must make plans right now for the good of our social programs and our taxpayers.

[*English*]

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, I am glad to see the Conservatives finally supporting a significant increase in the health transfer investment for the shared costs with the provinces. One thing that really concerned me was when the member claimed CERB was the cause of opioid deaths in our country. In fact, we have heard public health officials, including medical health officers on Vancouver Island and the mayor of Vancouver, calling on the government to name the opioid overdose and fentanyl poisoning taking place a national public health emergency under the Emergencies Act to decriminalize personal possession and create a system to provide safe unadulterated access to substances for people who suffer from opioid addiction.

We agree with treatment, but does the member support those medical health officers and Moms Stop the Harm? All the medical professionals are asking for a real plan and—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We will have a very brief answer from the hon. member for Carleton.

Hon. Pierre Poilievre: Madam Speaker, of course what the member said is absolutely false. The CERB was necessary. We supported it from the very beginning.

What I would say at the same time is that people need incomes, while governments have shut them out of jobs. However, we need to make it our urgent priority to make it safe again for them to get back to work, because work is part of a healthy life. In the meantime, they will need income supports from the government.

Business of Supply

As for the rest of the member's questions, we support recovery. We believe in recovery from addiction. We believe the urgent priority of governments should be to bring about the recovery of the people who are suffering from these addictions so that they can rebuild their lives and go on to a brighter future.

[Translation]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Madam Speaker, first allow me to thank my colleague for his excellent speech and above all his interest in those who are currently experiencing mental health issues.

[English]

I thank the member for Cariboo—Prince George for presenting this great initiative to support and help those with mental health issues. I just want to say that I am in full support of it, and I hope that everyone in the House will support this initiative. It is very important for all of us.

[Translation]

To come back to the motion before us today, I want to thank my colleagues for allowing us to discuss the importance of health care workers. The motion is very clear, as follows:

That the House:

- (a) acknowledge the extraordinary work of health care workers (including doctors, nurses and orderlies) during the COVID-19 pandemic, particularly with seniors but also with the general public;
- (b) recognize the courage and sacrifices required from them and their families in order to be on the front lines;
- (c) highlight the work of Quebec and the provinces in responding to the health crisis and note the direct impact on their respective budgets; and
- (d) call on the government to significantly and sustainably increase Canada health transfers before the end of 2020 in order to support the efforts of the governments of Quebec and the provinces, health care workers and the public.

I thought it was important to re-read it because this speech is going to end up on social media. People need to know what we are voting on, what we are taking a stand on and what we are talking about. I think this is a unique opportunity for all members of the House to acknowledge the work of health care workers. I want to name them because we have a tendency to leave some people out. A few of them are mentioned in the motion, but there are many others, such as paramedics and personal support workers, who people complained were too few in number during the pandemic. There are also the maintenance workers in our health care facilities who have been working and are also under a lot of pressure because of COVID-19. There are also the security guards who had to be posted in various centres, seniors' residences and hospitals. Let us not forget the administrative staff who work in these facilities, the practical nurses, the specialized nurse practitioners, and the doctors and specialists.

In short, I want to acknowledge all those who are directly or indirectly involved in the health care system and are helping to ensure that the victims of this miserable COVID-19 virus get the care they need.

This is important to note because these people, all the people I listed, have had to take additional precautions. They have had to isolate more than others. They have had to avoid contact with their loved ones more than others. They have been in daily contact with

COVID-19 victims, which meant they were putting their own lives on the line. Many of them, and I know some personally, got sick because of contact with the people they were treating. They have to work hours on end. All these people working in the health system deserve to have us take the time today to applaud their efforts. They deserve the whole House's recognition via the adoption of this motion. I think it bears saying. This motion is an excellent way to acknowledge, thank and congratulate all of these health workers.

Three of the RCMs in Mégantic—L'Érable have been in the red zone for a long time. People I know have died. People I know are sick. Other people I know were sick.

If I may, I would like to name the facilities most affected in my riding. These individuals obviously deserve to be commended for their hard work in fighting the pandemic. More importantly, those who have departed from these facilities deserve two minutes of our time as we think about them.

Before I do that, I will share a little anecdote. I was making calls to a seniors' residence to speak with the residents there and try to reassure them. As I was making my calls, someone else was making calls to share the news that one of their fellow residents had died of COVID-19. It was happening at the same time. The calls crossed. I can assure you, it was a very difficult time, especially for those who had just learned that one of their own had died from COVID-19. COVID-19 is not a myth. COVID-19 is real, and this is especially true for seniors.

● (1700)

I want to note the fact that seniors are mentioned in this motion and I see that as a positive thing. It makes me even more proud to support the motion before us today.

The following is a list of facilities have had a great deal of difficulty: the Lambton CHSLD, the Lac-Mégantic CHSLD, Maison Paternelle, Village Harmonie, Manoir Salaberry, the Château Marysia de Vassimeuble residence in Stratford, the La Bouée women's shelter, Ressource intermédiaire de l'Amitié, Villa de l'Érable, the Marc-André-Jacques CHSLD, the Denis-Marcotte CHSLD, the Saint-Alexandre CHSLD, L'Oasis residence, l'Hôtellerie Nouvel Âge, Accès Santé Services Plus seniors residence, Le Crystal residence in Thetford Mines, Les Jardins St-Alphonse private residence in Thetford Mines, Ressource intermédiaire Fortier, the Thetford Mines and Lac-Mégantic hospitals, the CLSCs and the points of service.

I named those facilities because people live there, men and women who chose to live there for their final days. They may not have had a choice for the long-term care facilities, but they did for the seniors residences. These people chose to live there to be comfortable, but they have been stung by this terrible virus. Today, unfortunately, they feel somewhat abandoned. The fact that we can acknowledge them today in the House is absolutely essential. I wanted to add my voice to this motion.

Business of Supply

Physicians in the Thetford Mines area have sent Facebook messages reminding everyone how important it is to follow public health guidelines to avoid a repeat of what happened in seniors' residences. Dr. Éric Gaudreau says he has children and a family to protect, which is why he is asking people to practise physical distancing. Dr. Édith Lepire, an anaesthetist, points out how insidious the disease can be. Dr. Marc Fréchette says that the test is neither unsafe nor even unpleasant. Dr. Nathalie Boutet states, in a message I felt was of particular importance, that she wants to continue to treat people within acceptable timeframes, and urges people to collaborate and follow the rules.

Indeed, by following the rules, we can protect the workers whose job it is to protect and care for us if we should contract the disease. We need to be wary of COVID-19. Mostly, we need to think of those who have fallen ill and those who have taken care of us in these difficult times. The Conservatives will never stop calling on the government to ensure that health workers have the supplies they need to do their job safely.

The Liberal government needs to support the provinces without trying to manage the way they use health care dollars. Every province has its own approach to health care and long-term care for seniors. The federal government should not apply its "Ottawa knows best" approach to the way the provinces use that money to protect their people.

I want to say that I was particularly disappointed with the part of yesterday's economic update where the government puffed out its chest and said that it was going to invest up to \$1 billion to create a safe long-term care fund in support of infection prevention and control. That might seem like a good idea, but the government spoiled it by saying what it said next, and I quote: "Funding will be contingent on a detailed spending plan, allocated on an equal per capita basis and conditional on provinces and territories demonstrating that investments have been made according to those spending plans."

Who was there in the health care facilities? Who was required to provide services to all citizens? It was people who fall under the responsibility of the Government of Quebec. The Government of Quebec knows where to invest the promised amounts. It is up to the Quebec government to invest them. It is not up to the federal government to tell Quebec how to do that.

The government needs to hand that money over to Quebec. It will know how to spend that money to protect and care for its people. It is no coincidence that this morning, Quebec's finance minister called the government's proposed national standards for long-term care completely unacceptable.

Could we have done better? Absolutely. Could the federal government have done a better job interfering in provincial jurisdictions? Based on its management of vaccine procurement, I am positive that it could not.

I prefer the current approach, which is in touch with what people need, what Quebecers and Canadians need, as opposed to the "Ottawa knows all" attitude. Ottawa does not even know how to manage a simple vaccine procurement plan.

• (1705)

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I want to thank my colleague from Mégantic—L'Érable for his speech and for taking the time to congratulate the institutions in his riding.

I also want to applaud the outstanding efforts of workers at the Centre hospitalier de Granby, who worked very hard during the pandemic and are still working hard.

Now for my question. We know that, in the aftermath of a crisis, there is a risk of austerity. I am talking about this because both Liberals and Conservatives have had a tendency in the past to cut health care in the name of getting public finances under control. If there is one sector that should not be cut, it is health, especially as we recover from the pandemic.

I would like my colleague to comment on that.

Mr. Luc Berthold: Madam Speaker, I completely agree with the first part of what my colleague said when she thanked the staff and everyone at the Centre hospitalier de Granby. I am sure those people did excellent work.

However, I do not agree with the connection my colleague made between Conservatives and austerity. Conservatives are for stable, predictable, unconditional health care funding now, tomorrow and after the pandemic. That is what matters.

The Conservatives will therefore support the motion before us. If we wanted to do otherwise, we would not have supported the motion. We are supporting this motion because we know that health care is important during and after the pandemic. The Liberals should have recognized the importance of health care before they dismantled the pandemic preparedness organization, the Global Public Health Intelligence Network.

• (1710)

[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.): Madam Speaker, I am wondering if the member can elaborate. He is talking about the ongoing funding aspect of a national health care system, so how much does he or the Conservative party believe should ultimately be transferred to provinces in health transfers? Does he have a percentage that he is prepared to share with the House?

[Translation]

Mr. Luc Berthold: Madam Speaker, I know that the parliamentary secretary to the government House leader is anxious to be back on this side of the House to ask us questions when we are in power, to find out about the percentages and our plans.

Business of Supply

The Liberals are unable to give us a single date, but they have the nerve to ask us for a percentage on the transfers. We are asking them on what date the first person will be vaccinated in Canada. The Liberals are unable to give us a date. We are asking them when the vaccines will arrive and their response is that the government has a portfolio of 50 vaccines per person. We do not want to know if there are 50 vaccines per person. We want to know when the first vaccine will be administered to the first person.

Before asking the opposition questions, the Liberals might want to answer the real questions Canadians are asking.

Mr. Sébastien Lemire (Abitibi—Témiscamingue, BQ): Madam Speaker, I have a message for my colleague. My party has no aspirations of forming the government. My party stands up for the interests of Quebec and Quebecers.

As such, I can ask the question on the transfer rates. In the meantime, the Conservatives can call themselves the government in waiting. It is always a pleasure to hear them say so in the House of Commons.

Might the Conservatives respond favourably to the joint request of the premiers to increase health transfers by \$28 billion, shifting the federal government's share of health care funding from 22% to 35%?

Mr. Luc Berthold: Madam Speaker, once again, I agree with part of what my colleague said.

Questions from the Bloc Québécois always have a double meaning. We agree on one aspect, but not so much on the other.

We agree that the Bloc Québécois will never form the government and will never be able to see any projects through or invest more in health care, because the Bloc members will never be able to sit around the cabinet table where decisions are made to increase or decrease a given budget envelope or to deal with the economic impact of the Liberals' bad choices, for example. Bloc Québécois members will never be able to do that. I completely agree with my colleague on that.

I would like to point out that he was very honest when he said that the Bloc Québécois will never be in power and will never be able to decide on any percentage. Whether the Bloc members like it or not, it will never happen.

The Conservatives will ensure stable, predictable and adequate funding for health care systems across the country.

[*English*]

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, health care workers have been at the front lines of this crisis for nearly a year now and they need more than just words of gratitude. What they need is for the federal government to support them to win the fight against COVID.

The federal share of overall health care funding in Canada has plummeted to 22% over the years between Liberal and Conservative governments. We started at 50%, when medicare was first established in Canada.

The Harper government, instead of providing stable funding, cut health care transfer dollars. In fact, the Conservatives negotiated

the health accord with the provinces and territories and unilaterally cut the health care transfer escalator from 6% to 3%.

The member talks about funding that is stable. Would he and the Conservatives support increasing transfer payments to 25%, with escalators continuing thereafter?

[*Translation*]

Mr. Luc Berthold: Madam Speaker, I thank my colleague for her comments.

As she mentioned, during this pandemic it is important to clearly tell all health care workers that the elected members of this House are there to support them. We are thinking of them and we are here to make decisions. That is why we will support the Bloc Québécois motion, which:

...call[s] on the government to significantly and sustainably increase Canada health transfers before the end of 2020 in order to support the efforts of the governments of Quebec and the provinces, health care workers and the public.

That is quite clear.

● (1715)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): It being 5:15 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

The question is on the motion. If a member of a recognized party present in the House wants to request a recorded vote or request that the motion be passed on division, I invite them to rise and so indicate to the Chair.

Ms. Monique Pauzé: Madam Speaker, we are requesting a recorded vote.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Pursuant to order made on Wednesday, September 23, the recorded division stands deferred until Wednesday, December 2, at the expiry of the time provided for Oral Questions.

[*English*]

The hon. parliamentary secretary is rising on a point of order.

Mr. Kevin Lamoureux: Madam Speaker, I suspect if you were to canvass the House, you will find unanimous consent to call it 5:30 p.m. so we can begin private members' hour.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Do we have unanimous consent?

Some hon. members: Agreed.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): It being 5:30 p.m., the House will now proceed to the consideration of Private Members' Business as listed on today's Order Paper.

PRIVATE MEMBERS' BUSINESS

[English]

CANADA REVENUE AGENCY ACT

The House resumed from October 26 consideration of the motion that Bill C-210, An Act to amend the Canada Revenue Agency Act (organ and tissue donors), be read the second time and referred to a committee.

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, it has been an interesting day today. We started the day off talking about health care and just how important it was. Now we are in private members' hour. The member for Calgary Confederation has brought forward a bill that has fairly good support from all sides of the House. I anticipate a willingness to see the bill go to committee at which point in time I am sure there will be a lot of interesting discussions and possibly a number of presentations. We will leave it up to the standing committee to establish that.

I want to recognize the member for Calgary Confederation and other members. For example, the member for Oakville North—Burlington has been a very strong advocate in our caucus, ensuring, as much as possible, that we move the bill forward. I believe that after today, the opportunity for it to go to committee will be there. Knowing the efforts of some of the members who have been lobbying for the bill, I suspect the committee will be dealing with it in a relatively quick fashion. I wish them well in getting it processed.

I would like to share some comments on this with the House. When we talk about issues, such as organ transplants, and look at what the legislation attempts to do, it is really about the CRA, the Canada Revenue Agency, working with different provincial and territorial governments to see how we can establish and maintain an organ and tissue registry. This is worth pushing forward.

A name that comes to my mind is Hank Horner, who has since passed. For the longest time, Hank was waiting to get a transplant. It is hard to really appreciate it, but these organ recipients often have amazing attitudes. As opposed to being angry, the exchanges I have had with people who are on a waiting list are quite touching. People want to go that extra mile. We often wonder why a higher percentage of people are not registering as organ donors.

In Hank's case, he used to lobby me, saying that we should have MPI, Manitoba Public Insurance, work with the provincial government to get a registry established through drivers' licences. For good reason, it made a lot of sense. Some people might say that we should put stickers on the licence plates of registered donors. There is obviously a great deal of passion in regard to this issue. We have heard that in a number of the speeches. This is not the first time we have debated this legislation.

I applaud the member for Oakville North—Burlington and the member for Calgary Confederation on their efforts to bring this legislation to the point where it is today. In particular, the member for Calgary Confederation used his priority in bill placement and was also able to get additional support to get the legislation bumped up to have that second hour of debate today.

Private Members' Business

I thought I would share some interesting statistics from the Internet. They come from the Canadian Institute for Health Information. It is somewhat pertinent to what we are talking about. It puts into perspective some actual numbers. In 2018, a total of 2,782 transplant procedures of all organs were performed in Canada. That was an increase of 33% since 2009.

The next thing I will go over will clearly demonstrate why it is so important that we continue to take the necessary actions to support people to register to donate organs. I have a table I would like to reference, and I will speak specifically of organs.

● (1720)

The top organs used in transplants are kidneys, liver, heart, lung and pancreas. Kidneys are the highest number for organ transplants, at 1,706. The number of patients on a waiting list is 3,150. There is some qualification to that because not all provinces could provide the hard numbers, but that is roughly the number of people on a waiting list. An active amount in 2018 is 2,045. The last column really wakes us up to the importance of it. The number of patients who were on the waiting list and died was 95. That speaks volume. We have to wonder what would have happened for those 95 individuals. What kind of future would they have had if they had received that important transplant.

A high number of people who were on waiting lists for a liver transplant died. The total number of organ transplants was 533. The number of patients on a wait-list was 527 and 377 were active. The number of patients who died while waiting for a transplant was 82. We can get that sense of just how important this is.

Very quickly, the number of heart transplants is 189, lung is 361 and the pancreas is 57. Obviously, there are tissues and so forth.

The point is there are things the government can do. We have to be cognizant of jurisdictional responsibility. Ottawa can play a role. Hopefully we will get a better understanding when it goes to the standing committee about the CRA working with the provinces and territories.

● (1725)

[Translation]

Ms. Andréanne Larouche (Shefford, BQ): Madam Speaker, I rise today to speak to Bill C-210, an act to amend the Canada Revenue Agency Act, which would enable the CRA to use tax returns to collect the information required for establishing and maintaining an organ and tissue donor registry in the province. The second part of the bill would allow the CRA to disclose this information to Quebec and the provinces and territories with which it has entered into an agreement.

Today I will talk about three different points connected to this bill.

Private Members' Business

First, I will talk about our party's position on this matter. Second, I will read some excerpts of articles and will share some cases that describe the state of organ donation in Quebec, Canada and the world. Third, I will talk a little about how the pandemic has made organ donation difficult.

I want to start by saying that the Bloc Québécois supports this bill, which should have absolutely no impact on Quebec. We also want Quebec to manage a single tax return. Even if that does not happen, Quebec will have to get all of the information required from its own tax returns. Allow me to explain. The Bloc Québécois has no problem with this bill, but Quebec is unlikely to sign an agreement with the Canada Revenue Agency, since Quebec already has its own tax return.

What the Bloc Québécois wants instead is a single tax return handled by Quebec, which means that this bill would not affect Quebec at all. Even if Quebec wanted an agreement, we would have no problem with sharing this information. Quebec is free to sign an agreement or not. This bill does not commit Quebec to anything or limit it in any way. It lets the CRA collect information if there is an agreement with participating provinces, and sharing that information with the provinces is not a problem. It actually makes sense because the CRA handles all the tax returns outside Quebec.

Now I would like to show how Nova Scotia recently legislated to reverse consent for organ donation. Nova Scotians are now deemed to be consenting unless they state otherwise. Quebec is just getting started on a debate to do the same as Nova Scotia. I had a chance to sit in on a passionate debate on the subject. Right now, Quebecers have to indicate on their health card whether they want to donate their organs when they die. Quebec has all the information it needs to improve the situation.

According to experts, increasing the supply of organs would be very helpful, but we need more doctors who specialize in organ and tissue retrieval and transplants. This brings us back to the subject of the debate raised in the motion moved by the Bloc Québécois here today, that is, the importance of increasing health transfers. It is only logical. Without additional funding, it would be difficult for Quebec and the provinces to have these medical specialists.

As Raoul Duguay said, everything is in everything.

In addition, the number of potential donors is relatively limited, which further complicates things.

Second, I will share some statistics drawn from current events that illustrate some of the problems that exist in organ donation in Canada.

There is not enough supply to meet the demand. Even though the number of transplants has increased by 33% over the past 10 years, there is still a shortage of organs in Canada, according to the latest data published by the Canadian Institute for Health Information. In 2008, 4,351 Canadians were on a transplant waiting list according to CIHI figures. In the same year, 2,782 organ transplants were performed in Canada, while 223 people died while waiting for transplants.

The increased need for organ transplantation is in part being driven by the rising number of Canadians diagnosed with end-stage

kidney disease, which went up 32% over the 10 years studied. According to Greg Webster, CIHI's director of acute and ambulatory care information services, improved organ donation practices across Canada have resulted in a 33% increase in transplant procedures over the last decade.

For most organs, patient survival is greater than 80% after five years.

One of the reasons for the increased number of transplants is that many countries have expanded deceased organ donation practice beyond brain death cases to include donation after cardiac death, meaning the heart has permanently stopped beating. This has led to an increase of almost 430% in the number of donation after cardiac death organs used for transplantation, from 42 in 2009 to 222 in 2018.

According to Dr. Gill, transplant nephrologist and associate professor of medicine at the University of British Columbia, with the increase in donation after cardiac death, there has been a substantial increase in the number of organ donors in Canada, and this has shortened wait times, particularly for those waiting for kidney or lung transplants.

The number of donors after brain death also increased by 21% between 2009 and 2018. That is an encouraging trend given that a deceased donor can provide up to eight organs.

• (1730)

Data published by CIHI also reveal that there were 555 living donors in Canada in 2018. These are people who donated a kidney or a lobe of liver. There were also 762 deceased donors in Canada. The number of deceased donors increased by 56% between 2009 and 2018, whereas the number of living donors remained stable.

Nova Scotia's decision to adopt presumed consent for organ donation has pushed several provinces to ask themselves the question. Is this the best way to increase the number of donors? Survivors and family members believe it is, but for some experts the solution is not that simple. As we heard earlier, we need more specialists.

I will talk about a few cases. Four years ago, Sammy, a young boy from Montreal, was diagnosed with Kawasaki syndrome, a childhood illness that leads to heart complications. He has been living with a new heart for three years. He is in good health. At age 11, Sammy is on the short list of patients who have benefited from organ donation.

Private Members' Business

Linda Paradis's life was turned upside down at age 60, two years ago, when her lungs started to deteriorate. This active business-woman fit as from Quebec suddenly ended up with a few weeks to live, a few weeks away from death's door. She ended up getting a double lung transplant. Of course for her, automatic consent does not hurt. It also takes doctors who are able to perform the operation.

Nova Scotia adopting legislation that assumes all citizens are organ donors has given the rest of the country something to think about. The Premier of Nova Scotia, Stephen McNeil, hopes that his initiative will snowball, but for now, nothing is certain. New Brunswick is looking at the idea closely. The governments of Quebec and British Columbia are saying that they will be monitoring what happens in Nova Scotia, and Ontario says it is happy with its system.

Some European countries like France and Spain adopted presumed consent several years ago. At this time, the data do not show a clear correlation between presumed consent and an increase in the number of donors. Marie-Chantal Fortin, a nephrologist and bioethicist at CHUM, said that it is a simple solution to a complex problem. She pointed out that countries with presumed consent like Spain have excellent organ donation rates, yet the United States, which does not have presumed consent, also has a high organ donation rate.

What experts do agree on is that we need better training for medical teams and, above all, people have to talk about organ donation with their friends and family. I mentioned training for medical teams. This brings us back to the debate on increasing health transfers.

The pandemic exacerbated the problems related to organ donation. According to an article published in July 2020, the organ donation rate is the lowest it has been in five years because of COVID-19. That is what Transplant Québec warned. The provincial organization responsible for organ management counted only two people who donated organs to save five patients in April 2020, while the number of donors was already low. According to a press release from Transplant Québec, executive director Louis Beaulieu said, "The slowdown that occurred in April was mainly due to the exceptional circumstances we found ourselves in. The need to ensure the safety of transplant recipients and the massive reorganization that occurred in hospitals contributed to this situation."

Despite the resumption of activities in May, Transplant Québec noticed a 50% drop in the number of organ donors and a 60% drop in transplants for the second quarter of 2020 compared to the same period in 2019.

In closing, I hope that we can come up with better solutions in this debate so that we can save lives without feeling uncomfortable talking about the signature on the back of the card. I would like to read a rather interesting testimonial from the oldest organ donor in Quebec. He said, "Just because I'm 92 years old, that doesn't mean that I can't donate an organ." He gave part of his liver, and the recipient is doing well. As for Quebec's youngest organ donor, it is a much more tragic story. He lived only 48 hours, but he was able to donate his heart. Let us give from our hearts and sign the card.

• (1735)

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, it is a real pleasure to stand in the House today and support Bill C-210, with great thanks to my hon. colleague from Calgary Confederation. I had the immense pleasure of serving with him on the health committee for a number of years. I cannot think of a finer parliamentarian and a more collegial, publicly minded representative than he. I am so pleased to support legislation that I know he has fought so hard to make a reality in this place.

This legislation would amend the Canada Revenue Agency Act to authorize the Canada Revenue Agency to enter into an agreement with a province or a territory regarding the collection and disclosure of information required for establishing or maintaining an organ and tissue donor registry in the province or territory. In short, what the act would do is allow Canadians to indicate on their tax return that they wish to have their information shared with a provincial or territorial organ and tissue donation program to help facilitate and expedite the donation of organs and tissues in the country.

Canada's New Democrats believe that we must make every possible effort to ensure that every Canadian who needs an organ or tissue transplant receives it. Just one donor can save up to eight lives and benefit more than 75 people, yet, at 18 donors per million people, Canada's current donation rate puts us in the lower third of developed countries. Allowing Canadians to register as an organ and tissue donor through their tax returns will help increase registration rates, improve consent rates and help build a donation culture in Canada.

This legislation was first introduced in the 42nd Parliament as Bill C-316. Despite passing unanimously in the House of Commons, Bill C-316 was one of several bills that unfortunately were allowed to die on the Order Paper in the Senate before the last election. By the way, the Senate also blocked legislation to give mandatory sexual assault training to federally appointed judges, implement the United Nations Declaration on the Rights of Indigenous Peoples and ban unhealthy food and beverages marketing directed at children.

Private Members' Business

However, this was a life and death matter. Canadians are currently dying while on wait-lists simply because our organ and tissue donation rate is so unacceptably low. At present, only 20% of Canadians have joined their province's organ and tissue registry. Provinces like Ontario are taking steps to make it easier by asking about organ and tissue donations on health card and driver licence renewals, which has increased registrations. However, even when everything is in place, some 20% of families refuse to transplant a registered donor's organs and tissue.

In our recent study on organ and tissue donation at the Standing Committee on Health last Parliament, we learned that of the 4,500 Canadians on the wait-list, 260 died waiting for an organ in 2016 alone. In order to better meet this demand, improved coordination across provinces and territories is needed.

Bill C-210 would allow the federal government to coordinate with provinces and territories to allow Canadians to register as an organ and tissue donor through their federal tax filing.

The act would align with the long-standing advocacy and legislative work of New Democrat MPs around organ and tissue donations. The bill is essentially a version of the previous proposal to create a pan-Canadian organ donor registry to coordinate and promote organ and tissue donations throughout Canada.

In February 2016, Conservative MP for Edmonton Manning, whose son had been the recipient of three donated livers, reintroduced a private member's bill calling for a national registry. That bill had been previously introduced seven times by both the Liberals and two New Democrats, Lou Sekora, Judy Wasylycia-Leis and Malcolm Allen.

Unfortunately, the Liberal caucus voted to defeat the member for Edmonton Manning's bill. The Liberals defended their decision to kill the bill, without study, by claiming that it was a matter that was under provincial jurisdiction and it was for that reason the bill was unsupportable.

Leaving that question aside, I want to quote from a couple of important stakeholders. The Kidney Foundation of Canada says, "In an environment where the supply of donor organs is so low and demands are so high, missed opportunities for donation are literally a matter of life and death. Donor organs are rare and precious and every opportunity needs to be pursued to ensure that no potential donation is missed or lost because it also means lost lives of those waiting for transplant."

• (1740)

Dr. Philip Halloran, professor of medicine at the University of Alberta, said, "Donations in Canada are not performing at the standard that our colleagues in the United States are performing and there isn't really any excuse except organization and accountability."

I was therefore quite disappointed to see jurisdiction thrown out by the Liberals as being a barrier to facilitating organ and tissue donation.

Here are a few facts.

While 90% of Canadians support organ and tissue donation, less than 20% have made plans to donate. Unlike the United States, Canada does not have a centralized list of people waiting for an organ or tissue transplant.

The efficiency of donor registration varies greatly from province to province to territory. In the case where someone dies outside of the province where they are registered for organ and tissue donation, it is highly unlikely the hospital would be able to identify them as a donor. Online registration is available only in five provinces: British Columbia, Ontario, Alberta, Manitoba and Quebec.

Even if someone is registered as a donor, the family has the final say. As I pointed out, about one in five registered organ and tissue donors had their wishes overridden by family members, according to a 2016 report in the Canadian Medical Association Journal.

For every patient in Canada who does receive an organ transplant, there are two more on the wait-list. In the past 10 years, the number of deceased organ donors has gone up by 42%, so there is progress, but the number of people needing a transplant has also gone up at the same time. Over 1,600 Canadians are added to the organ wait-lists yearly.

Canada is the only developed country without national organ donation legislation, such as the U.S.'s 1984 National Organ Transplant Act, so it is time that parliamentarians united and addressed this very pressing need. We cannot let jurisdiction, difficulty, party interests and technicalities get in the way of doing what we all know is necessary: We must make it much more efficient and simple for Canadians, who overwhelmingly want to donate organs and tissue, to do so to save their family members and other Canadians.

It is my view that the best system of all is an opt-out system, where everyone is considered to be an organ donor unless they specifically opt out. This respects the rights of everyone who does not, for various reasons, whether religious, philosophical, health or any other reason at all, want to be an organ and tissue donor. There are many countries around the globe that have such a system, and what we see in those countries is that their rates of organ and tissue donations and transplants dwarf Canada's rates. This saves lives.

I hope that all parliamentarians can work together, support the bill, expedite it through this place and ensure that the Senate passes it as soon as possible. Let us do everything we can in this country to facilitate organ and tissue donation and transplantation as soon as possible.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, at the beginning I would like to congratulate the hon. member for Vancouver Kingsway for his speech and his call for support for this very important issue. It is very close to my heart and I have always hoped to see this debated on the floor of the House of Commons.

Private Members' Business

After five years in the House, I cannot think of a bill that I have agreed with more than this one, Bill C-210, which was proposed by the hon. member for Calgary Confederation. He is to be commended for his vision and desire to help Canadians.

Bill C-210, an act to amend the Canada Revenue Agency Act regarding organ and tissue donors, is a short bill that has only two clauses. It is a simple, effective and life-saving act. With a "yes" vote, we can all save lives. Bill C-210 authorizes the Canada Revenue Agency to ask those filling out their tax forms if they wish to be organ donors. It allows the CRA to provide that information to provincial health authorities for their organ donor lists.

When we talk about organ donation, we frequently talk about facts and figures. I intended to give some of those today. Sometimes, though, we forget that behind each number there is a human being involved. Lives become impacted for better or worse, depending on the availability of a much-needed transplant. It is that human element that makes this bill so important.

For example, let me tell members about my son, Tyler. When a child is born, parents always have great dreams for them. There is unlimited potential. We are excited to see how they will fulfill it, and so it was with Tyler, who is now a young adult. My wife and I are very proud of him. Tyler is alive, thanks to not one but three organ donations. Without them, I would be standing here telling the story of a life lost, not a life saved.

Tyler was born with a defective liver. When he was very young it became apparent that without a transplant, he would die. The liver is a remarkable organ that can regenerate itself. That means that the transplant can be from a live donor, that is, if the two people are compatible. With any surgery there are risks, and 20 years ago, liver surgeries were much riskier than they are today. No one undergoes such a procedure without much thought beforehand.

I was a compatible donor. Would I risk my life to allow my son to live? Of course I would and the operation was a success. That, though, is not the end of the story. That first liver transplant did not last.

On Christmas Eve, 2003, it looked like Tyler's time had run out. His life expectancy was now days, perhaps hours. I was not allowed to make a second donation. Almost miraculously, a liver became available from a Quebec man who had just died. We were told it was not the perfect solution. It would only buy time, but time was what we were desperately looking for.

After a decade that liver also began to fail. One more time we entered the medical system. Our emotions were a mixture of hope and fear. There were no guarantees. We knew the statistics. We knew the odds and, as we had done before, we prayed for a miracle. Once again, a grieving family offered a loved one's organ for the good of the community and a match was made. Today, we are so grateful to have a healthy son.

• (1745)

There are no sufficient words in any language to express the gratitude my wife Liz and I still feel for the anonymous donors who saved Tyler's life.

Our family's experience is not unique, but there are not enough available organs to meet the need. Bill C-210 seeks to alleviate that.

When Tyler first began having problems, I became aware of the unmet need for organ donations in Canada. There are literally thousands of people waiting for the telephone call that will change their lives and the lives of those around them. Tragically, for more than 200 Canadians every year time runs out before the phone call comes.

More than 90% of Canadians support organ and tissue donation, which is a great yield, but in theory less than 25% make plans to donate. I will not embarrass hon. members by asking for a show of hands as to how many of them have registered to become organ donors should they die. It is probably not as many as one would expect.

Canada's organ donation rate puts us in about 20th place in international ranking. We need to do better. After all, one donor can benefit more than 75 people and save more than eight lives. A single donor can provide lungs, a heart, liver, kidneys, corneas and more.

According to the Canadian organ replacement register, in 2018 there were 762 deceased donors in Canada and 2,782 organ transplant procedures performed. However, there were 4,351 people on organ transplant waiting lists and 223 of those people died waiting for an organ to become available. That is a sad statistic. The demand for organs is increasing, but the supply is not maintaining the pace.

The number of patients on the waiting list for kidney transplants is approximately two and a half times higher than the number of transplants performed. More than 1,600 Canadians are added to the wait-lists each year, which means we are falling behind.

The various ways of registering to be an organ donor are good, but more effort is needed. It is not that people are opposed to the idea of organ donation, but we do not seem to be that great at putting the idea into practice. By expanding the number of those willing to be organ donors, Bill C-210 could help save lives. By allowing people to indicate their wishes before death, medical personnel would not have to approach a grieving family at the worst possible time to ask about the gift of life.

What if it was a member's son or daughter who needed a transplant? Would they not do everything in their power to make sure it could happen? By making a simple change to the income tax forms through Bill C-210, we would be giving Canadians an easy way to do the right thing.

Private Members' Business

We are talking a bill that could literally save thousands of lives. Think about that. Think about what we do here in the House and how we are frequently unsure of the effects of our actions. With Bill C-210, we know we would be doing good. How many lives lost is too many? In many ways that is the question we are asking today.

We have an opportunity to do good for all Canadians. Why waste it? I urge every member to support Bill C-210.

● (1750)

[*Translation*]

Mr. Francesco Sorbara (Parliamentary Secretary to the Minister of National Revenue, Lib.): Madam Speaker, I thank my colleague from Calgary Confederation for bringing the issue of organ and tissue donation in Canada to the forefront.

I would like to start by sharing some national data on the subject to paint a picture of the situation. Some 4,400 people in Canada are waiting for an organ or tissue donation, and more than 1,600 people join the waiting list every year.

It is devastating to think that 250 people die in Canada every year while waiting for a transplant. Many of those deaths could have been prevented, and the reason for that is simple. Canada has too few organ and tissue donors. This is all the more devastating knowing that a single organ and tissue donor can save up to eight lives and improve the lives of 75 people.

That is why I am happy to support this bill at second reading, and I have to say that I am eagerly looking forward to an in-depth examination of this legislation in committee. We are all touched by the fact that too many people are waiting for organs and tissue, and we all want Canada's donor list to get longer.

That said, at committee stage, we will need to ensure that the bill actually meets its objective in the most efficient way possible. I believe that we will also need to ensure that the legislation specifies the most efficient means possible for the Canada Revenue Agency to collect donor information.

Then, we will also need to ensure that the CRA can dialogue with the provinces and territories to see if any amendments could be made to improve the bill. It could also be worthwhile to hear the testimony of the agency's non-partisan and professional officials who might be involved in the process. To the extent possible, it might also be interesting to hear what provincial and territorial experts would have to say on the matter.

To be sure, we will need to study this bill closely to ensure that it will create the best possible framework in which the provinces and territories can easily and safely share donor information with the CRA. The idea is obviously to end up with the best bill possible, because it is painfully obvious that far too many people are waiting on organ and tissue transplants in this country.

● (1755)

[*English*]

I am also proud to say that the Government of Canada is already turning its attention to this issue. As announced in budget 2019, effective in 2019-20, Health Canada will receive \$36.5 million over

five years, as well as an additional \$5 million per year thereafter, to help in the development of a pan-Canadian data and performance system for organ donation and transplantation in collaboration with provincial and territorial partners. The funding will also support the promotion of organ and tissue donations to the Canadian public.

According to polls on this issue, 90% of Canadians support organ and tissue donation but less than 20% of Canadians plan to donate their organs and tissues. In light of these statistics, it is clear that we need to raise awareness of this issue among Canadians.

[*Translation*]

Public awareness about organ and tissue donation is urgently needed, since year after year, despite gains made here and there, the end result brings its fair share of disappointment.

For example, we have noticed in the past few years that the number of deceased organ donors has gone up by 42%.

While that is encouraging, unfortunately, the number of people needing a transplant has also gone up during that same time, and the situation remains concerning. As a result, Canadians are dying because they are not getting an organ or tissue transplant. This is utterly tragic.

I recently heard a very inspiring story about Logan Boulet.

Logan played defence for the Humboldt Broncos, a junior hockey team. The team was travelling to a game together when their bus was hit by a transport truck in April 2018.

That story made headlines and struck a chord with Canadians. Logan was a registered organ donor and had made his wishes known in the weeks before his death. He was able to donate his heart, lungs, liver, both kidneys and both corneas.

News of these generous donations produced what was called the Logan Boulet effect. More than 60,000 people across Canada signed up to be organ and tissue donors in the weeks that followed. His father launched an initiative the following year called Green Shirt Day. This initiative honours his son's actions by promoting awareness of organ and tissue donation. The addition of 100,000 donors would be heartwarming news to come out of this tragedy.

• (1800)

[English]

There is no question that more must be done to address the serious need for organs and tissue available for donation. Today transplants can help burn victims recover, remove the need for long-time dialysis, reduce the need for amputations, repair childhood heart problems, assist in heart bypass surgery, replace lungs affected by cystic fibrosis with healthy ones and replace the disfigured facial features of accident victims by providing a cosmetic solution. Living donors who are of the age of majority and in good health can donate a kidney, part of the liver and a lobe of a lung and continue to lead full and rewarding lives. What could be more rewarding than saving someone else's life?

[Translation]

By promoting awareness among Canadians, we can increase the number of donors. The Logan Boulet effect is proof of that. Furthermore, when we work together at the national level, with the provinces and territories, we can continue to improve the organ and tissue donation and transplant system, to guarantee Canadians timely, efficient access to health care.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Madam Speaker, it is a real honour for me to rise today to speak to Bill C-210.

I believe that the subject we are discussing has the potential to meet the urgent needs of many Canadians, and I want to emphasize the word Canadians. It is true. Quebec can sleep well at night knowing that this bill will not really have any impact on it.

I commend Nova Scotia for the steps it has taken to make organ donation automatic and make opting out voluntary, rather than the other way around. Bill C-210 will facilitate this approach through close collaboration with Ottawa to get the relevant information from people's income tax returns.

As I just mentioned, Quebec will not be part of that Canadian collaboration because it is already collecting that information. However, members know me and I will not turn a deaf ear. It is clear that, in due course, the Quebec National Assembly will move forward and it will be very simple. I hope it will be simple for all of the provinces that have to manage their health care systems and meet an ever-growing need for organ transplants.

Provinces know what they are doing. Once again, the Quebec formula of national, responsible, grassroots governance is paying dividends. I can only agree with other provinces taking the same approach or with other governments choosing to collaborate, especially on a matter of health.

That is a welcome change from the arm-wrestling matches we too often see in this House. Actually, I will digress for a moment, because my fellow Quebeckers would be upset if I did not take this opportunity to remind all hon. members and everyone watching that Quebec is still asking for a single income tax return. I also want to point out that processing Quebec taxes costs the federal government an arm and a leg. With the spending announced yesterday and the looming deficit, I again urge the government to consider that option, which is completely in line with its willingness to listen and collaborate on this bill. Now might be the ideal time to go down

Private Members' Business

that road since the federal government will need public servants to deal with all that was announced yesterday. A lot of elbow grease will be required if this country, now more generous than ever, is to also become more efficient than ever. Now back to the matter at hand.

It is up to Quebec and the provinces to decide what works best for them when it comes to organ donation and transplants. This issue literally speaks to peoples' values and intersects with different peoples' funeral rites. Society's many perspectives can create sparks when they intersect.

In the House, our colleagues in the NDP and in the Liberal Party are fighting tooth and nail for a centralized government. Our Conservative colleagues always wrestle with collective decisions that are connected to their social and religious beliefs. In the Bloc Québécois, we are working non-stop for Quebec's independence.

How does organ donation work elsewhere? This is not always a simple debate, and that makes sense. Brazil has even taken a step backwards. This is why every society needs to move at its own pace.

I would just like to be parochial for a moment. Things can be done locally to significantly increase the donor pool. On that front, people may be surprised to hear that few governments can match Saguenay—Lac-Saint-Jean. In my region, the number of donors per million inhabitants is neck and neck with Spain, which sets the bar. That is impressive, and it might raise a few eyebrows, but it is by design.

Where I am from, there is a strong culture of organ donation and health organizations identify potential donors. According to a 2019 La Presse article, my region is impressively effective, mainly because health professionals have access to training and there is constant follow-up. The author added that a culture of organ donation makes it easier to convince family members of the deceased, who always have the final say in Quebec, to consent to organ harvesting.

If I could just plant a seed, reading between the lines, what matters most is a solid, well-funded health network capable of innovation and adaptation. That is the foundation of a better health system.

This brings me back to one of our demands: increased federal health transfers. Quebec and the provinces are scrambling to support health care systems whose costs have increased exponentially. Meanwhile, the federal government expects us to welcome it with open arms as it dictates how long-term care centres should operate, when just yesterday it showed up to the family party empty-handed.

Private Members' Business

As they say, out of sight, out of mind. The federal government withdrew so much from health care that it ended up losing interest. Now it is suddenly newly aware that this is a big responsibility, and it wants to take some of it on.

• (1805)

This is totally inconsistent with its record of inaction. Members will recall that over the past few decades both Liberal and Conservative governments have systematically paid down their deficits on the backs of Quebec and the provinces. Today, as many regions teeter on the brink of disaster, Ottawa might have had the good idea of introducing Bill C-210, but that does not make up for the fact that it has messed up pretty much everything else. In the circumstances, the government should think long and hard before invoking the pandemic as an excuse to interfere in such clearly defined areas of jurisdiction.

All of this brings us back to the basic argument for Bill C-210, namely that the federal government can and must support the provinces and provide them with the tools they want, when they want them, and how they want them. In this case, that consists in the federal government's immediate and unconditional payment of \$28 billion to Quebec and the provinces.

At its core, Canadian federalism was designed to prevent all levels of government from stepping on each other's toes. When Ottawa decides to encroach on the jurisdiction of health, it is essentially proposing to rewrite legislative jurisdiction. Before this government goes full steam ahead, I would like to invite the federalists to think carefully about their role and the files they were entrusted with when they were elected to Parliament, this distinguished chamber.

Something tells me that my hon. colleagues have a lot of questions for me. Unfortunately I will not be able to answer them. We could always meet in the lobby.

In closing, I would like to wish the thousands of people waiting for a transplant the best of luck with this difficult ordeal, especially during these times and with the holidays right around the corner.

[*English*]

Mr. Len Webber (Calgary Confederation, CPC): Madam Speaker, I must say that I am very pleased with what I heard this afternoon and also in the first hour of second reading just a few weeks ago. I would like to thank all the members who spoke to the bill.

From the very beginning, my goal with the bill was to avoid making it a partisan, political debate. In fact, in the last Parliament, as in this one as well, I have been genuinely touched by the multi-partisan support the bill has received. From what I have seen so far, Canadians should feel proud that when a sensible idea comes forward in the House of Commons, we can put politics aside to improve the lives of Canadians and, in this case, save the lives of many who are waiting for a life-saving organ donation.

My bill will go to a vote, and I am quite hopeful, after what I have heard, that it will be supported. It was supported unanimously in the last Parliament, before it eventually died in the Senate when the election was called in 2019. I will call on my colleagues to

please show their desire to improve our organ and tissue donation procurement system in Canada and vote in favour of the bill.

I am confident that Canada is on the verge of setting a new global standard for how to reach potential organ donors. Each of us in the House can play a role in that step forward.

However, we do need to find a way to expedite the bill as it makes its way forward: first, if it passes tomorrow, to the health committee, then back to the House for a final vote and then off to the Senate. I would welcome the support of all parties in the House in this regard and in whatever we can do to expedite this process. There could be an election call at any time, and that would once again kill the bill. It happened before and it may happen again. That would be a shame.

I must thank the hon. member for Calgary Centre for graciously giving me his private member's bill time slot today so we could move the bill through the process more quickly. Believe it or not, I was not scheduled to be up again for the second hour of second reading of the bill until the end of January or into February, so I thank the hon. member for Calgary Centre profusely and sincerely. I know he sees the value of the bill and the importance of getting it passed and implemented expeditiously.

I would also like to thank many of my former colleagues on the health committee, in particular the member for Oakville North—Burlington, who was the parliamentary secretary previously. She has provided incredible support for the bill and has lobbied on my behalf within her own caucus. I thank the member for Coquitlam—Port Coquitlam, the chair of the health committee, and the member for Vancouver Kingsway, also a member of the health committee, as well as many members in my own caucus. They have all gone out of their way to show their support for my bill and advocate for its swift passage. That has meant a lot to me.

I would also like to thank the 20 members of Parliament from all political parties in the House of Commons who seconded my bill. It really would be tragic if the bill were to die yet again before it fully passed into law. It is my hope that every one of my colleagues will speak with those they know to help ensure the timely passage of this legislation.

In closing, I have one final ask of my MP colleagues. I implore all MPs, over the Christmas break, to have a conversation with their families about organ donation, and to please express their wishes clearly to them and find out what their wishes are. Even through these COVID-19 pandemic days, donating blood in Canada remains safe. Canadian Blood Services and Héma-Québec have robust cleaning, infection control and screening practices in place to protect all donors, staff and volunteers. Please donate some blood during the holiday season. There is no greater gift than a blood donation.

• (1810)

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): 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 motion be passed on division, I invite them to rise and so indicate to the Chair.

• (1815)

[*English*]

Seeing none, I declare the motion carried. Accordingly, the bill stands referred to the Standing Committee on Health.

(Motion agreed to, bill read the second time and referred to a committee)

Mr. Kevin Lamoureux: Madam Speaker, I suspect if you were to canvass the House, you might find unanimous consent to call it 6:30 p.m. at this time so that we can move to Adjournment Proceedings.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I greatly appreciate the fact that all of the orders of the day have been dealt with, and we do not actually need a motion to see the clock.

ADJOURNMENT PROCEEDINGS

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

[*Translation*]

AGRICULTURE AND AGRI-FOOD

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Madam Speaker, I am proud to rise in the House this evening. I am honoured to do so in person, not virtually.

I rise to acknowledge the excellent work the official opposition has done over the past few months. Thanks to that work, dairy producers received excellent news on the weekend. The compensation they have been waiting 13 months for finally has a clear deadline. Dairy farmers know that they will receive money this year, next year and the year after that. I am very happy.

I have to say that this happened in an odd sort of way. Let's go back to August 2019, when the then minister of agriculture and agri-food announced that she would compensate dairy, egg and poultry producers to the tune of \$1.75 billion for losses incurred in the wake of negotiations on the Trans-Pacific Partnership and the free trade agreement with the European Union. The announcement was made in the month of August. Then, in October, there was an election. Not long afterward, producers received a cheque. That was the first phase of this announcement.

A pattern is emerging. We waited 13 months and during that time all opposition parties asked the government to provide the figures, details and deadlines for the payment of the touted financial compensation for dairy, egg and poultry producers. During this 13-month period, we constantly repeated our questions. It is fine to cut

Adjournment Proceedings

a cheque during an election period, but we still did not have an answer and producers were worried.

All of a sudden, on Saturday morning, we were surprised to learn on Twitter that the Minister of Agriculture and Agri-Food was going to make an announcement later in the day. We realized that this announcement, which took place after 13 months of effort by the official opposition and other opposition parties, was about compensation payments. The big surprise is that the compensation will be paid over three years instead of seven years. That is good news and dairy producers are very happy.

Why was that announcement made on a Saturday morning at the very last minute? We saw it yesterday in the economic statement. Documents were already printed, and the government simply forgot to tell producers the good news that the compensation was included in the economic statement presented yesterday by the Minister of Finance. That mistake had to be rectified at all costs. That is why, stumbling along and improvising once again, the government announced on a Saturday morning that dairy producers would be compensated.

The problem was that the government was not ready to announce an agreement for egg and poultry producers. A dollar amount was announced, but how the money will be allocated and distributed will be determined at some later date. Another waiting period has begun.

How will the money be allocated and to whom? How will it work? What is the investment program? What is the advertising program? No one knows. Earlier today, after making the announcement, the Prime Minister said that there will be a confidence vote that could trigger an election. How convenient.

The Liberal government promises money, makes announcements and says that the cheques will be in the mail soon, but there might be an election in the meantime. Unfortunately, the Liberal government only cares about dairy producers when there is talk of an election. That is the problem. Absolutely nothing has been announced for dairy processors. There was not a word about them in Saturday's announcement.

My question for my colleague is as follows: When will the details pertaining to dairy processors and egg and poultry producers be available?

• (1820)

[*English*]

Mr. Neil Ellis (Parliamentary Secretary to the Minister of Agriculture and Agri-Food, Lib.): Madam Speaker, the government strongly supports supply management and is delivering on its commitment to compensate our supply-managed sectors for the impact of recent trade agreements.

Adjournment Proceedings

The Minister of Agriculture and Agri-Food recently announced a substantial package that delivers on the Government of Canada's commitment to provide full and fair compensation for market access concessions made under the Canadian-European Union Comprehensive Economic and Trade Agreement, CETA, and the Comprehensive and Progressive Agreement for Trans-Pacific Partnership. A total of \$2 billion in federal support will be made available to every dairy producer for the impacts of CETA and CPTPP, including \$1.75 billion to be paid in the form of direct payments. Of this amount, \$345 million was made available to eligible dairy producers in the 2019-20 fiscal year. All eligible dairy producers who applied have received their payment.

The government has also set a schedule to deliver the remaining \$1.4 billion through direct payments to farmers over a timeline of only three years. Dairy farmers will receive, on the basis of their milk quota, cash payments of \$468 million in 2020-21, \$469 million in 2021-22 and \$468 million in 2022-23. These payments will continue to be delivered through the Canadian Dairy Commission. These amounts build on the \$250 million CETA on-farm investment program, which has already approved 3,327 applications. Dairy producers now have greater certainty as to the level and timing of support as they adapt to the new market environment.

The government is also delivering on its commitment to provide full and fair compensation to poultry and egg producers for the impacts of the CPTPP. Up to \$691 million for 10-year programs will be made available for supply-managed chicken, egg, broiler hatching egg and turkey farmers. These programs directly respond to what was requested by the poultry and egg working group following the ratification of CPTPP and will provide producers with targeted support to make on-farm investments, improve productivity and carry out market development activities. Program details will be designed in consultation with sector representatives and launched as soon as possible. This compensation package will help dairy, poultry and egg farmers make strategic investments on their farms and improve their operations to be even more competitive.

Our government remains committed to engaging the sectors on full and fair compensation for CUSMA. We also remain committed to supporting our processors of supply-managed products for their market impacts.

The government pledged to compensate supply-managed farmers and that is exactly what we are doing.

[*Translation*]

Mr. Luc Berthold: Madam Speaker, it is almost as though we were listening to the press conference the Minister of Agriculture gave last Saturday all over again. It was an improvised press conference, remember, because the details were in Tuesday's policy statement. The documents were probably still being printed.

At the very end of his speech, my colleague talked about compensation for the free trade agreement with the United States and Mexico.

How long will that take? We are starting today. Does today count as day one or does Saturday? How many times will we be told that dairy, egg and poultry producers will be fully and fairly compensated very soon?

This government is improvising when it comes to compensation for dairy farmers, processors, and egg and poultry producers.

Unfortunately, Canada's entire agricultural industry is suffering as a result.

• (1825)

[*English*]

Mr. Neil Ellis: Madam Speaker, the industry has asked for clarity and certainty from the government as it relates to compensation, and we have provided just that. In August 2019, the Minister of Agriculture and Agri-Food announced that \$1.75 billion would be provided to compensate Canadian dairy farmers over eight years. Between December 2019 and January 2020, more than 10,000 dairy farmers received a cash payment of \$345 million. The government has now set a schedule to deliver the remaining \$1.4 billion through direct payments to farmers over a timeline of only three years, giving dairy producers greater certainty as they adapt to a new market environment.

The government has also announced \$691 million for a 10-year program for the 4,800 Canadian chicken, egg, broiler hatching egg and turkey farmers. Collectively, this support will help dairy, poultry and egg producers adapt to new market conditions by replacing foregone income, increasing producer confidence in the future of supply-managed systems and providing producers with the opportunity to make strategic investments in their operations.

Through these investments, dairy, poultry and egg farmers will be able to improve their operations and be even more competitive, which will help—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am sorry. The time is up.

The hon. member for Edmonton Strathcona.

OFFICIAL LANGUAGES

Ms. Heather McPherson (Edmonton Strathcona, NDP): Madam Speaker, I stand today to ask for a response to a question that I asked earlier in the sitting.

The mandate of the Minister of Economic Development and Official Languages outlines the government's commitment to Canada's official languages in minority settings and calls for investment in infrastructure to support minority communities, including schools. I rise today to address this mandate as it relates to the protection of French in Alberta.

If we include the Université de l'Ontario français, which has yet to welcome its first cohort of students, there are only seven language colleges or universities in Canada outside of Quebec, and one of those is in my riding of Edmonton Strathcona. It is Campus Saint-Jean.

Campus Saint-Jean is the only French-language university west of Winnipeg. It serves 800 francophone and bilingual students from Alberta and across Canada, with a wide range of undergraduate, after-degree and graduate programs. Campus Saint-Jean is critical to the vitality of the French language in Alberta and in the west of Canada. Its education program trains future teachers for Alberta's and other provinces' primary and secondary French and French immersion classrooms. Without Campus Saint-Jean, Alberta would not have the qualified teachers it needs to serve its francophone students or those who, like my daughter Keltie, are enrolled in the bilingual programs in Alberta.

Today, we are at risk of losing Campus Saint-Jean. In violation of the contract signed in 1976 between the faculty of Saint-Jean, the University of Alberta and the Government of Alberta, which promised adequate funding to operate, maintain, expand and enhance the school, Jason Kenney's cuts to post-secondary education are threatening the very existence of Campus Saint-Jean. Unlike in Ontario, where the Ford government refused to fund the Université de l'Ontario français, Alberta's government is failing to live up to its obligations. This has profound implications for the future of French language instruction and vitality in Alberta and, as such, must be addressed by the federal government.

Article 23 of the Canadian Charter of Rights and Freedoms guarantees that Alberta's francophone parents have the right to have their children receive primary and secondary school instruction in French. The recent Supreme Court ruling in favour of the Conseil scolaire francophone de la Colombie-Britannique affirmed this right and more. It found that minority language communities must receive equivalent support to the majority language, not proportional support, as British Columbia has argued.

The implications for Alberta are very clear. Unless Campus Saint-Jean is supported, Alberta's school boards will not be able to meet the equivalency standard. In the case of Ontario, the federal government stepped up with a commitment of more than \$60 million over eight years to support its French-language post-secondary institution and to ensure that francophones in Ontario would have their minority rights protected.

Will the current government do the same for francophones in Alberta?

Mr. René Arseneault (Parliamentary Secretary to the Minister of Economic Development and Official Languages (Atlantic Canada Opportunities Agency and Official Languages), Lib.): Madam Speaker, I want to thank my colleague, the member of Parliament for Edmonton Strathcona, for her support for Campus Saint-Jean. I know she has been a vocal advocate for this institution, which shows the vitality and success of the Franco-Albertan community.

As we outlined in the Speech from the Throne, our government is firmly committed to supporting Canada's official language minority communities, while also protecting and promoting the

Adjournment Proceedings

French language. We understand that our two official languages are an essential part of Canada's identity. Supporting Campus Saint-Jean is a fundamental part of both of these aims.

• (1830)

[*Translation*]

As the only francophone university west of Manitoba, Campus Saint-Jean is a source of pride for the Franco-Albertan community, offering young francophones an excellent post-secondary education.

Campus Saint-Jean is open to all Albertans and all Canadians who wish to strengthen their bilingualism and their ties with French. That is why our government recently invested \$3.7 million to support Campus Saint-Jean through our bilateral agreement with the Province of Alberta.

We understand that the federal government has a role to play in ensuring that this vital institution can continue to operate.

[*English*]

We cannot do it alone. Under the agreement between our two governments, these funds cannot be released without the Government of Alberta providing its share of the funding. Unfortunately, the Conservative government of Jason Kenney has made Campus Saint-Jean one of the victims of cuts to education.

Our government has asked the Alberta government to reconsider. The Minister of Official Languages wrote to Premier Kenney asking that his government live up to its end of the agreement, but today it remains silent.

[*Translation*]

Just yesterday, the federal Conservatives remained silent despite calls from the government and the member for Edmonton Strathcona. No federal Conservative condemned the cuts at Campus Saint-Jean. That is extremely disappointing, and it shows how little the Conservatives care about Alberta's francophone community and about protecting official bilingualism across the country.

Our government is keen to collaborate with the other parties to support Campus Saint-Jean and to ensure that the 286,000 Franco-Albertans, the thousands of francophiles in Alberta and all Canadians out west can access post-secondary education in French.

[*English*]

Ms. Heather McPherson: Madam Speaker, I want to just make a point. The Campus Saint-Jean is more than just a vital French language, post-secondary institution in Alberta and Western Canada. It is also the cultural and socio-economic hub of the francophone community in Edmonton.

Adjournment Proceedings

The government has clearly stated its commitment to new investments to help train, recruit and attract teachers in immersion and second official language programs across Canada. It has also promised to invest in infrastructure that supports minority official language communities. Campus Saint-Jean is critical to both.

When will the minister provide an announcement on funding for Campus Saint-Jean?

Mr. René Arseneault: Madam Speaker, French language post-secondary institutions like Campus Saint-Jean allow young francophones to study and progress in their language and in their community. These institutions are crucial for francophones from coast to coast since they help promote the French language by training all Canadians who wish to study French as a second language.

[*Translation*]

I will give my colleague a direct answer.

Our government understands the importance of Campus Saint-Jean. We have already invested \$3.7 million to support it. We made a commitment in that regard. We only hope that the province of Alberta and Premier Jason Kenney, along with our Conservatives colleagues in the House of Commons in Ottawa, will recognize the importance of ensuring the vitality of Campus Saint-Jean and show their support for a bilingual Canada.

[*English*]

NATURAL RESOURCES

Mr. Martin Shields (Bow River, CPC): Madam Speaker, I appreciate the opportunity to participate tonight. We have heard the term for centuries of “hewers of wood and drawers of water”. Sometimes it has been used in a negative way, but in Canada we are phenomenal at it. That is our resource industry. We are experts at it. We are respected around the world for the technologies we have developed in this industry.

I know my Liberal colleague will tell me how much Liberals have supported the resource sector, but I have visited with alternative energy sectors in my riding. We have had wind turbines for decades in my riding. We are into the second and third generation of them. The biggest solar farm in Canada is being built in my riding. If we visit those we will find that it takes 200 great Canadian coal to make one blade for a windmill. If we look at the components for solar, the metal, the plastic, it does not work without the resource industry in oil and gas to make those.

The resource sector is a great one to provide energy, but the other industries are complementary to it. For decades we will be using the resource industry in our country. When we have a trillion dollars of debt, unemployment and an economy that has slowed down because of COVID-19, it is the resource sector that can drive this economy back to where we need to be.

The energy sector is also the largest employer of indigenous people in this country, businesses and workers. The simple fact is that we will continue to need the fossil fuel industry in the future, for decades to come.

Speaking of hewers of wood and drawers of water, we have another phenomenal industry called the agricultural industry. Agricul-

ture is an essential industry with essential workers. As the Minister of Agriculture told me at committee, to the federal government and the provinces, it is an essential industry. When it comes to vaccinations, let us hope the government understands that these are essential workers in this industry, which provides us food security and is able to produce food that is distributed to the world to feed people, and that these workers in the agricultural industry are considered essential for vaccination, if they so choose.

Another part of the agricultural industry is broadband. Part of the challenge is that the Liberals have not quite understood a couple of things about broadband. Yes, they want to move it up. They want to do it sooner, but they keep talking about the last community, whether it was in the east, north or central Canada. That is not the community for agriculture. It is the farm gate. The farm gate may be only a few kilometres out of town, but our agricultural industry is the most advanced in the world. The technology it is using is incredible, and 50 down and 10 up is a minimum for our agricultural industry. The Liberal government does not understand that it needs to get this for the agricultural industry.

All of those things in the resource sector are important to make our economy work.

• (1835)

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, coming from the Prairies, I am very familiar with many of the issues facing our Prairies, our commodities, our farms and our wonderful natural resources.

The member opposite talked about wind power and some difficult issues he might be having with that. Being from Manitoba, I would think of hydro power and the benefits of that.

We have not forgotten other natural resources. The TMX project is probably a good example. Today, well over 5,000 Canadians are working on the TMX project, a project which recognizes how important the industry continues to be.

The difference is that we recognize the importance of having balance with respect to development, that we need to take into consideration our environment. Canadians expect us to do this and this Liberal government will do that. We recognize the importance of consultations, in particular with indigenous community members and the important role they play. Other stakeholders who have a vested interest also need to be heard.

We recognize the need for the establishment of a process. Through that process and those extra considerations, we could provide a path into the future so companies would be able to invest with that much more certainty. That is really important when we talk about natural resource development into the future.

The best example I can provide offhand is the TMX, because of the number of jobs and the sense of commitment. It is being done right.

On a side note, it is interesting to contrast, The Conservatives are trying to give a false impression about how effective the government has been in the province of Alberta. The Government of Canada has been there, working with Alberta, Albertans and different stakeholders, even during this difficult time of the pandemic. We are literally seeing thousands of oil industry jobs being supported through wage loss subsidies for those who have been unable to go back. Tens of thousands of individuals have been supported through the CERB program.

Whether it is Alberta, Manitoba or Saskatchewan, we recognize the critical role the Prairies play going forward. One only needs to look at the wide spectrum of commodities and the demand for them around the world, because of the quality of our product and our natural resources.

I appreciate the opportunity to respond to the member's comments. As someone who has lived in all three of our prairie provinces, I genuinely and truly see their value. The government also recognizes their value. The actions the government has taken to date support those critical industries. It is indeed in the best interests of all Canada when we do so.

● (1840)

Mr. Martin Shields: Madam Speaker, I think the member misunderstood me. We are decades into wind turbines. We have been

Adjournment Proceedings

around for a long time on that. We led the world on that a long time ago. We have no problem with that. It is just complementary.

There are a couple of rights that we need to pay attention to today. First is the freedom of speech. The Western Standard in my riding has gotten into difficulty with the CBC. The government broadcaster is threatening legal action against that publication. This is wrong. We need freedom of speech, especially in these times.

It is not right of the CBC to take legal action against the Western Standard. We need freedom of speech. Also, the freedom to exercise religion safely and peacefully in a fundamental way is a right of every Canadian.

Freedom of speech and freedom of religion are important. We need to protect those rights, especially during COVID-19.

Mr. Kevin Lamoureux: Madam Speaker, I am sure that my friend from across the way can appreciate the notion that we have a government, and in fact a political party as an institution, that genuinely believes in freedom of speech. After all, it was Pierre Elliott Trudeau who brought in Canada's Charter of Rights.

I appreciate the comments the member made, but I encourage him to look at the larger picture and how not only this government, but other governments have been there to ensure that freedom of speech and many of its issues are respected in Canada.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The motion that the House do now adjourn is deemed to have been adopted. Accordingly, the House stands adjourned until tomorrow at 2 p.m. pursuant to Standing Order 24(1).

(The House adjourned at 6:43 p.m.)

CONTENTS

Tuesday, December 1, 2020

ROUTINE PROCEEDINGS

Committees of the House

Health

Mr. McKinnon 2725

Petitions

Indigenous Affairs

Ms. May (Saanich—Gulf Islands) 2725

The Environment

Mr. Cannings 2725

Questions on the Order Paper

Mr. Lamoureux 2725

GOVERNMENT ORDERS

Business of Supply

Opposition Motion—Support for Health Care Workers

Mr. Blanchet 2725

Motion 2725

Mr. Lauzon 2727

Mr. Boulerice 2728

Mr. Ste-Marie 2728

Mr. Rodriguez 2729

Mr. Champoux 2730

Mr. Davies 2730

Mr. Guilbeault 2731

Ms. Chabot 2732

Mr. Boulerice 2733

Mr. Blaney (Bellechasse—Les Etchemins—Lévis) 2733

Mr. Lauzon 2734

Ms. McPherson 2735

Mr. Dalton 2735

Mrs. McLeod (Kamloops—Thompson—Cariboo) 2735

Mr. Trudel 2736

Mr. Lamoureux 2737

Mr. Cannings 2737

Mr. Boulerice 2737

Mr. Lauzon 2739

Mr. Lamoureux 2739

Ms. McPherson 2739

Mr. Davies 2740

Mr. Lamoureux 2741

Ms. McPherson 2742

Mr. Ste-Marie 2742

Mr. Lauzon 2743

Mr. Duvall 2744

Ms. Gaudreau 2744

Ms. Chabot 2744

Mr. Lauzon 2745

Ms. Alleslev 2745

Mrs. Atwin 2746

Mr. Lauzon 2746

Mr. Savard-Tremblay 2747

Mr. Cannings 2747

Mr. Trudel 2748

Mrs. Shanahan 2748

Mrs. DeBellefeuille 2749

Mr. Cannings 2750

Ms. Bendayan 2750

Mrs. DeBellefeuille 2750

Mrs. Shanahan 2751

Ms. McPherson 2751

Mr. Bergeron 2752

Mr. Lauzon 2753

Mr. Boulerice 2753

Mr. Champoux 2753

Mr. Samson 2754

Mrs. DeBellefeuille 2755

Mr. Duvall 2756

Ms. Bendayan 2756

Mr. Champoux 2757

STATEMENTS BY MEMBERS

Gender-Based Violence

Mr. Schiefke 2757

Tzu Chi Foundation Canada

Mrs. Wong 2758

Peter Jepson-Young

Ms. Fry 2758

James W. Price and Yvette Mathieu Lafond

Mr. Champoux 2758

Gender-Based Violence

Mrs. Shanahan 2758

A Thrill of Hope

Mrs. Vecchio 2758

Retirement Congratulations

Mr. Weiler 2759

Companion of the Order of Canada

Mr. Longfield 2759

Peace Country

Mr. Warkentin 2759

Gender-Based Violence

Mr. Turnbull 2759

Victims' Rights

Mrs. Stubbs 2760

John Lambert	
Mr. Bezan	2760
Self-Test Kits for HIV	
Mr. Garrison	2760
The Member for Salaberry—Suroît	
Mrs. Gill	2760
COVID-19 Pandemic	
Mrs. Falk (Battlefords—Lloydminster)	2761
Women's Rights	
Ms. Martinez Ferrada	2761

ORAL QUESTIONS

Health	
Mr. O'Toole	2761
Mr. Trudeau	2761
Mr. O'Toole	2761
Mr. Trudeau	2761
Mr. O'Toole	2762
Mr. Trudeau	2762
Mr. O'Toole	2762
Mr. Trudeau	2762
Mr. O'Toole	2762
Mr. Trudeau	2762
Mr. Blanchet	2762
Mr. Trudeau	2762
Mr. Blanchet	2762
Mr. Trudeau	2762
Mr. Singh	2763
Mr. Trudeau	2763
Indigenous Affairs	
Mr. Singh	2763
Mr. Trudeau	2763
Health	
Mr. Poilievre	2763
Ms. Freeland	2763
Mr. Poilievre	2763
Ms. Freeland	2763
Finance	
Mr. Berthold	2764
Ms. Freeland	2764
Mr. Berthold	2764
Ms. Freeland	2764
Health	
Ms. Rempel Garner	2764
Ms. Hajdu	2764
Ms. Rempel Garner	2764
Ms. Hajdu	2764
Seniors	
Ms. Larouche	2765
Ms. Freeland	2765
Ms. Larouche	2765
Mrs. Schulte	2765

Health	
Mr. Paul-Hus	2765
Ms. Hajdu	2765
Mr. Paul-Hus	2765
Mr. Rodriguez	2765
Mr. Bezan	2766
Ms. Hajdu	2766
Mr. Bezan	2766
Ms. Hajdu	2766
Mr. Davies	2766
Ms. Hajdu	2766
Ms. Kwan	2766
Ms. Hajdu	2766
The Environment	
Mr. Baker	2766
Mr. Wilkinson	2767
International Trade	
Mrs. Gray	2767
Ms. Ng	2767
Mrs. Gray	2767
Ms. Ng	2767
Government Accountability	
Mr. McCauley	2767
Mr. Duclos	2767
Official Languages	
Mr. Blaney (Bellechasse—Les Etchemins—Lévis)	2767
Ms. Joly	2768
Aerospace Industry	
Mr. Savard-Tremblay	2768
Ms. Freeland	2768
Mr. Savard-Tremblay	2768
Ms. Freeland	2768
Health	
Mr. Seeback	2768
Ms. Hajdu	2768
The Environment	
Mr. Jeneroux	2768
Mr. Wilkinson	2769
COVID-19 Emergency Response	
Ms. Shin	2769
Ms. Freeland	2769
Agriculture and Agri-Food	
Mrs. Bessette	2769
Ms. Bibeau	2769
Health	
Mr. Falk (Provencher)	2769
Mr. Blair	2769
The Environment	
Mr. Soroka	2770
Mr. Wilkinson	2770
Natural Resources	
Ms. Gladu	2770

Ms. Freeland	2770
The Economy	
Mr. Spengemann	2770
Mrs. Fortier	2770
Post-Secondary Education	
Ms. Mathysen	2770
Mr. Kusmierczyk	2770
Persons with Disabilities	
Mr. Manly	2771
Mr. Kusmierczyk	2771
Points of Order	
Oral Questions	
Mr. McCauley	2771

GOVERNMENT ORDERS

Business of Supply

Opposition Motion—Support for Health Care Workers

Motion	2771
Mrs. Gill	2771
Mrs. Shanahan	2773
Mrs. DeBellefeuille	2773
Mr. Davies	2773
Mr. Thériault	2773
Mr. Lemire	2774
Mr. Brunelle-Duceppe	2775
Mr. Lamoureux	2775
Mr. Desilets	2775
Mr. Lamoureux	2775
Mr. Thériault	2777
Mr. Green	2778
Ms. Pauzé	2778
Mr. Garrison	2778
Mr. Bezan	2778
Ms. Larouche	2779
Mr. Johns	2780
Mr. Manly	2780
Mr. Thériault	2781

Mr. Therrien	2781
Mr. Lamoureux	2782
Mr. Berthold	2783
Mr. Garrison	2783
Mr. Poilievre	2783
Mr. van Koeverden	2785
Mr. Brunelle-Duceppe	2785
Mr. Johns	2785
Mr. Berthold	2786
Ms. Larouche	2787
Mr. Lamoureux	2787
Mr. Lemire	2788
Ms. Kwan	2788
Division on motion deferred	2788

PRIVATE MEMBERS' BUSINESS

Canada Revenue Agency Act

Bill C-210. Second reading	2789
Mr. Lamoureux	2789
Ms. Larouche	2789
Mr. Davies	2791
Mr. Aboultaif	2792
Mr. Sorbara	2794
Mr. Brunelle-Duceppe	2795
Mr. Webber	2796
(Motion agreed to, bill read the second time and referred to a committee)	2797

ADJOURNMENT PROCEEDINGS

Agriculture and Agri-Food

Mr. Berthold	2797
Mr. Ellis	2797

Official Languages

Ms. McPherson	2798
Mr. Arseneault	2799

Natural Resources

Mr. Shields	2800
Mr. Lamoureux	2800

Published under the authority of the Speaker of
the House of Commons

SPEAKER'S PERMISSION

The proceedings of the House of Commons and its committees are hereby made available to provide greater public access. The parliamentary privilege of the House of Commons to control the publication and broadcast of the proceedings of the House of Commons and its committees is nonetheless reserved. All copyrights therein are also reserved.

Reproduction of the proceedings of the House of Commons and its committees, in whole or in part and in any medium, is hereby permitted provided that the reproduction is accurate and is not presented as official. This permission does not extend to reproduction, distribution or use for commercial purpose of financial gain. Reproduction or use outside this permission or without authorization may be treated as copyright infringement in accordance with the Copyright Act. Authorization may be obtained on written application to the Office of the Speaker of the House of Commons.

Reproduction in accordance with this permission does not constitute publication under the authority of the House of Commons. The absolute privilege that applies to the proceedings of the House of Commons does not extend to these permitted reproductions. Where a reproduction includes briefs to a committee of the House of Commons, authorization for reproduction may be required from the authors in accordance with the Copyright Act.

Nothing in this permission abrogates or derogates from the privileges, powers, immunities and rights of the House of Commons and its committees. For greater certainty, this permission does not affect the prohibition against impeaching or questioning the proceedings of the House of Commons in courts or otherwise. The House of Commons retains the right and privilege to find users in contempt of Parliament if a reproduction or use is not in accordance with this permission.

Also available on the House of Commons website at the following address: <https://www.ourcommons.ca>

Publié en conformité de l'autorité
du Président de la Chambre des communes

PERMISSION DU PRÉSIDENT

Les délibérations de la Chambre des communes et de ses comités sont mises à la disposition du public pour mieux le renseigner. La Chambre conserve néanmoins son privilège parlementaire de contrôler la publication et la diffusion des délibérations et elle possède tous les droits d'auteur sur celles-ci.

Il est permis de reproduire les délibérations de la Chambre et de ses comités, en tout ou en partie, sur n'importe quel support, pourvu que la reproduction soit exacte et qu'elle ne soit pas présentée comme version officielle. Il n'est toutefois pas permis de reproduire, de distribuer ou d'utiliser les délibérations à des fins commerciales visant la réalisation d'un profit financier. Toute reproduction ou utilisation non permise ou non formellement autorisée peut être considérée comme une violation du droit d'auteur aux termes de la Loi sur le droit d'auteur. Une autorisation formelle peut être obtenue sur présentation d'une demande écrite au Bureau du Président de la Chambre des communes.

La reproduction conforme à la présente permission ne constitue pas une publication sous l'autorité de la Chambre. Le privilège absolu qui s'applique aux délibérations de la Chambre ne s'étend pas aux reproductions permises. Lorsqu'une reproduction comprend des mémoires présentés à un comité de la Chambre, il peut être nécessaire d'obtenir de leurs auteurs l'autorisation de les reproduire, conformément à la Loi sur le droit d'auteur.

La présente permission ne porte pas atteinte aux privilèges, pouvoirs, immunités et droits de la Chambre et de ses comités. Il est entendu que cette permission ne touche pas l'interdiction de contester ou de mettre en cause les délibérations de la Chambre devant les tribunaux ou autrement. La Chambre conserve le droit et le privilège de déclarer l'utilisateur coupable d'outrage au Parlement lorsque la reproduction ou l'utilisation n'est pas conforme à la présente permission.

Aussi disponible sur le site Web de la Chambre des communes à l'adresse suivante :
<https://www.noscommunes.ca>