



HOUSE OF COMMONS  
CHAMBRE DES COMMUNES  
CANADA

44th PARLIAMENT, 1st SESSION

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# House of Commons Debates

Official Report  
(Hansard)

**Volume 151 No. 030**  
Monday, February 14, 2022

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Speaker: The Honourable Anthony Rota



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# HOUSE OF COMMONS

Monday, February 14, 2022

The House met at 11 a.m.

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*Prayer*

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## GOVERNMENT ORDERS

• (1100)

[*Translation*]

### AN ACT RESPECTING CERTAIN MEASURES RELATED TO COVID-19

MOTION THAT DEBATE BE NOT FURTHER ADJOURNED

**Hon. Jean-Yves Duclos (Minister of Health, Lib.):** Mr. Speaker, with respect to the consideration of Government Business No. 8, I move:

That debate be not further adjourned.

**The Speaker:** Pursuant to Standing Order 67.1, there will now be a 30-minute question period.

[*English*]

I invite hon. members who wish to ask questions to rise in their places or use the “raise hand” function so that the Chair has some idea of the number of members who wish to participate in this question.

The hon. member for Barrie—Innisfil.

**Mr. John Brassard (Barrie—Innisfil, CPC):** Mr. Speaker, let me begin by expressing profound disappointment on the part of the official opposition for what is effectively a hammer being dropped on a very important bill, limiting debate and limiting parliamentary scrutiny.

Last week, we proposed what I thought was a reasonable amendment to the motion. The amendment would have allowed an expedited process of parliamentary scrutiny and would have allowed timely and thorough examination of this bill.

The challenge we have is that we are seeing this pattern when it comes to dealing with legislation. We have a two and a half billion-dollar bill that is being supported by all sides. That makes it even more important that we provide scrutiny by having the committee look at this and be able to provide reasonable amendments if required and, more important, have the minister come to committee to answer the questions of parliamentarians. After all, that is our job. It is our job to provide oversight on spending.

I will remind the Speaker as well that the Senate is not even sitting this week so there is really no reason for this bill to be rushed. Therefore, we have an opportunity to look at the bill and provide some reasonable amendments.

Given all of the circumstances we are dealing with, including that the Senate is not sitting and the fact that it has all-party support, can the minister give me one coherent reason why we would need to rush this bill at this point and not have parliamentary oversight over this piece of legislation?

• (1105)

**Hon. Jean-Yves Duclos:** Madam Speaker, I agree with the member opposite that this is a very important bill. I believe the member understands the reasons, but I want to make sure everyone knows those reasons.

Rapid tests have become extremely important for millions of Canadians over the last few weeks. Once we started not only procuring them but delivering them in October 2020, which is obviously more than a year ago, we increased by five times the number of rapid tests that we were able to deliver in December, which was multiplied again by four times the number of rapid tests delivered in January. That is 20 times more tests, but the demand is increasing. The supply chains are strained and we need to be there.

Therefore, this bill must go forward. I welcome the advice and guidance that we will be hearing throughout the day.

[*Translation*]

**Mr. Alain Therrien (La Prairie, BQ):** Madam Speaker, I have talked with just about everyone here, and it seems to me that people support the bill.

Rapid tests are important, but so are the parliamentary way of doing things and the democratic process. All the parties agreed that we could do this quickly without rushing anyone, could let people ask questions and try to get answers to those questions, but now the government is rushing us and breaking down open doors with a closure motion. The other parties were willing to move this bill through quickly, but only if they were given time for dialogue.

My question is simple: Why are the Liberals refusing to have that dialogue in committee, for example, and that debate in the House? Why the rush?

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**Hon. Jean-Yves Duclos:** Madam Speaker, I am very pleased to hear my colleague from La Prairie talking about dialogue. We are going to be having one all day with many hours of important discussion. There will be other debates to follow, because we are only at second reading for this bill.

I have had a lot of discussions over the past few weeks with my counterpart from Quebec, Mr. Dubé. Thanks to those discussions and our co-operation with Quebec, we were able to deliver 35 million tests for Quebecers alone in January, just a few weeks ago. Those deliveries will continue. With this dialogue also comes a responsibility to continue providing federal government support to the millions of Quebecers who need it.

*[English]*

**Mr. Peter Julian (New Westminster—Burnaby, NDP):** Madam Speaker, our hearts go out to the hundreds of Canadians who have passed away as this pandemic continues, and we know we have a responsibility as parliamentarians to move very quickly on this. As we know, our leader, the member for Burnaby South, has been pushing for rapid tests and immediate procurement of them for some months, but we know with this bill we also need to make sure there is parliamentary accountability. Our health critic, the member for Vancouver Kingsway, has been foremost in the House calling for a clear accountability schedule.

Can the minister confirm formally today that the government will be reporting every six months to Parliament with full disclosure on the number of tests purchased, where they have been distributed and the effectiveness of the program? Can he confirm that now?

**Hon. Jean-Yves Duclos:** Madam Speaker, the answer is yes. That is in part thanks to the advocacy of the member for New Westminster—Burnaby. He is a strong leader in his caucus. In fact, I have been engaged with many other leaders in B.C. over the last few days and weeks, as elsewhere in Canada. Those rapid tests, as the member mentioned, are essential to keep fighting the virus, and I welcome his input and the input of his entire caucus.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, when the will and support are there from the chamber, we can very easily get things passed such as important legislation. I think of legislation that we passed late last year, and here we have before us legislation that would enact literally hundreds of millions of dollars toward rapid testing. There is absolutely no doubt that this is important legislation, given the very nature of the debates we have been witnessing, especially last week's concurrence report that was brought up to prevent some debate from taking place.

Does the minister not agree, given the very nature of the importance of rapid testing and that provinces, territories and stakeholders are calling for more rapid tests, that Ottawa has to step up to the plate and provide these badly needed tests, especially when we think of our small businesses, individuals and people who are in such high need today? We have witnessed that in particular over the last two and a half months.

• (1110)

**Hon. Jean-Yves Duclos:** Madam Speaker, he is entirely right. These rapid tests were delivered in large numbers to the provinces

and territories for the purposes he mentioned. They would also be delivered directly to chambers of commerce, the Canadian Red Cross and community organizations that have direct and strong links with Canadians in their communities across Canada. They have been extremely useful since October 2020. Provinces and territories, in the last few weeks, have asked for enhanced quantities of these rapid tests, which is great news. We must continue to support them in their important and sometimes difficult efforts to deal with and fight the virus.

*[Translation]*

**Mr. Gérard Deltell (Louis-Saint-Laurent, CPC):** Madam Speaker, it is always nice to rise and speak in the House, but I would rather be debating something other than a gag order.

What is happening once again this morning is that the government has decided to shut down debate on a bill that will cost billions of dollars.

Let us be very clear. On this side of the House, we are in favour of purchasing rapid tests, and I think it is safe to say that all parliamentarians agree on that. For more than a year and a half, we have been pushing the government to purchase and develop rapid tests to give people more tools, so they can get on with their lives, despite the pandemic we are facing. We have no problem with that.

What we have a problem with is the \$2.5 billion we are talking about spending. Parliamentarians must at least have a chance to carefully examine each expenditure. As my Bloc Québécois colleague said earlier, that is our job, and we must do it properly.

We are also surprised by the sense of urgency. Why the rush to act immediately? There is no hurry. First of all, the bill, as drafted, is retroactive. This proves that we have already started to act, so there is no immediate urgency.

Better still, if by chance this motion is adopted with the complicity of others, the bill will be passed around 2 a.m. or 3 a.m. I say bravo and thank you, but it will have to go to the Senate, and the Senate is not sitting this week. There is no urgency.

Why is the government creating yet another crisis?

**Hon. Jean-Yves Duclos:** Madam Speaker, my esteemed colleague, whom I very much like, mentioned the word “urgency” several times, and this is indeed an urgent matter.

We are in the middle of a COVID-19 pandemic with the omicron variant, which is filling hospital beds in Quebec and elsewhere in Canada. The provinces and territories need more rapid tests now, in addition to the ones they received over the past few weeks and months.

I completely agree that the Canadian government needs to be accountable. Again, I note the commitment we are making with the NDP member for New Westminster—Burnaby to report back every six months. Full reports on the cost, numbers and usage for the rapid tests will be released. Again, I congratulate him on his contribution.

We have all day to talk about this in a meaningful way.

[English]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, I must say, parenthetically, that I sat on the health committee for the last two years and my hon. colleague, the member for Calgary Nose Hill, a year and a half ago, was hammering at the need for this government to provide rapid tests. Here we have a bill before us, a two-section bill, that would allow this government to provide rapid tests to Canadians, and the Conservatives are saying, “We have to hold this up.” I do not understand their position.

However, my question is about the numbers. In my talks with department officials, they confirmed that this \$2.5 billion would purchase about 400 million rapid tests. To put that in context, Dr. David Juncker, the department chair of biomedical engineering at McGill University, estimates that with the highly transmissible omicron variant Canada would require as many as 600 million to 700 million tests per month and then two tests per person every week once the wave subsides.

Considering how important testing and tracing is, because we cannot treat what we do not measure, can the hon. minister tell us if this is anywhere near the number of rapid tests that this country is actually going to need to help get Canadians out of this pandemic?

• (1115)

**Hon. Jean-Yves Duclos:** Madam Speaker, my colleague is right: We cannot fight what we do not know or do not measure. That is one important reason, as he alluded, we need rapid tests and, obviously, the additional PCR molecular tests that we have been using for many months. These are complementary tools. We had the delivery of 140 million rapid tests in January, and in addition to that we have been delivering rapid tests to chambers of commerce, small and medium-sized businesses, community organizations, the Canadian Red Cross and many other partners across Canada. This is key, as the member rightly said, towards measuring and appropriately fighting the impact that COVID-19 has on our society.

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** Madam Speaker, one of things that we have begun to talk about in the House over and over again is democracy. I think it is incredibly important, when we understand exactly what is going on outside, that people are frustrated with the democratic leadership from across the aisle here. If we do not begin to address these things, if all we do is pass motions that the minority government wishes to have passed, then we are not honouring the democratic process and I take significant umbrage with that. I think that is inappropriate and not what I was elected to come here for. I would really like to hear the hon. minister speak on that.

**Hon. Jean-Yves Duclos:** Madam Speaker, I will take this wonderful opportunity to say that we are all privileged to be leaders in this democratic process. We will have an entire day today to speak about this particular bill.

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More generally, we have the responsibility every day of looking after the health and safety of Canadians. That comes, in part, through those investments. These are big investments. We are speaking about \$2.5 billion that the provinces, territories, and Canadians more broadly need now in order to avoid many more billions of dollars of social, economic and fiscal costs that COVID-19 has created for our society and will continue to if we do not have all the tools that we need to fight this crisis.

[Translation]

**Mr. Peter Julian:** Madam Speaker, of course we hope that rapid tests will be available. The member for Burnaby South has been a strong advocate for increasing distribution to everyone and, as I mentioned earlier, the member for Vancouver Kingsway really pushed for greater transparency in Bill C-10.

Can the minister officially confirm whether a full report will be provided to the House every six months on how much money was spent, how many tests were purchased and how the tests were distributed?

**Hon. Jean-Yves Duclos:** Madam Speaker, I confirm unequivocally that a report will be provided every six months on the important elements that the member just mentioned, and rightly so, namely, the dollar amounts, the number of tests and their use in the following months.

As he pointed out, this will be a way of ensuring that there is significant and necessary accountability on the part of the Canadian government on this issue.

[English]

**Mr. Kevin Lamoureux:** Madam Speaker, I wonder if the Minister of Health could provide those following the debate with an explanation of what the federal government's role is, with respect to rapid tests. I think it is an excellent example of a team Canada approach where provinces, territories and communities are working with Ottawa to ensure that rapid testing is done.

Could the minister just go over the process of why the federal government is the governing body that is actually buying and procuring these rapid tests?

• (1120)

**Hon. Jean-Yves Duclos:** Madam Speaker, I will say three things, briefly.

First, about the investments that we have made, \$8 out of every \$10 of the total economic support that has gone to businesses and workers over the past 22 months has been provided by the federal government's leadership.

Second, an additional \$63 billion has been invested in protecting the health and safety of Canadians. That is in addition to other investments, such as the Canada health transfers that have obviously continued and even increased during COVID-19.

*S. O. 57*

Third, the federal government's leadership is key when it comes to providing rapid tests, PPE, vaccines and therapeutics, such as the Paxlovid antiviral treatment that we now have in Canada. We are among the first countries in the world to have that. As a federation, we have an advantage, but also a responsibility when it comes to the leadership of the federal government. I am glad that all members of the house, certainly on this side, agree with the importance of that leadership.

**Mr. Scot Davidson (York—Simcoe, CPC):** Madam Speaker, the hon. health minister suggests that rapid tests have been important to his government. Two summers ago my colleagues and I in the Ontario Conservative caucus tested a rapid test that was widely available in the U.S. and Europe, but had not received approval by Health Canada after months of delays. We were condemned by the Prime Minister and state media. The article is there. Instead of picking up the pace on approvals, Health Canada tried to threaten me and punish the rapid test manufacturer.

If rapid tests are so important to the Liberal government, why has there been a constant pattern of delay and intimidation from it, instead of actually working to get more tests into the hands of Canadians?

**Hon. Jean-Yves Duclos:** Madam Speaker, the member for York—Simcoe is asking why they are important to the federal government. Let me give two examples.

The first is from the regulatory side, which the member mentioned. Health Canada has approved dozens of rapid tests. These are not only antigen tests, but molecular tests. It has approved all sorts of other tests over the past months and years. Canadians expect Health Canada to do its job, which is to protect the health and safety of Canadians, by approving as many rapid tests as it can, but also by making sure that these tests are efficient and safe.

The second reason I can give to demonstrate the importance of rapid tests is as I mentioned. Before December, 2021, on average, provinces and territories were requesting about seven million rapid tests per month. We moved from seven million to 35 million in December, 2021, and then to 140 million rapid tests in January, multiplying by 20 the number of rapid tests available to provinces and territories, despite the fact that every other country on earth was fighting for these rapid tests.

We are doing the right thing, and we are doing it in exceedingly challenging global supply chain circumstances.

**Ms. Lori Idlout (Nunavut, NDP):** *Qujannamiik, Uqaqtittiji.*

On January 6, the Government of Nunavut announced it would limit testing to preserve tests only for health care workers. By January 12, the federal government announced that 140,000 tests would be sent to Nunavut. Nunavut's population is more than double that.

Can the minister confirm more than 155,000 tests will be sent to Nunavut so that any resident requiring the test will be able to take it?

**Hon. Jean-Yves Duclos:** Madam Speaker, I have a great relationship with Minister Main: my colleague, the minister of health in Nunavut. We have been working together really well, and I want to commend him and his government on their leadership and what

they have done over the past few weeks and months. It has been critical for us to do that together, because the people in Nunavut are facing challenges that southerners are not always able to fully appreciate. I want to congratulate them for their collaboration and I would be glad to provide, through my team, more details on the exact numbers and circumstances in which rapid tests have been provided to the Government of Nunavut.

• (1125)

**Mr. Lloyd Longfield (Guelph, Lib.):** Madam Speaker, it is great to see that we are using chambers of commerce as a delivery tool to get to the small businesses in our communities, so that they can continue to operate safely with their employees having access to rapid tests. The Guelph Chamber of Commerce has been able to distribute tens of thousands of tests in my community. It is a neighbour of ours, and on Wednesdays we see people picking up rapid test kits so their employees can be safe.

Could the hon. member talk about the use of chambers of commerce in our communities to help keep employees safe?

**Hon. Jean-Yves Duclos:** Madam Speaker, I not only very much like the member for Guelph on a personal level, but also very much value his role and leadership in his community and for his riding as an outstanding member of Parliament.

He mentioned a couple of things that he does with his community in part through working with businesses, small businesses in particular, and through chambers of commerce. Chambers of commerce have been allies, but also leaders in their own communities, helping to deliver rapid tests more efficiently and more quickly because of their role and leadership through businesses that do not always have the time or ability to look for rapid tests.

Small businesses and business leaders have been challenged in the past 22 months. Because of the leadership and partnership on the part of chambers of commerce, we have been able to indirectly support small businesses and protect not only them, but the workers who are essential to their activities.

**Mr. Colin Carrie (Oshawa, CPC):** Madam Speaker, here we are again having debate shut down by the government, shamefully, and Canadians do not really trust the minister or the government.

We found out last week that, shamefully, the Liberals have been intentionally using a dangerous, divisive and deceptive narrative to infringe on Canadians' charter rights for partisan reasons. They justified their hate and demonization by inferring that unvaccinated Canadians were dangerous, racist, misogynist and spread COVID, while vaccinated Canadians were safe. The Prime Minister even said they were safe to sit beside.

Will the minister, on the record, condemn the Prime Minister's inciteful, hateful speech? I want to know from him, on the record, on what date he and the government became aware that vaccinated people could spread COVID as well as unvaccinated people. What date?

**Hon. Jean-Yves Duclos:** Madam Speaker, vaccination is not a punishment. Vaccination is protection. The enemy is not vaccination. The enemy is the virus. When we hear members of the opposite side talk about vaccination as the enemy, I am a bit disturbed by it.

There is a tool we need to use that we were given by science and scientists about a year and a few months ago. If there is a tool we should all be grateful to be using, it is vaccination. Imagine if we did not have vaccines in Canada in February, 2020, with omicron. Let us imagine that. Scientists have given us that gift, and I am troubled hearing views of the Conservative caucus pretending that vaccination does not work and that we should not be using it.

Let us imagine what the situation would be now if we did not have vaccination.

[*Translation*]

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Madam Speaker, we agree that more rapid tests are needed.

However, Quebec's health care systems and hospitals were already in trouble because of the federal health transfer formula, which does not even cover the increase in health care system costs. As we know, Quebec and all the provinces are calling for health transfers to increase to 35%.

Can my colleague talk to us about this without distracting us with all kinds of other things? What is going to happen with the recurring transfers?

• (1130)

**Hon. Jean-Yves Duclos:** Madam Speaker, I thank my colleague from La Pointe-de-l'Île for the opportunity to speak to this. We must use every tool at our disposal, including PPE, vaccination, antivirals and rapid tests.

Furthermore, the government has supported the provinces and territories by providing \$63 billion since March 2022 specifically to keep people healthy and safe, as well as investing over \$280 billion in direct support to businesses and workers. That is an example of how the government has already supported and will continue to support the provinces and territories.

[*English*]

**Mr. Charlie Angus (Timmins—James Bay, NDP):** Madam Speaker, one of the real concerns we have had throughout the pandemic is the huge economic crisis. We saw seniors who applied for CERB, but then suffered clawbacks from the government.

Can we get a confirmation that the government is going to work with New Democrats to speed up payments so that seniors are not losing their homes and their savings, that the government's mistake will be ended immediately, and that we will see funding to the seniors who need it?

*S. O. 57*

**Hon. Jean-Yves Duclos:** Madam Speaker, I would invite my colleague to continue working with my own colleagues, the Minister of Seniors and the Minister of Finance, on this very important other bill that is before the House. On the commitment for this particular bill, I am very happy to repeat that we are going to report to the House every six months on the use, cost and number of rapid tests that will have been delivered and that will have a beneficial impact for all Canadians in the weeks and months to come.

**Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC):** Madam Speaker, while we can understand the urgency of this legislation in some capacity, the Senate does not sit until next Monday. The fact that the government is trying to rush through this piece of legislation without allowing due process and due time for consideration of amendments is a slap in the face of democracy. We really need to have that opportunity, so I implore the government to consider delaying this so we can have the opportunity to have all due consideration of this.

I ask the minister this. Why the rush?

**Hon. Jean-Yves Duclos:** Madam Speaker, approximately 130 people die of COVID-19 every day, so that is one example of the sense of urgency. Provinces and territories are requesting the help of the federal government in providing greater numbers of rapid tests, in addition to the substantial numbers I mentioned earlier.

Obviously the Senate is going to do its own job, and we value and appreciate what they will do at the appropriate time. We are in the House of Commons. We need to do our job, and that is why most of today will be focused on the use and usefulness of rapid tests.

[*Translation*]

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** It is my duty to interrupt the proceedings and put forthwith the question necessary to dispose of the motion now before the House. The question is on the motion.

If a member of a recognized party present in the House wishes to request a recorded division or that the motion be adopted on division, I would invite them to rise and indicate it to the Chair.

[*English*]

**Mr. Kevin Lamoureux:** Madam Speaker, we request a recorded vote.

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

• (1220)

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

(*Division No. 23*)

YEAS

Members

Aldag  
Ali

Alghabra  
Anand

*S. O. 57*

Anandasangaree	Angus	Saks	Samson
Arseneault	Arya	Sarai	Scarpaleggia
Ashton	Atwin	Schiefke	Serré
Bachrach	Badawey	Sgro	Shanahan
Bains	Baker	Sheehan	Sidhu (Brampton East)
Barron	Battiste	Sidhu (Brampton South)	Sorbara
Beech	Bendayan	Spengemann	St-Onge
Bennett	Bibeau	Sudds	Tassi
Bittle	Blaikie	Taylor Roy	Thompson
Blair	Blaney	Trudeau	Turnbull
Blois	Boissonnault	Valdez	Van Bynen
Boulerice	Bradford	van Koeverden	Vandal
Brière	Cannings	Vandenbeld	Virani
Carr	Casey	Vuong	Weiler
Chagger	Chahal	Wilkinson	Yip
Champagne	Chatel	Zahid	Zarrillo
Chen	Chiang	Zuberi — 183	
Collins (Hamilton East—Stoney Creek)	Collins (Victoria)		
Cormier	Coteau		
Dabrusin	Damoff		
Davies	Desjarlais		
Dhaliwal	Dhillon	Aboultarif	Aitchison
Diab	Dong	Albas	Allison
Drouin	Dubourg	Arnold	Baldinelli
Duclos	Duguid	Barlow	Barrett
Duncan (Etobicoke North)	Dzerowicz	Barsalou-Duval	Beaulieu
Ehsassi	El-Khoury	Benzen	Bergen
Erskine-Smith	Fergus	Bergeron	Berthold
Fillmore	Fisher	Bérubé	Bezan
Fonseca	Fortier	Blanchet	Blanchette-Joncas
Fragiskatos	Fraser	Block	Bragdon
Freeland	Fry	Brassard	Brock
Gaheer	Garneau	Brunelle-Duceppe	Calkins
Garrison	Gazan	Caputo	Carrie
Gerretsen	Gould	Chabot	Chambers
Green	Guilbeault	Champoux	Chong
Hajdu	Hanley	Cooper	Dalton
Hardie	Hepfner	Dancho	Davidson
Holland	Housefather	DeBellefeuille	Deltell
Hussen	Hutchings	d'Entremont	Desbiens
Iacono	Idlout	Desilets	Doherty
Ien	Jaczek	Dowdall	Dreeschen
Johns	Joly	Duncan (Stormont—Dundas—South Glengarry)	Ellis
Jones	Jowhari	Epp	Falk (Battlefords—Lloydminster)
Julian	Kayabaga	Falk (Provencher)	Fast
Kelloway	Khalid	Ferreri	Findlay
Khera	Koutrakis	Fortin	Gallant
Kusmierczyk	Kwan	Garon	Gaudreau
Lalonde	Lambropoulos	Généreux	Genuis
Lametti	Lamoureux	Gill	Gladu
Lapointe	Lattanzio	Godin	Goodridge
Lauzon	LeBlanc	Gourde	Gray
Lebouthillier	Lightbound	Hallan	Hoback
Long	Longfield	Jeneroux	Kelly
Louis (Kitchener—Conestoga)	MacAulay (Cardigan)	Kitchen	Kmiec
MacDonald (Malpeque)	MacGregor	Kram	Kramp-Neuman
MacKinnon (Gatineau)	Maloney	Kurek	Kusie
Martinez Ferrada	Masse	Lake	Lantsman
Mathysen	May (Cambridge)	Larouche	Lawrence
McDonald (Avalon)	McGuinty	Lehoux	Lemire
McKay	McKinnon (Coquitlam—Port Coquitlam)	Lewis (Essex)	Lewis (Haldimand—Norfolk)
McLeod	McPherson	Liepert	Lloyd
Mendès	Mendicino	Lobb	MacKenzie
Miao	Miller	Maguire	Martel
Morrice	Morrissey	May (Saainich—Gulf Islands)	Mazier
Murray	Naqvi	McCauley (Edmonton West)	McLean
Ng	Noormohamed	Melillo	Michaud
O'Connell	Oliphant	Moore	Morantz
O'Regan	Petitpas Taylor	Morrison	Motz
Powlowski	Qualtrough	Muys	Nater
Robillard	Rodriguez	Normandin	O'Toole
Rogers	Romanado	Patzer	Paul-Hus
Sahota	Sajjan	Paupé	Perkins

**NAYS**

## Members



Perron	Plamondon
Poilievre	Rayes
Redekopp	Reid
Rempel Garner	Richards
Roberts	Rood
Ruff	Savard-Tremblay
Scheer	Schmale
Seebach	Shields
Shipley	Simard
Sinclair-Desgagné	Small
Soroka	Steinley
Ste-Marie	Stewart
Strahl	Stubbs
Thériault	Therrien
Thomas	Tochor
Tolmie	Trudel
Uppal	Van Popta
Vecchio	Vidal
Vien	Viersen
Vignola	Villemure
Vis	Wagantall
Warkentin	Waugh
Webber	Williams
Williamson	Zimmer— 152

PAIRED

Nil

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I declare the motion carried.

I would like to draw to the attention of the House that today was the first vote called by our table officer Suzie Cadieux. I am sure members will join me in congratulating her.

**Some hon. members:** Hear, hear!

\* \* \*

**GOVERNMENT BUSINESS NO. 8—PROCEEDINGS ON  
BILL C-10**

The House resumed from February 11 consideration of the motion.

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** Madam Speaker, it is an absolute pleasure to rise once again in the House of Commons to continue the debate we began on Friday with respect to a motion not to have a debate. It is shocking.

I had the opportunity to speak on Friday, and I think it is important, given the continued events in the world, that I give a bit of a review on the topics that we covered previously. We are being asked to spend \$2.5 billion, and it is important to give a context so that citizens can better understand the exact nature of that amount of money. As I mentioned previously, it is 1.75% of the projected deficit for this year. We speak colloquially about a ton of money, and this indeed is a veritable ton of money. If we talk about \$2.5 billion with respect to the mass of loonies that would be, the math would lead us to understand it would be over 17,000 tonnes, in fact. As I said, it is a veritable ton of money.

The point was made very clearly that it is important in a democratic society that we continue to have free and open debate that is based not only on the rules with respect to how democracy works. We also need to continue to remember those who fought and died for our freedom. We must be mindful that we are not disrespectful

*Government Orders*

to the sacrifices those individuals and their families have made over many years for our great nation.

I also touched on the topic of leadership. Given the current events and the dissension we have seen in our country over at least the last weeks, months and years, and especially over the course of the last couple of weeks and in what is going on today, it is important to reflect upon the concept of leadership and exactly what being a good leader is and how that unfortunately has allowed us to live in a country that is so divided. Therefore, it is more important than ever to prevent more dissension as we present differing points of view during this democratic process. Furthermore, not only did we give some rules of leadership to ponder, but there was also a litany of qualities or characteristics that would be important for good leadership. Once again, for the sake of brevity, I will not reiterate the entire list, although if we were to read it back, it is quite excellent. Suffice it to say, I do want to be clear: Good hair did not make that list.

Finally, to begin to tie things together, we talked about the divisive language and, of course, that this has led to party dissension among my colleagues across the aisle. They made headlines across Canada for their comments and for fanning the flames of division inside their own party and among Canadians in general. Many members of the House know, of course, the ancient saying that a house divided against itself cannot stand. Members of the House have often heard from the Liberal Party that there were difficulties in our party. This has been brought up multiple times and was brought up as recently as Friday.

**An hon. member:** Tell us more about that.

**Mr. Stephen Ellis:** Madam Speaker, my Liberal colleagues on the opposite side want to mock us Conservatives, so to use their language, we shall take no lessons from the Liberal Party.

It has become very clear that the Liberals are asking us not to debate a motion and are asking for \$2.5 billion without any type of discussion. It is astonishing given that they are debating such things inside their own party. If the Liberals cannot even get their own caucus to agree on their policies, procedures, actions and deliverables, why would they assume and surmise that those of us sitting opposite them, representing our own ridings in a democratic nation, would be so frivolous as to give them a free pass to simply spend taxpayers' hard-earned dollars without any input or discussion from the rest of us elected to the House? As we know, the members who have spoken out against their leader believe that Canadians should not be mocked, stigmatized, divided, set apart and marginalized for their beliefs. Bravo, I say, to those members across the aisle. I thank them for listening.

*Government Orders*

● (1225)

Those members are willing to stand up on behalf of their constituents and support those values and the belief that all Canadians are Canadians, and as such, are awarded with the same rights and freedoms as each other. Ongoing legal arguments will likely proceed, and it will remain to be seen as to whether the mandates created by the government are infringing upon section 7 of the Canadian Charter of Rights and Freedoms. However, what is blatantly obvious and crystal clear at this time is that the mis-characterization, mistreatment and mislabelling of Canadians who have chosen, for whatever reason, to not be subject to vaccination, is inappropriate, divisive and uncalled for by the leader of this country.

Also, I think it is important to say, for the sake of clarity, and to once again have it read into the record, that Canada's Conservatives believe vaccinations are an important part of the fight against COVID-19. We encourage Canadians who are able to be vaccinated. Of course, many of these Canadian citizens have lost their ability to do wage-earning work. As mentioned previously, they have that loss of wage-earning work, coupled with their inability to travel or do many leisure activities, and to then they are called names on top of that. It is like a schoolyard bully winning a fight, taking our lunch money, and then taking our lunch box too. Where does that leave us?

We have had the opportunity to help Canadians better understand the vast amount of money we are talking about here today through the concepts of budgeting stacks of money and by using everyday common sense. We have also had the opportunity today to hear about the debt, the deficit, its ballooning amounts and the difficulties that may play for Canadians in the future. We have also looked at the debt per Canadian and how it has increased over the last 50 years from approximately \$688 per Canadian to well over \$30,000 per Canadian.

We have examined democracy. I did not go all the way back to the origins of democracy, but we did look at the tremendous sacrifices many Canadians have made in order for the democratic process to be first and foremost in our government proceedings and how we need to honour those who gave their very lives to protect that democracy from tyranny.

Further to this, we examined leadership and some thoughts about what that means. We examined what it means to a country when its citizens feel betrayed and the leadership of a country is off-course, offside or off-putting with respect to its citizens, and how that may affect the ability to pass a bill without any debate.

We know there are nations around the world struggling with their democracies or struggling to become democracies. We know there are countries, such as Ukraine, that stand on the brink of war and invasion, which could perhaps topple a potential fledging democratic nation into the hold of a nation which is, in theory, a federal democratic state, but it would appear the power is concentrated in the hands of a very few people. Over the years, Canada has stood as a beacon of light in the often dark nights of democracy. Immigrants have flocked to our shores looking for a home, to improve their future, to be safe from all forms of political persuasion or coercion, and to be able to celebrate the personal freedoms and rights we have historically enjoyed here in Canada.

Finally, given the unprecedented protest outside these very doors, I would be remiss in my duties as an elected official if I did not take the opportunity to debate the motions that come before this House, unless of course, we are in extreme circumstances, as we were previously with the wonderful vote we had here in the House, on which we all agreed.

● (1230)

As one contemplates the fragility of democracy over the relatively short time Canada has enjoyed status as a democratic nation, we understand the weight of our responsibility as legislators. In the grand scheme of history, 154 and a half years of democracy is a mere drop in the bucket. Democracy needs to be continuously refined in the flames of good process and citizen participation. Therefore, perhaps if we do not, for the sake of debating, spend \$2.5 billion, then we do owe it to the continual improvement of the democratic situation to question the hows, the whys, the whens and the whats of what we are presented with in the House of Commons.

Given that we are in an unprecedented pandemic, it is important to realize that several concessions could be made without stopping debate on the bill. There are several opportunities at our disposal, including limiting the amount of debate and expediting the bill to committee, while at the same time, giving the bill its due consideration. Canada's Conservatives have been calling for the approval of rapid tests in Canada for over 14 months. I find it very unusual that it has now become an absolute urgency to spend another \$2.5 billion without any consideration at all the changes in science we have seen in this dynamic situation. Perhaps there is an opportunity for a committee to have a very close at this and understand what the experts are saying, and as I have been loathe to continue saying, they are the doctors, not the spin doctors.

In this very House, tests were only being procured in early January 2020. Then, during the unprecedented omicron wave, which was before, during and after the extremely busy holiday Christmas season, the government did not provide any tests for its citizens. There were none.

The government has continued with its motto of doing too little, too late and not at the right time. We went from giving Canadians advice to get a test and have their contacts traced to, during the most precious time over Christmas, advising not to get a test at all because of the government's terrible failure to even procure the tests. Once again, we are in the situation, unfortunately, where the government is asking for 1.75% of its total deficit to buy tests when, as we begin to see the lifting of restrictions on a provincial level, one might question the utility of the tests at all. That is why this motion needs to go to the health committee, so the experts can weigh in.

*Government Orders*

Given the potential to question the utility of it, it would be even more important. Is it time to spend \$2.5 billion on tests that Canadians may or may not use, tests that may sit on shelves until they expire? That would, sadly, see that \$2.5 billion wasted. The important thing to understand is that we need to have a look at the science, and the health committee would gladly welcome this, in spite of our Liberal colleagues simply wishing to ram this through using their pseudo-science instead of actual science.

I think it important to understand the enormity of the money being spent, the failed leadership of the government, the affront to democracy and the unprecedented protests outside, and to better understand the dynamic science, as we know and understand more if this is useful. I do know that the spin doctors will try to spin this and say that we do not want tests, but we would like to actually study it to understand if we should be spending \$2.5 billion of hard-earned taxpayers' money on something that may be useless at this time.

• (1235)

Therefore, I move:

That the motion be amended:

(a) in paragraph (a), by replacing the words “immediately after the adoption of this order” with the words “at the next sitting of the House”;

(b) by deleting paragraph (b);

(c) in paragraph (c), by replacing the words “the debate” with the words “Government Orders on the day the bill is considered”;

(d) in paragraph (d), by deleting all the words after the words “if the bill is” and substituting the following: “read a second time and referred to the Standing Committee on Health, consideration in committees shall take place the following day, provided that the Minister of Health be ordered to appear as a witness before the committee during its consideration of the bill, and that if the committee has not completed the clause-by-clause consideration of the bill by 11:00 p.m. that day, all remaining amendments submitted to the committee shall be deemed moved, that the Chair shall put, forthwith and successively, without further debate, every question necessary to dispose of the clause-by-clause consideration of the bill, and the committee be instructed to report the bill to the House, by depositing it with the Clerk of the House, no later than three hours before the next sitting of the House”;

(e) in paragraph (e), by deleting all the words and substituting the following: “no notice of motions in amendment shall be allowed at report stage”;

(f) in paragraph (f), by deleting all the words and substituting the following: “the report stage and third reading stage of the bill may be considered during the same sitting and be ordered for consideration at the next sitting following the presentation of the report”; and

(g) in paragraph (g), by deleting all the words and substituting the following: “when the order is read for the consideration of the bill at report stage, the motion to concur in the bill at report stage be deemed carried on division and the House then proceed immediately to consideration of the bill at the third reading stage, provided that, at the conclusion of the time provided for Government Orders that day or when no member rises to speak, whichever is earlier, the bill be deemed read a third time and passed on division”.

I thank the House for its time and consideration in using the process of democracy.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** The amendment is in order.

We will continue with questions and comments. The hon. Parliamentary Secretary to the Minister of Intergovernmental Affairs, Infrastructure and Communities.

• (1240)

**Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.):** Madam Speaker, I am sorry that my hon. colleagues are worried that I am not going to be nice enough for them.

When the hon. member spoke, he said that our government was an affront to democracy. He supports the protesters outside.

However, the Canadian public voted in a democratic election, electing all of us to the House, including the Prime Minister, to enact bills, debate and go to committees. At exactly what point was there an affront to democracy for the Canadian voters who put us here to do the work on their behalf? Maybe speak up and use an example of what part of democracy was undermined, as you sit in your seat.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** First of all, I would like to remind the hon. parliamentary secretary that she is to address all questions and comments to the Chair.

Second of all, hon. members know that it is neither polite nor respectful to be yelling or talking while the hon. parliamentary secretary has the floor.

I also want to remind members not to tell another member to sit down when they have the floor, as I have recognized them.

**Mr. Stephen Ellis:** Madam Speaker, I appreciate that it is important that we maintain our decorum in the House. It is also important that we understand what the democratic process is. For my colleagues across the floor to attempt to ram a bill through the House without debate when we all know the Senate is not even here until next week really does not make any sense.

The question that needs to be answered in my mind is what the harm is of giving due diligence to a bill to understand what the science is behind it and bringing it to committee, as we normally would do. Considering that we on this side of the House have been asking for rapid tests for 18 months, what is now the urgency, when during the height of the omicron variant surge we did not even have tests, and now it appears many restrictions are being lifted? Those are the germane points that are important for people to understand.

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, I served on the Standing Committee on Health for two years and remember when the Conservatives were championing the delivery of rapid tests to Canadians, and properly so. We have a bill before us to authorize an expenditure of \$2.5 billion, which I am told would purchase about 400 million rapid tests, and Conservatives seem to be opposed to it. It is almost as if they cannot take yes for answer.

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I generally agree with the Conservatives regarding closure. We usually do not want to see debate truncated, but we are in an emergency right now, and there is a terrible shortage in this country of access to rapid tests. That is why there is urgency. It is a two-section bill. The NDP worked productively and received assurance from the government that it would report to the House every six months on how many doses were purchased, how much was spent and where those doses were delivered. That is the NDP working productively.

My hon. colleague said that he wants to study whether or not we need these tests. Can he name three scientists in the country who are advocating that we do not need rapid tests in this country in the months ahead?

• (1245)

**Mr. Stephen Ellis:** Madam Speaker, the important thing to consider about this measure for rapid tests is if it is once again too little, too late, and not at the right time. Everybody in the House wants to understand what the science is. We know it has been a very dynamic situation throughout COVID and we have seen many, many changes, from we should get a test to we should not get a test to maybe we should or maybe we should not, that we should not get one because there are none, that the test we should get is a PCR test and then that it should be a rapid test.

We also know very clearly from the science that during the omicron wave there was a likelihood that someone was contagious much before the time the person would even show a positive test result. We also know from a scientific perspective that the specificity and sensitivity of rapid tests have been brought into question by some. That interesting part is again what we need to study before the health committee with my hon. colleague, who I am glad to hear would be happy to have us study this in committee.

**Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC):** Madam Speaker, there is a lot to be said on making sure there is a proper accounting at committee of value for money to make sure these scarce dollars are being put to the best use. In British Columbia, we do not even have access to rapid testing, so there will be questions about whether there is value for money in this case.

I want to ask the member about competency, because the government could have made this into a supply bill. It easily could have added it to the estimates or the supplementary estimates, yet it has done this expenditure through an actual bill.

Why does the member think the government has done that? Is it because it cannot budget? Was it because the Prime Minister needed to pull a COVID rabbit out of his hat so he could tell the provinces to look at what the government is doing for them? I would like to find out what the member has to say about the unique nature of this particular proposal and why it was not budgeted for through the usual processes.

**Mr. Stephen Ellis:** Madam Speaker, there are a couple of issues here. As my hon. colleague said the other day, there is unfortunately no vaccine for Liberal budgeting incompetence; we wish there were.

As I said, this is a veritable ton of money. If we stacked dollar bills, we would have 30 metres of dollar bills for this \$2.5 billion. It is important to remember that it is not an insignificant amount of money. The other part is that my Liberal colleagues do realize the tide is turning in their hard-handed measures, and as they see revolt and dissent inside their own caucus, they realize that is also the mood of Canadians.

[*Translation*]

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Madam Speaker, I would like to know one thing.

My colleague said that the Conservatives are not opposed to vaccination. As we know, after the SARS crisis in 2003, the Naylor report criticized Canada for not having the capacity to manufacture vaccines. Of all the G7 countries, Canada is the only one that does not manufacture vaccines domestically. That is in part the result of the Trudeau government's inaction.

We lost four or five months of fighting COVID with a vaccine because of the Trudeau government's inaction. On August 10, 2021, the government announced that Moderna would set up a plant in Canada, likely in Montreal, which is what we were hoping for. However, the Trudeau government's investments will not do much—

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** Order. The hon. member mentioned the Prime Minister's name.

I know that he knows the rules of the House. I would therefore remind him not to do that.

I would like him to finish his remarks by asking his question.

**Mr. Mario Beaulieu:** Madam Speaker, I would like to know what my colleague thinks about the following.

Would it not have been a big help if the Liberal government had taken action and we were able to manufacture vaccines in Quebec or Canada?

[*English*]

**Mr. Stephen Ellis:** Madam Speaker, certainly we have spoken about domestic capacity in this House previously, as well as the shocking and astonishing lack of domestic capacity, given that we could have an ability here to mobilize to not only create and manufacture tests in Canada but also to produce vaccines and antivirals.

Members on this side of the House have spoken about that multiple times, as well as the shame in not respecting the innovation and intelligence of the Canadian community, which would be more than happy. I also think that before the wedge was driven by the Liberal government, our own vaccines could have been an excellent way to encourage more Canadians to be immunized, in the sense that they would have had a homegrown vaccine. I think that would have been an excellent thing. Unfortunately, we are two years into this pandemic and we still have no domestic production of vaccines, and none in sight, due to the incompetence of the government.

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• (1250)

**Mr. Don Davies:** Madam Speaker, I am very perplexed by the position of the Conservative Party. They opposed mandatory vaccination in the chamber 90 days ago, instead proposing rapid testing of MPs as a secure method of our attending here. As I listen to my hon. colleague, he seems to be calling into question the very efficacy and validity of testing. He seems to suggest that testing should be a decision made by the health committee.

What is the position of the Conservative Party? Do its members believe that access to testing is an important way to deal with the current pandemic, or do they question the science of testing?

**Mr. Stephen Ellis:** Madam Speaker, I think it is important that people begin to understand that science does change and that it is dynamic. I think it is important to have an opportunity to hear what the science is, and I believe the health committee is an excellent way to do that. If the science is correct and rapid testing is useful and appropriate, why would the Conservatives not support that? However, and I cannot understand why my hon. colleagues want to fight about this, if the science is not correct, then why would we not admit that? What is there to hide behind? This is \$2.5 billion.

**Ms. Jennifer O'Connell:** Science is not an opinion.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** Order.

It is not time for debate anymore, and the hon. parliamentary secretary knows full well that if she has questions and comments, she should wait for the appropriate time to ask those or make those.

Resuming debate, the hon. member for Rivière-des-Mille-Îles.

[*Translation*]

**Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ):** Madam Speaker, I will be sharing my time with the member for Saint-Hyacinthe—Bagot.

I rise today in the House to speak to Bill C-10, an act respecting certain measures related to COVID-19. This bill was introduced by the member for Québec and is currently at second reading.

What is the purpose of this bill?

First, this bill would authorize the Minister of Health to make payments of up to \$2.5 billion for any expenses incurred in relation to coronavirus disease tests.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I must interrupt the member because there seems to be a problem with his microphone.

It is working now.

The hon. member for Rivière-des-Mille-Îles.

**Mr. Luc Desilets:** Madam Speaker, I will continue.

Bill C-10's main purpose is to authorize the Minister of Health to pay up to \$2.5 billion for expenses incurred on or after January 1, 2022, in relation to coronavirus disease tests.

Second, it authorizes the Minister of Health to transfer to any province or territory, or to any body or person in Canada, any coronavirus disease tests or instruments used in relation to those tests

acquired by Her Majesty in right of Canada on or after April 1, 2021.

Basically, Bill C-10 provides a one-time sum of up to \$2.5 billion to the provinces and territories for testing-related expenses as of January 1, 2022.

It goes without saying that the Bloc Québécois supports Bill C-10. As our leader once put it so eloquently, "You can't be against apple pie".

After all, that money is to help the provinces and Quebec absorb extra pandemic-related costs. The government itself has already boosted health transfers by \$5 billion in this Parliament alone: \$4 billion for urgent health care system needs and another billion for the vaccination campaign.

These amounts are significant; we acknowledge that. However, they are still not nearly enough to meet the Bloc Québécois's calls to increase health transfers to 35%, rather than the current 22%. It is clear that this government is using the pandemic to postpone the heavy lifting that will be needed to negotiate health transfers.

We in the Bloc Québécois see this increase as urgent. It has been called for by the Quebec National Assembly, the Council of the Federation, health care workers through their union, and 85% of Quebecers and Canadians, according to a recent Leger poll. Even the Liberal member for Louis-Hébert considers his own party's position on this matter untenable.

What will it take for the government to at least sit down with the premiers to negotiate?

Personally I think this shows a lack of respect. It feels as though we are being taken for fools. The Liberal government is the only one that does not see that the Quebec and other provincial governments must be able to depend on stable, predictable and adequate funding to fight this pandemic effectively. I repeat, "stable, predictable and adequate".

The Liberal government's obsession with centralizing powers and its tendency to interfere are offensive. Quebec delivers all health care services, and this pandemic has obviously weighed heavily on Quebec's health care system.

Quebeckers pay taxes to Ottawa. Unfortunately, the Liberals are turning a deaf ear to our demands, but it is still our money. The federal machine would not work, would not exist, if it were not for the taxes from the provinces.

The Bloc Québécois is calling on the federal government to acknowledge that fact and treat Quebec and the provinces with the respect and deference they deserve. The Bloc is calling on the federal government to plan ahead and give the provinces their fair share, instead of lagging behind and watching from the sidelines.

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As we know, pandemics are here for good. There will be more. The Director-General of the World Health Organization said that the pandemic will not end until the rich countries stop monopolizing all the vaccines. Canada, like several wealthy countries, emptied the shelves of the global vaccine market. It acted urgently to protect the public, and far be it from me to criticize it for that.

However, now that there are enough vaccines available for Quebecers and Canadians, we have a duty of solidarity to those who are not lucky enough to have our collective wealth.

The Bloc Québécois is calling on the federal government to ramp up its efforts so that less fortunate countries can benefit from vaccines.

● (1255)

As I was saying, unfortunately, it is probable that this pandemic will last for some time and that more will emerge in the future. The federal government must therefore plan ahead—an important phrase—and provide Quebec and the provinces with the financial means to manage this crisis and all those that will follow.

The Bloc Québécois knows how to improve this situation. It is not complicated: The government must increase provincial health transfers. Why does the federal government always wait for things to become a crisis before doing what needs to be done? Why on earth is it not doing what is required when we are in the midst of the crisis? This government does not know how to plan ahead, and the Prime Minister does not know how to lead. In my opinion, the protests that have been paralyzing Ottawa for almost three weeks provide yet more proof of these two serious flaws.

Quebec is fortunate to have one of the best health care systems in the world. The next step is to improve what we have. The increase in health transfers that we are calling for will not solve all our problems instantaneously, but it is nevertheless a crucial step in the process of building a universal, public and high-quality health care system worthy of a G7 nation.

Simply put, I think that the Liberal government's stubbornness during this crisis has only highlighted the urgent need for Quebec to take its economic future into its own hands. Jacques Parizeau, may he rest in peace, said that he believed that the main reason Quebec should become independent was so that it could take responsibility for itself in a democracy in which the government is fully accountable to its citizens. In an ideal world, the Quebec government would be the only one responsible for collecting taxes from Quebecers, and it would not need the approval of a foreign parliament to govern itself as it sees fit. It also goes without saying that the Quebec government would be fully and completely accountable to its citizens.

Today, the fact that the Liberals will not listen to the call for health transfers reminds everyone why the Bloc Québécois is so necessary and why independence is so desirable.

● (1300)

[English]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, it is no surprise the Bloc raises the issue of health care

transfers. However, there is a fundamental disagreement I have with my friends in the Bloc, which is that the constituents I represent, and I would argue they are very much reflective of Canadians from coast to coast to coast, feel that the national government does have a very important role to play in health care. It would be highly irresponsible, I would argue, to do nothing but just hand money over.

There are things that we can learn through this pandemic, such as with the long-term care facilities and the need for national standards. There are other issues of mental health and so many other aspects. Would the member not recognize that there are many people across Canada, including in the province of Quebec, who do want to see the national government play more of a role than just giving cash?

[Translation]

**Mr. Luc Desilets:** Madam Speaker, in answer to my esteemed colleague, I would say that we are the ones who manage health in Quebec. We are the ones who manage people like doctors, nurses, support workers and respiratory therapists in Quebec. Health falls under Quebec's jurisdiction. Yes, the federal government's only role is to distribute money. Health falls under our jurisdiction. We are the ones with the expertise.

**Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ):** Madam Speaker, my riding, Laurentides—Labelle, and my colleague's riding, Rivière-des-Mille-Îles, are both in the Laurentian region. The health care network in the Laurentian region is in urgent need of assistance.

People who work in this sector point out that there is a labour shortage across the region. There is no money for staffing or modernization. Although I trust that there will be health transfers, I would like to ask my colleague what would happen if Quebec's health care network, in particular in the Laurentian region, did not receive health transfers.

● (1305)

**Mr. Luc Desilets:** Madam Speaker, my colleague has highlighted a major problem in both of our ridings.

The Lower Laurentians are experiencing a drastic labour shortage, but that is not the only problem. The most expensive aspects of the medical system are infrastructure and equipment, which are becoming increasingly expensive and sophisticated.

The transfers could help with modernizing equipment and, in the case of Lachute and Saint-Eustache, expand the hospitals, which would address a serious problem.

[English]

**Mr. Earl Dreeshen (Red Deer—Mountain View, CPC):** Madam Speaker, I would be happy to talk about health care, the health care system and the things we could do to help. What we are talking about today is whether we should be taking this bill to committee to discuss those things that are important. As the provinces go into cancelling the restrictive COVID measures, there is the potential for the uptake of rapid tests to rapidly decline.

What is important is that we find out what the financial exposure is going to be so that, if there is money needed and there are changes to be done, we can see whether we would be able to deal with that.

[*Translation*]

**Mr. Luc Desilets:** Madam Speaker, I did not quite catch my colleague's question, but I will say that \$2.5 billion is not the end of the world. In my opinion, this is an urgent and important investment.

**Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ):** Madam Speaker, I would like to begin by wishing all of our colleagues a happy Valentine's Day, and I hope they will be able to celebrate it even though many of them are in Parliament, far away from their partners. Nonetheless, I wish them a very happy Valentines Day.

Today, I am pleased to be speaking about Bill C-10, which authorizes a one-time payment of up to \$2.5 billion to be made to the provinces and territories for any expenses incurred on or after January 1, 2022, in relation to COVID-19 tests. The bill also allows the Minister of Health to transfer tests and instruments used in relation to those tests acquired on or after April 1, 2021, to any province or territory, or to any body or person in Canada.

This spending is obviously necessary, since health care costs are skyrocketing nationwide. Health care spending grew by 12.8% in 2020, approximately three times the average growth rate from previous years, and 2021 saw record spending.

The government played a role in this increase, of course, by increasing health transfers by \$5 billion during the pandemic. Of this amount, \$4 billion went to meeting urgent needs in the health care system, and \$1 billion was invested in the vaccination rollout. This may seem like a lot of money, and it is. It undoubtedly covers some of the additional expenses generated by the health crisis, but only a fraction, considering that more than \$30 billion was needed to finance pandemic-related activities in 2020 alone. These one-time payments are simply a band-aid solution. They do not address the real problem, which is the lack of structural health care funding. This underfunding is one of the major reasons that health care workers in Quebec and across Canada are in distress. They lack the resources to fight the waves that have been hitting us for the past two years.

I would like to reiterate the Bloc Québécois's demand, which has united Quebec and the provinces in a manner rarely seen. Even the National Assembly is unanimous. The federal government must increase its contribution to overall health care costs from 22% to 35%, or from \$42 billion to \$70 billion. If the federal government is to maintain its 35% contribution, which is far lower than the 50% it used to pay up until the 1980s, the transfers will have to be indexed at 6%. This annual indexation will be necessary to offset the costs associated with population aging, drug costs and technological advances.

Our request that the federal government increase its contribution to health care to 35% of overall costs is reasonable and realistic. The Conference Board of Canada proved that this increase will be economically viable for both the federal and provincial governments. Until the health care systems of Quebec and the provinces

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are adequately funded, the government will have the Bloc Québécois to deal with. We will not stop pressing this demand, since it is the key condition for ending the COVID-19 crisis once and for all.

We need to face the truth and think about the future. It will take many years and a lot of resources to catch up with the backlog that was already a problem in our health care system before the first outbreaks and that will only get worse with the delays currently caused by the pandemic.

My colleagues and I call on the government to start negotiations on health transfers immediately in order to “strengthen our universal public health system,” as the Minister of Health’s mandate letter clearly states.

I would also like to take this opportunity to remind my colleagues of something I have mentioned before in the House in previous speeches. The fight against COVID-19 will continue as long as Canada does not provide support for the global vaccination effort, especially in developing countries. All of the experts we had the opportunity to talk to are unanimous: As long as the pandemic is not over everywhere, it will continue to threaten us here.

● (1310)

Of course, Canada contributes to the various global vaccination initiatives of the World Health Organization. However, it can and must do more. It must provide logistical support for developing countries so that the vaccines can be efficiently distributed to the population. It must donate its surplus doses in a predictable manner in order to allow the receiving countries to administer them within a reasonable time frame.

The federal government must also stop saying that it is open to lifting the patents on the vaccines and treatments while voting against the proposal when it comes time to take an official stand. The Bloc is asking the government to play a leadership role by openly taking a stand in favour of lifting the patents at the next meeting of the World Trade Organization on the Agreement on Trade-Related Aspects of Intellectual Property Rights, or TRIPS.

These past two years have also unequivocally shown the importance and urgency of improving the independence and reliability of our supply chains. This pandemic will not be our last, especially in this era of climate change.

An analysis of the challenges we have faced since the initial outbreaks makes it clear that we must rebuild Quebec’s pharmaceutical sector. We need targeted tax incentives to promote the establishment of biopharmaceutical research and production centres. Partnerships between our university research centres and industry must be encouraged through support for issue tables focused on these goals, and we must continue increasing research budgets.

*Government Orders*

The consolidation of our supply chains will ensure, among other things, that our national emergency reserve is supplied by Canadian providers. Shortages of rapid tests like we saw last December are unacceptable when the pandemic has been going on for almost two years. Local production would allow us a certain independence from foreign suppliers, who are driven solely by the laws of supply and demand, and help manage our reserves so as to ensure that we have sufficient supplies for our needs and can prevent loss by channelling our surplus doses to NGOs that will make good use of them.

The investments provided for in Bill C-10 are essential, but we expect the government to immediately start tackling the numerous other challenges we face. We have an opportunity here to develop a strategic economic sector while taking drastic and appropriate action to strengthen our health care systems, the institutions that are the very foundation of our social contract and that have been hit hard. I urge the federal government not to miss the boat.

• (1315)

**Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP):** Madam Speaker, we have arrived at many of the same conclusions. Conservative cuts to health transfers did a lot of damage, and the Liberals only compounded the error, which bears repeating.

The health care system is under pressure, and the federal government needs to increase transfer payments in a sustainable, stable and permanent manner. We are aware of this, and we agree.

There is also another solution for saving money. Does my colleague agree with the FTQ, the CSN, the CSQ and the Union des consommateurs du Québec that we need a truly universal public pharmacare program that will reduce the cost of drugs for people, businesses and our health care network?

**Mr. Simon-Pierre Savard-Tremblay:** Madam Speaker, we agree with the principle of a public pharmacare program. However, Quebec is often well ahead of Canada and the provinces when it comes to social programs.

When the federal proposal clearly includes the right to withdraw with full financial compensation, we will vote in favour. We absolutely support the fact that Canada needs to improve its plan, provided that Quebec can get its hands on its share of the money and improve its own programs.

**Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ):** Madam Speaker, I would like to congratulate my colleague from Saint-Hyacinthe—Bagot, and I wish him a happy Valentine's Day as well.

I would like to know why we have seen a dramatic change in health transfers since the 1960s. We are well aware that what the federal government was really interested in was the world exchanges, what was happening in international markets and its position on the international stage. I would like my colleague to tell me how, all of a sudden, what was a noble gesture on the federal government's part became a proposal to reduce health transfers, but with conditions.

**Mr. Simon-Pierre Savard-Tremblay:** Madam Speaker, Ottawa is always trying to centralize powers.

Canada is increasingly evolving into a unitary state. It is trying to infringe on jurisdictions that are often not its own.

In this instance, we are told that the government is going to move forward but only on the condition that all kinds of programs and supports are created that allow it to encroach on Quebec's jurisdictions. By adding conditions to the funding, the government is condemning Quebec, which has been engaged in state building since the 1960s, to once again becoming a province like any other that is permanently obsessed with funding its health care system. Quebec will be forced to abandon all of its other efforts.

It is becoming more difficult to build our nation state as the home of the Quebec nation because the province is being fiscally starved.

[*English*]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, this bill is two paragraphs long. I agree with my hon. colleague that we need more money in the health care system. I believe in further transfers, but this would give \$2.5 billion to buy rapid tests that would then be distributed to the provinces.

I am just wondering whether my colleague agrees with that. Does he think there is any reason why this should be slowed down? Does he see any problem with the intent behind this bill?

[*Translation*]

**Mr. Simon-Pierre Savard-Tremblay:** Madam Speaker, I am going to be brief.

I actually said that we were in favour of the bill. There are things missing from it, but we are in favour of it. We cannot be against what is right. This is a transfer, and we are by no means against transfers.

I do not think I ever said in my speech that we needed to slow down transfers for rapid tests.

[*English*]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Madam Speaker, I am honoured to rise today to speak to Bill C-10, an act respecting certain measures related to COVID-19, and I am particularly delighted to be splitting my time with my hon. colleague for Winnipeg Centre.

This legislation is very straightforward. In fact, in my time in the House of Commons over the last 14 years, I have rarely seen a bill that is shorter. It is two sections long and would, first, authorize the Minister of Health to make payments of up to \$2.5 billion out of the consolidated revenue fund for any expenses incurred on or after January 1, 2022, in relation to COVID-19 tests. Second, it would transfer to any province or territory, or to any body or person in Canada, any COVID-19 tests or instruments used in relation to those tests acquired on or after April 1, 2021. In other words, it would authorize, on an emergency basis, the purchase and delivery of rapid tests to Canadians.



*Government Orders*

New Democrats strongly believe that we must expand access to COVID-19 testing for Canadians as quickly as possible. Therefore, we will be supporting this legislation and we are supporting its rapid passage through the House, unlike my colleagues in the Conservative Party and in the Bloc Québécois. However, I must underline our profound disappointment that Canada is still playing catch-up on COVID-19 testing as we enter the third year of this pandemic.

The Liberal government's refusal to learn from its past mistakes is, with respect, inexcusable. COVID-19 has long underscored the crucial role of testing. I might remind everybody in the House that one of the first things Canadians learned about this pandemic was the profound need for testing and tracing. This, we were told, was one of the core strategies to get us out of this pandemic. It also underscored the need for surveillance in controlling infectious disease outbreaks and guiding sound public health decisions. We cannot manage what we do not measure.

However, notwithstanding this, Canada has suffered from severe limitations on testing capacity through wave after wave of this pandemic due to the federal government's repeated failure to stockpile or procure sufficient supplies or to accelerate domestic production capacity. I will stop and say that, in my view, the federal Liberal government has taken an extraordinarily narrow view of its role in this pandemic. It seems to me that it might be rectified today, but up until now it has really only reserved itself the obligation to procure supplies.

This falls squarely within that. It is the government's job to procure testing, yet here we are in February, 2022, and Canadians in every province and territory across this land cannot get access to the tests they need in a timely manner. Health care workers cannot get access to the tests they need. Educators cannot get access to the tests they need. People have to pay out of pocket exorbitant amounts of money, if they can find tests. That underscores the failure of the Liberal government's prime responsibility to procure the kind of equipment that we need to get through this pandemic.

With the emergence of the highly transmissible omicron variant, an exponential surge of COVID-19 cases has once again overwhelmed Canada's testing capacity while the federal government scrambles to secure supplies in a highly competitive global marketplace. As a result, COVID-19 testing has become inaccessible for many Canadians. Reported case numbers underestimate the true number of infections, and contact tracing efforts have been largely abandoned. This has led to extreme frustration among Canadians who want to do the right thing and protect our loved ones from exposure to the virus.

In response to shortages throughout the omicron surge, many provinces have restricted access to polymerase chain reaction, PCR, testing to individuals who are at higher risk of severe illness and those in settings where the virus could spread quickly. PCR testing, as we know now, is more precise than rapid antigen testing, and positive results from rapid test kits are not reported in official COVID-19 case counts.

However, rapid antigen tests are considered an important screening tool. Research shows that they are instrumental in preventing asymptomatic transmission of COVID-19 because they provide

quick and reliable results. Unfortunately, these rapid tests, as I have mentioned, have also been very difficult for Canadians to access, particularly during the recent holiday season. To date, most of the provinces' limited rapid antigen test supplies have been earmarked for schools, businesses, long-term care homes, health care facilities and other high-risk settings.

• (1320)

At the end of 2021, the federal government had only delivered 120 million rapid test in total, or about three per person, to the provinces and territories. To put this in context, Dr. David Juncker, department chair of biomedical engineering at McGill University, estimates that with the highly transmissible omicron variant, Canada could require 600 million to 700 million tests a month and then two tests per person every week once this wave subsides.

In early January 2022, the Liberal health minister confirmed that Canada's PCR testing capacity is "in crisis" and announced that the federal government would distribute 140 million additional rapid tests to the provinces and territories by the end of the month. However, unfortunately, the government failed to deliver millions of the promised tests. By January 28, 2022, the federal government had only delivered an additional 75 million rapid tests to the provinces and territories. Ontario confirmed it only received 17 million of the 54 million tests that were promised. Alberta received fewer than five million of its allocation of 16 million rapid tests. Manitoba was shipped a little less than half of the federal commitment. British Columbia, my province, received a little over six million rapid tests, with 18 million per capita share. Quebec was shortchanged by 5.8 million tests.

The New Democrats believe that accountability and transparency have been essential for maintaining the public's confidence throughout this pandemic. Clear communication is critical for allowing the provinces and territories to make effective plans in their respective jurisdictions. Although the federal government has contracts in place for the procurement of rapid tests totalling some \$3.5 billion, details are not publicly available on when suppliers will actually deliver the rapid tests outlined in those agreements. For these reasons, the New Democrats have demanded measures to provide transparency on how the \$2.5 billion outlined in this legislation will be present. We believe that Canadians deserve full details with respect to how many tests have been purchased, when and to whom they will be delivered, when they are delivered and how much of the funding has been expended.

I am pleased to state to the House today that our negotiations with the government have resulted in an agreement by the government to produce that information to the House every six months. I want to congratulate my colleagues in the Liberal government for doing that. I think it is a sign of how effective opposition can make legislation stronger and better instead of holding up something that is urgently needed in a time of pandemic in this country, as the Conservatives and Bloc Québécois joined together to do today.

### *Government Orders*

Furthermore, the New Democrats are reiterating our long-standing call for the federal government to expand domestic manufacturing capacity for all essential medical equipment in this country, including COVID-19 tests and other critical COVID-19-related tools, such as personal protective equipment, treatments and vaccines. Canada's chief public health officer, Dr. Theresa Tam, has been clear that the virus will continue to evolve and that further waves will occur. These surges could be quite severe and we need to be ready for them. COVID-19 testing will allow us to move forward with greater freedom and confidence, but we need to secure a resilient supply. To do so, Canada must break our dependence on fragile global markets. The federal government must take immediate action to mobilize Canadian industry with support for research, accelerated market approvals and manufacturing and supply chain development. We need to bring back domestic manufacturing to this country, especially for essential medicines, vaccines, equipment and supplies.

All Canadians have been horrified to see throughout this pandemic that Canada has faced a shortage of essential equipment like ventilators, personal protective equipment, vaccines, which we are still not producing in this country, and life-saving medicine. That is why the NDP has proposed constructive proposals like establishing a Crown corporation for a better chain for Canadian suppliers and domestic production.

I want to read a quote from Barry Hunt, president of the Canadian Association of Personal Protective Equipment Manufacturers. He said:

The prime minister himself and the federal government made a commitment to our industry to buy products. What we've seen is the exact opposite: buying only from multinationals, buying only commodity products, locking health-care workers out of new and innovative products, and essentially, decimating the new PPE industry.

That is the exact opposite of what we need to do, so today, I call on all parliamentarians to recognize the urgent situation we are in, pass this legislation quickly and get rapid tests into the hands of Canadians to help them get through this pandemic as soon as possible.

• (1325)

**Mr. Kody Blois (Kings—Hants, Lib.):** Madam Speaker, I did not catch my hon. colleague's entire speech, but I did hear him, at the end of his remarks, talk about the importance of Canada having domestic supply chains to support vaccines, PPE and other things. It was his position that the NDP is in favour of a Crown corporation to drive these types of initiatives.

I had the opportunity to speak with the Minister of Innovation, Science and Industry the other day about the important work the government is doing to partner with companies like Moderna and partner with the private sector to drive this innovation in the country.

Would the member opposite at least recognize the way that the government has responded, notwithstanding past issues with governments not meeting this challenge? This government is stepping up to make sure those investments and private capital are coming into Canada on this front.

• (1330)

**Mr. Don Davies:** Madam Speaker, the NDP has the broadest policy on this. We recognize the important role that the private sector plays in producing all sorts of products and equipment in this country. What we want to do is broaden the private sector to include the public sector.

Private enterprise is important and so is public enterprise, and we see the importance of having a Crown corporation with the same model as Connaught Labs, which the federal government owned for many years, to produce low-cost, innovative medicine for Canadians, like insulin. One of the reasons Canadians pay such a high price for insulin in this country is that the federal Conservatives sold Connaught Labs and privatized it. Now we do not have any way to produce this life-saving medicine for Canadians at an affordable cost. That is wrong, and we think a Crown corporation should be restored to produce those kinds of essential medicines for Canadians.

**Ms. Marilyn Gladu (Sarnia—Lambton, CPC):** Madam Speaker, I thank the member for Vancouver Kingsway for his speech. I very much enjoyed serving with him on the health committee.

He is quite correct that over a year ago we were calling on the government to come up with rapid tests, and rapidly come up with rapid tests. However, the medical experts are now saying that with omicron, there is so much transmission that we are not in this tracing and isolating mode anymore and that we really need to start lifting travel restrictions, which are not working, and other mandates.

Will the member join with us today to call for a plan from the government to end all of the mandates so we can exit this pandemic and restore the economy?

**Mr. Don Davies:** Madam Speaker, I also enjoyed serving with my hon. colleague on the health committee. However, I must, with respect, disagree with many of the premises of her question.

The Conservatives did not call for rapid tests a year ago. They started calling for rapid tests a year ago and continued month after month. As I remember, right up until November of this year they wanted rapid tests for themselves in this chamber so that anyone who was not vaccinated could prove they were safe by coming up with a negative test through a rapid test. What I do not understand is that after months of pushing for rapid tests, today they stand up and argue against it, and worse, they are questioning the science and value of rapid tests. The previous speaker, who serves on the health committee, very shockingly said that we needed this issue to go to the health committee to determine if rapid testing works. Of course it works, and it is going to be key to getting out of this pandemic. Canadians have to have some method of showing that they are COVID positive or negative, and that is a key component. I challenge the Conservatives to come up with a single reputable expert in this country who has said that we do not need testing as a core piece of moving forward to get out of this pandemic.

*Government Orders*

[Translation]

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Madam Speaker, we agree with the idea of funding rapid tests, but we do not agree with seeing health transfers decline year after year. In the 1960s, the federal government covered 50% of health care costs, but now, it contributes only 22%.

At the same time, it is interfering in other sectors while continuing to refuse to increase health transfers. We often see the NDP supporting these federal attempts to interfere in areas like dental insurance and pharmacare.

What does my colleague think about this?

[English]

**Mr. Don Davies:** Madam Speaker, where I think the New Democrats and the Bloc join together is on our position that we need the federal government to play a proper role in funding health care in this country. Notionally, 50% is what the federal government should be paying. Where I disagree with my hon. colleague is on what role the federal government plays. The federal government has shared jurisdiction in health, and when we talk about conditions of health transfers, I have three words for my hon. colleague: Canada Health Act. The Canada Health Act has five conditions that must be met, and no province gets any funding from the federal government unless they agree to abide by those five conditions. My hon. colleague is simply wrong when he thinks that the federal government is an ATM machine and is obligated to give money to the provinces with no obligation whatsoever on how the provinces spend the money. That is constitutionally wrong, and it is belied by the Canada Health Act.

● (1335)

**Ms. Leah Gazan (Winnipeg Centre, NDP):** Madam Speaker, I know we are here today to debate Bill C-10, which is meant to accelerate funding for rapid tests in support of the current health measures, but at the same time, we need to have a real talk about the health of our democracy.

Our democracy is currently under threat by extremist alt-right movements that have hijacked frustration regarding the pandemic and public health measures to boost the alt-right and recruit new people into the movement. Over the last few weeks, we have witnessed illegal occupations in cities and border crossings across this country. Fuelled and funded by many extremist organizations in Canada and the U.S.A., including leaders with ties to such groups as the Soldiers of Odin and the yellow vests, which are hate groups, we are witnessing the rapid rise of white supremacy and the growing threat of fascism.

Across this country and around the world, people are struggling. About 200,000 jobs were lost in this country in January alone and people are losing their homes. Meanwhile, the price of all essential needs is going up, including groceries. This is making it even more difficult for individuals and families to make ends meet. In fact, we are living in a time of despair and struggle, and as we have witnessed in history, times of despair create fertile grounds for the far right to spread its hate. A clear example is the Great Depression that led into the Second World War, when we witnessed the rise of fascism, resulting in the loss of life and a genocide.

As we enter the second year of the pandemic, with the frustrations and well-being of people in Canada in great flux, we are witnessing our democracy, although inherently flawed, come under threat. We must work together across party lines to protect our democracy against the rise of fascism. Now is not the time for petty politics. Our democracy is under real threat.

I do not believe that the roots of this occupation are about vaccine mandates, including passports. As shared by a brilliant colleague, El Jones, during the rabble.ca panel, "Where is the outrage? Where has the outrage been with the carding of police of Black and indigenous peoples? There was no illegal occupations popping up around Canada or, in fact, indigenous people who fall under the Indian Act who are forced to carry Indian Act identification cards to prove their Indian status." There was no revolution and no protest for freedom.

The fact is, we have seen Confederate flags, a symbol of slavery, and swastikas, and both symbols are linked to fascism and genocide. This is not about freedom.

I also do not believe the illegal occupation is about workers. What kind of working-class uprising puts 1,500 retail workers at the Rideau Centre mall in Ottawa out of work for weeks, forcing them to lose income? What kind of working-class uprising forces auto plants to close for days on end, forcing temporary layoffs of workers?

In my riding of Winnipeg Centre, an iron foundry was unable to ship any orders because of blockades at the Emerson border crossing. What kind of working-class uprising, claiming to be led by truckers, is silent about the endemic wage theft in the trucking industry? Truckers, 90% of whom are vaccinated, have filed 4,800 complaints about unpaid wages to ESDC in the last three years. This occupation does not represent them or their interests.

I also do not believe it is about indigenous rights or solidarity with nations that have discovered unmarked graves and residential school survivors. Nor does the Orange Shirt Society, which has denounced the hijacking of Orange Shirt Day and the "every child matters" campaign to fuel a movement of hate and white supremacy.

● (1340)

It is about the far-right movement taking advantage of people's despair without offering any real solutions.

I was horrified to hear former President Trump give a thumbs up to this illegal occupation as he is currently being accused of fuelling and supporting the insurrection in the United States. Democracy is fragile and must be honoured. Our democracy is in danger, and this is not the time for petty politics or name-calling. All party leaders need to come together against the rise of the far right.

*Government Orders*

We should just look at what can happen, and look at the counter-protests we witnessed this weekend. People were fighting against fascism and standing up for their communities in places such as Ottawa and Winnipeg this weekend. They know and they get what is at stake, and they came together to protect each other and our fragile democracy. I am so very grateful for their efforts.

We also need to crack down on foreign anonymous funding that is helping to sustain the occupation. We need to tackle the spread of online hate and misinformation that is contributing to people's radicalization. We need to ban symbols of hate, which we have shamefully seen displayed in recent days.

We also need to address the root causes of people's insecurity and fear for their future. We need to maintain and expand pandemic income supports, and ensure that wage subsidies are used for the protection of jobs and not the provision of executive bonuses. We need to move toward a GLBI that lifts people out of poverty and creates a social floor below which no one can fall.

There is a lot of anger right now, and people have a right to be angry. I am angry that kids in Winnipeg Centre are going to school on an empty stomach because we have the highest child poverty rate of any urban riding in this country. I am angry that public money, which was supposed to help keep workers on the payroll during the pandemic, was used by CEOs to reward themselves with bonuses so they could buy another yacht or another Rolex.

I am angry that people in downtown Winnipeg are sleeping in bus shelters because we have a housing crisis that successive governments have failed to take seriously with adequate investment. We need to ensure that the anger is directed toward the powerful, not the powerless, and channelled in a way that strengthens our democracy, not undermines it.

When people are looked after and when they are not worried about how they are going to pay credit card bills or rent, or put food on the table, they are less likely to believe false narratives that scapegoat marginalized people, indigenous peoples, immigrants, refugees, Muslims, racialized people or LGBTQ+ individuals for their troubles.

There is hope. We can tackle the far right while at the same time raising the living standards of millions of people. We just need that political will and the sense of urgency that this moment is demanding of us. We need to do it so we can rapidly shift our focus toward looking after people, which is what we are trying to do today in our debate of Bill C-10.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, I truly recognize and appreciate the role the New Democrats are playing on this very important initiative. In fact, they have been very creative in ensuring there is that much more accountability.

I am wondering if the member can provide her thoughts. Being from the same province, we understand how important the demand is, particularly in late December and early January, because of the variation in the coronavirus and the impact it was having in the province of Manitoba.

How important is it that we pass the legislation to ensure we have the funding for rapid tests?

• (1345)

**Ms. Leah Gazan:** Madam Speaker, certainly people in our NDP caucus support public health members and are in support of passing measures supporting rapid tests. What I am talking about here is the need to stop divisive rhetoric that is posing a threat to democracy, and the politicization by members of the House of the despair of individuals to fuel the rise of hate and white supremacy in this country. It is putting our democracy at great risk.

**Mr. Marty Morantz (Charleswood—St. James—Assiniboia—Headingley, CPC):** Madam Speaker, I agree with the member. The symbols and messages of hate that have permeated these demonstrations are very concerning.

To that end, will the member be voting in favour of the bill put forward by my colleague for Saskatoon—Grasswood, which would make Holocaust denial and distortion a criminal offence in Canada?

**Ms. Leah Gazan:** Madam Speaker, I would like to acknowledge my colleague, who is also from Manitoba, for his absolute disdain for the symbols of hate that have been flown during this illegal occupation. I would also like to thank him for his work around raising awareness around Holocaust denial. Holocaust denial is dangerous and we must put an end to it.

[Translation]

**Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ):** Madam Speaker, I would like to thank my colleague for her speech. Much of it, however, seemed to be off topic. Let us get back to the matter at hand, namely investments in rapid testing.

Right now, Quebec and Canada have some of the highest vaccination rates in the world. Canada is one of the countries where people have been the most willing to comply with public health measures.

However, unlike other countries, we cannot lift the lockdown, at least not immediately. This is in large part because of the fragility of our health care system, and that fragility is the direct result of 30 years of federal underfunding. That is what we are talking about.

Today's motion is once again intended to throw money around without promising permanent, stable investment for the coming years, as we have been asking for the past 30 years. That investment would have enabled us to keep the crisis from getting this bad.

Does my colleague not agree?

[English]

**Ms. Leah Gazan:** Madam Speaker, I agree. We absolutely need to make greater investments in public health. We also need to do whatever is necessary right now to get through this current health crisis. We need to do it in a way that supports science and public health.

*Government Orders*

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** Resuming debate. I want to remind the hon. member that, unfortunately, I will have to interrupt him at one point, and he will be able to continue his speech thereafter.

The hon. parliamentary secretary to the government House leader.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, we are entering into a process today that will ultimately see a very important piece of the government's legislative agenda pass.

To start off, I just want to acknowledge that the opposition parties have a choice. To some degree, I am very pleased with my New Democratic friends. People who have listened to me articulate in the past will know I am often offside with my New Democratic friends. Having said that, I appreciate the approach the NDP is taking on the process we are entering into today, which would ensure that Canadians feel comfortable in knowing that the federal government would be passing legislation that would assist in ensuring there would be rapid tests from coast to coast to coast. It is something that is absolutely urgent. We have at least one opposition party that has recognized that.

On the other hand, even though the Bloc party is somewhat sympathetic to the need for rapid testing, and I guess that is something to appreciate, it wants to tie it into health care transfers. I would suggest that is for another day's debate. I would suggest that the Bloc is not too late to look at the urgency that is required.

I will expand on why it is so important that we see that sense of co-operation shortly. Before I do that, I want to reflect on the Conservative approach to this particular piece of legislation.

The Conservatives have demonstrated one thing very clearly over the last number of months, and that is that they are all over the map. We have no idea where they might be on any given issue, at any given point in time. In fact, if we were listening to one of the Conservative members who spoke today, we would think that the Conservative Party does not believe that rapid testing is an effective tool. I, and many members present inside the chamber, really question how the Conservative Party would not understand and appreciate the science, and listen—

**Some hon. members:** Oh, oh!

• (1350)

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I want to remind members that the hon. member has the floor, and members will have an opportunity for 10 minutes to ask questions and make comments when it is the appropriate time to do so.

The hon. parliamentary secretary.

**Mr. Kevin Lamoureux:** Madam Speaker, I would even extend that 10 minutes with leave, if they want.

At the end of the day, the science and health care experts in all regions of our country have recognized the value of rapid tests. There was a day when the Conservatives actually did support rapid tests. They talked about how important it was for Ottawa to get rapid tests, and Ottawa acquired, through procurement, tens of mil-

lions of rapid tests. In fact, at the end of or mid-December of last year, six, seven or eight weeks ago, there was a surplus of rapid tests in Canada. Millions and millions of rapid tests were not being utilized.

We have often talked about COVID-19 being something we cannot just mandate away. When a new variant of the coronavirus comes, hospitals are once again inundated. Provinces, territories and others recognized that we needed to implement rapid tests in a more effective way, so the demand for rapid tests exploded in the month of December. We provided the storage of rapid tests in good part to meet the immediate demand that occurred in December. Then, through our procurements, in January we brought forward an incredible effort that saw over 140 million additional rapid tests. We can take that in the perspective of Canada's population of thirty-seven and a half million people.

The Government of Canada understands the science behind rapid tests, and I think rapid testing is a good tool. It is not quite equal to the vaccinations, but I would like to emphasize just how important it has been from the beginning of the pandemic that we have seen provinces, territories, indigenous leaders and stakeholders working in a team Canada approach to deal with the pandemic.

We saw that in the distribution of vaccinations. Canada today is leading the world in vaccination and getting its population vaccinated, and that is no accident. That is because we have had effective leadership, whether it is from Ottawa, the provinces and territories, indigenous leaders or others. We are also seeing today, again, an excellent example through rapid testing.

At least the government and two opposition parties recognize not only that rapid testing is important, but that the federal government has a role to play in it. The NDP members want to see the legislation passed because they know, as we know, how critically important it is to get over \$2 billion to finalize purchasing and ensure that Canadians have these rapid tests. This is while the Conservatives dither. The official opposition does not really know what to think about rapid tests.

I would encourage people to read some of the comments on the record by the first speaker from the Conservative Party, who I understand sits on the standing health committee representing the Conservative Party.

**An hon. member:** Oh, oh!

• (1355)

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** Order.

Again, I am not sure if certain members were not in the House a few minutes ago when I indicated that there would be not five, but 10 minutes of questions and comments when the appropriate time is, and I would ask members to hold on to their thoughts until then so that the hon. member can continue his speech.

There will be time for questions and comments, as I have mentioned.

The hon. parliamentary secretary.

**Mr. Kevin Lamoureux:** Madam Speaker, I would like to—

*Statements by Members*

**Mr. Charlie Angus:** Madam Speaker, I am rising on a point of order.

I think I speak for everyone in the House. I will sit very quietly and patiently if at least we can cut the time down to five minutes rather than 10 minutes.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** That is not a point of order. I would ask members to ensure that their points of order are going to be acceptable in the House.

The hon. parliamentary secretary.

**Mr. Kevin Lamoureux:** Madam Speaker, I would just suggest that I should get a bonus two minutes because the member interrupted my speech.

At the end of the day I really believe that if members look at the legislative agenda that the Government of Canada has put on the table over the last couple of months, they will see that there is a very strong focus on the issue of the coronavirus and bringing in legislation to support Canadians in every way.

The very first piece of legislation we brought forward was Bill C-2, which dealt with issues such as the lockdown benefits, wage subsidy benefits, rent supplements and other supports for Canadians. Members will recall that the Conservatives back then attempted to divide the bill. They were already trying to slow down the legislation. Without the support that was provided from that legislation, there would have been a great deal more hardship over Christmas and going into the new year, as a direct result of Conservative negligence and not understanding what was important.

With respect to the motion we are debating today to put into process an amount of time to ensure that this bill passes, one only needs to look at the behaviour of the official opposition members to understand why it is so important that we put in a closure motion on the legislation. If we are not prepared to do that, we will see an ongoing display of the games, whether it is what was demonstrated with Bill C-2 or, as members will recall, last week's concurrence motion. There is a finite amount of time in the House of Commons. That is one of the reasons that, in order to be able to provide the support that Canadians need, we have to bring in this motion. We want to continue to have the backs of Canadians.

**The Speaker:** The hon. member has 10 minutes and 20 seconds remaining in his speech. I am glad he cut it short.

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## STATEMENTS BY MEMBERS

• (1400)

[*Translation*]

### TEACHERS

**Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.):** Mr. Speaker, many members of Parliament remember teachers and support staff who made a positive impact on our lives.

Now these people are making a difference in the lives of the next generation. The work they are doing nurtures and strengthens our country's greatest resource: our children. I am grateful for the

teachers in my riding, Vaudreuil—Soulanges, who give it their all every day under normal circumstances.

[*English*]

These are not normal circumstances. Teachers who have always gone above and beyond have had to reach even further and deeper for more strength, courage and patience, all the while putting on a brave face for their students.

Over the last two years, the resolve and strength of our teachers and school personnel have been tested. With most tests, there is a grade that comes with it. I want to let our teachers and support staff know, on behalf of the House and everyone who calls Vaudreuil—Soulanges home, that they have given their 100% and they have earned and deserve just that in return.

\* \* \*

### COVID-19 PROTESTS

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Mr. Speaker, as protesters mark their third weekend in downtown Ottawa, they are still waiting for an olive branch from the government. Personally, I would like to recognize the veterans expressing their love and commitment to our nation.

Veterans have been a constant presence in our capital since they began. They have stood alongside truckers and families with their medals proudly on display. They have recited the Lord's Prayer and sung *O Canada* with Canadians from all walks of life. No one can deny the patriotism and passion on display.

Soon we will vote on whether to end punitive federal mandates. Of even greater significance is whether our federal government will not only recognize but vow to cherish and uphold our fundamental freedoms: the freedom to speak, to believe and to make personal choices, protected by the rule of law, the charter and our Bill of Rights.

Our veterans demonstrate that Canadian voices for unity and freedom are growing louder. Is the Prime Minister ready to listen?

\* \* \*

### MACULAR DEGENERATION

**Hon. Judy A. Sgro (Humber River—Black Creek, Lib.):** Mr. Speaker, February is age-related macular degeneration month, which is the leading cause of blindness for Canadians over the age of 50.

Close to two million Canadians and almost 200 million people globally suffer from macular degeneration, which is a progressive disease that, over time, takes the eyesight of those who suffer from it. It is very likely that everyone in this chamber knows someone who has suffered or will suffer from macular degeneration.

Macular degeneration first starts with blurriness and difficulty recognizing fine details in faces. In its later stages, it leaves the individual legally blind, unable to see because of significant dark spots in their vision. We recognize that one of the most critical issues affecting our Canadian seniors' quality of life is the ability to stay in their homes and continue to live independently longer.

Every year, countless seniors are forced to give up their homes and move into retirement or nursing homes because macular degeneration has stolen their vision and made independent living dangerous or outright impossible. Macular degeneration has no cure, but there are promising medical treatments currently on the horizon awaiting Health Canada approval.

I hope everyone will join me in recognizing the millions of Canadians who suffer from macular degeneration.

\* \* \*

[*Translation*]

### HOOKED ON SCHOOL DAYS

**Mr. Yves Perron (Berthier—Maskinongé, BQ):** Mr. Speaker, I appreciate this opportunity to talk about Hooked on School Days.

For many young people, staying in school can be tough. They may be dealing with learning difficulties, social issues or serious challenges. That is why this week provides an important opportunity to offer encouragement and tell them we are proud of them. I would encourage my colleagues to express their support by doing something extra nice or even just wearing the green and white ribbon with pride.

It is also important to mention the invaluable contribution of all school staff who work hard every day to make learning fun and effective, thereby encouraging kids to stay in school.

Staying in school means becoming more knowledgeable, cultured, open-minded, successful and prosperous.

I encourage all young people to stay in school. We are proud of them.

\* \* \*

### SAINT-JEAN-VIANNEY COMMUNITY ORGANIZATION

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Mr. Speaker, Ressources Saint-Jean-Vianney is a community organization in my riding that helps vulnerable people in the Saint-Jean-Vianney neighbourhood of Longueuil.

This year, this organization is celebrating its 20th anniversary, and I want to acknowledge what an important role it plays in our community. This organization helps young people by hosting sports activities and a summer camp. It supports low-income people by organizing soup kitchens. It helps parents by providing them with support services and training. It brings immigrants out of isolation through intercultural, educational and social activities and so much more.

I congratulate its executive director, Lyes Chekal, for his dedication, and I salute his entire dynamic team, who are always giving the best of themselves to meet the needs of our community.

### Statements by Members

I wish them a happy 20th anniversary.

\* \* \*

● (1405)

### OLYMPIC AND PARALYMPIC ATHLETES

**Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC):** Mr. Speaker, the word “resilience” has been used many times since the beginning of this health crisis. I would like to mention an exceptional group of people: our Olympic and Paralympic athletes who are participating in the Olympic Winter Games in Beijing.

These athletes have had to overcome many challenges due to the pandemic. Getting to the Olympics is never easy even in normal times, so imagine the effort they had to make this year.

On behalf of all the citizens of our beautiful country, I congratulate the 215 Canadian athletes. Canada already has 15 medals, and the games are not over yet. We all stand behind these athletes, and we are proud of their performances. Let us not forget that starting on March 4, our inspiring Paralympic athletes will have their turn to shine.

I want to take this opportunity to congratulate our athletes from Portneuf—Jacques-Cartier: Flavie Aumond in freestyle skiing, Miha Fontaine, who won bronze in mixed team aerials, and Laurie Blouin, who we will be watching this evening in the snowboard finals. We are proud of them.

\* \* \*

[*English*]

### TEACHING EXCELLENCE IN STEM

**Ms. Ya'ara Saks (York Centre, Lib.):** Mr. Speaker, teachers are more than just educators; they hold the key to our future success. They instill central values and passion in our youth. Without them, we could not cultivate the next generations of scientists, engineers, artists and leaders.

I want to highlight an incredible teacher in my riding of York Centre, Ms. Cindy Law, who recently received the Prime Minister's award for Teaching Excellence in STEM. I had the pleasure of congratulating Ms. Law and learning about her unique teaching methods and passion for the success of her students.

As a mother to a high-schooler, I know how important it is to have a teacher who inspires our students to excel and grow. Ms. Law motivates her students to think critically, collaboratively and explore the natural world in an engaging way.

*Statements by Members*

Both she and her students have won several awards and achievements, which can be attributed to her success with her students. To achieve this during the ongoing pandemic is truly remarkable and a testament to her incredible work as a teacher.

On behalf of our York Centre community, students and families, I thank and congratulate Ms. Law.

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**BLACK HISTORY MONTH**

**Mrs. Salma Zahid (Scarborough Centre, Lib.):** Mr. Speaker, February is Black History Month and this year we are focused on recognizing the daily contributions that Black Canadians make to Canada.

I would like to recognize one of my constituents who is making a difference in Scarborough. Reverend Denise Gillard is a powerhouse. She is the force behind the HopeWorks Connection, which brings arts to local youth through the Toronto Children's Concert Choir and Performing Arts Company. She is also the senior pastor at Kingdom City Church and an important part of our faith community.

She is proud of her history. Her father came to Canada from Jamaica and her mother's family came to Canada through the Black refugee and loyalist movements in Nova Scotia.

She has devoted herself to empowering children and the people who love them to work toward fulfilling their full potential in the light of faith, service and transformational living.

Denise's story is Canada's story. I am proud to celebrate her and everyone who is making a difference in our community.

\* \* \*

**PEGASUS PROJECT**

**Mr. Kevin Waugh (Saskatoon—Grasswood, CPC):** Mr. Speaker, today I would like to salute those involved in the Pegasus project, led by a group of Saskatchewan automotive enthusiasts. It raised over \$1 million at the recent Barrett-Jackson auction in Arizona to support the STARS air ambulance in my province of Saskatchewan.

A custom-built, one-of-a-kind 1968 Ford Mustang 427 Fastback was auctioned off in hopes of raising much-needed funds for the STARS' fleet renewal. This initiative was led by co-chairs Vaughn Wyant and Wayne Halabura, who brought Saskatoon actor Kim Coates and Humboldt Bronco bus crash survivor Kaleb Dahlgren on board.

I want to thank Barb and Gord Broda of Prince Albert for their passion in supporting STARS ambulance. May they enjoy the ride in their 1968 Ford Mustang.

\* \* \*

● (1410)

**COVID-19 PROTESTS**

**Mr. Mike Kelloway (Cape Breton—Canso, Lib.):** Mr. Speaker, I rise in the House today to address the protests that have spread across the country.

Just last week, my constituency office received a suspicious package in the mail, as did many other Nova Scotia politicians from all levels of government and all different political stripes. Members of Parliament and their staff work hard in the service of their communities. Of course, we will take criticism from time to time. It is part of our job, and that is democracy.

From a package with an irritant to border blockades and the occupation of our nation's capital, these are not acceptable means of protest, but rather a disrespect of Canadian democracy that puts safety in jeopardy. Through you, I call on every member of the House to stand in solidarity against these unlawful acts. I stress that, as parliamentarians, these actions will not intimidate us or our staff from doing our jobs.

All Canadians are frustrated, but as my father would have said if he were here, the point has been made and now it is time for them to go back to their homes.

\* \* \*

**CONGENITAL HEART DISEASE**

**Mr. Ryan Williams (Bay of Quinte, CPC):** Mr. Speaker, happy Valentine's Day.

In addition to Valentine's Day, today is another day relating to matters of the heart: congenital heart awareness day. Every year, over 260,000 Canadians are born with congenital heart disease. It is the leading birth defect in Canada, affecting one in every 100 births.

In 2015, my son Teddy was born with a congenital heart defect. We lost him to heart failure just 22 minutes after his birth. There are not many days that go by when we do not think of what could have been. My wife Allyson has been a tireless advocate for women who experience the terror of infant loss and miscarriage. Her motto is always to choose love, and she has a blog by the same name.

We could all choose love a little more. Please join me in bringing awareness and love to the hundreds and thousands of Canadians suffering each year from congenital heart disease as we work on a cure.



### FEDERAL VACCINE MANDATES

**Mrs. Kelly Block (Carlton Trail—Eagle Creek, CPC):** Mr. Speaker, I would like to congratulate Premier Scott Moe for being the first Canadian leader to announce the end of vaccine mandates. Today in Saskatchewan, anyone who wants to will be able to go to a restaurant and celebrate Valentine's Day with their loved ones, with no proof of vaccination required.

When making the announcement, Premier Moe stated, "The benefits no longer outweigh the costs.... It's time for proof of vaccination requirements to end."

I am pleased to see other premiers following suit. Unfortunately, the Prime Minister is refusing to do the same. Canada was founded on the principles of peace, order and good government. When we do not have good government, peace and order become harder to maintain.

I call on the Prime Minister to stop using the pandemic to divide Canadians for political purposes. I call on the federal government to follow Saskatchewan's lead and end all federal mandates.

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[*Translation*]

### VALÉRIE GRENIER

**Mr. Francis Drouin (Glengarry—Prescott—Russell, Lib.):** Mr. Speaker, I rise today to recognize the achievements of a young athlete from my riding.

Valérie Grenier, who hails from Saint-Isidore, is a member of the Olympic alpine ski team. The people of Glengarry—Prescott—Russell are proud to stand behind her.

Valérie Grenier is an inspiration to all Canadians. During these unpredictable and unprecedented times, she has shown courage and resilience. Her journey will inspire a new generation of athletes in our region.

We are proud to see her at the Olympic Games and we will continue to cheer her on. She has dedicated herself to her sport for a long time now, and her hard work certainly points to her success.

I encourage all athletes proudly representing the maple leaf to savour every second of this unique experience. Canada is so proud of them.

Congratulations, Valérie Grenier.

\* \* \*

[*English*]

### MISSING AND MURDERED INDIGENOUS WOMEN

**Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP):** Mr. Speaker, today, February 14, marks the annual memorial march in honour of missing and murdered indigenous women and 2SLGBTQIA people.

Every single first nation, Métis and urban community in our region has been devastated by the loss of a loved one who was brutally murdered or forcibly disappeared.

### Statements by Members

As the inquiry into missing and murdered indigenous women pointed out, this is genocide. Two hundred and thirty-one calls to justice must be realized, from ending poverty to providing housing. These are actions rooted in the absolute need for decolonization.

At a time when much attention has been given to the illegal occupation of our capital, we are clear that the systems of settler colonialism, including policing, are part of the problem when it comes to violence against indigenous women.

Today we remember and honour them, and we recommit to pushing for action now. We cannot rest until no indigenous woman, girl or two-spirited person goes missing or is murdered again. There must be justice now.

\* \* \*

● (1415)

[*Translation*]

### 100TH ANNIVERSARY OF SAINT-NARCISSE-DE-RIMOUSKI

**Mr. Maxime Blanchette-Joncas (Rimouski-Neigette—Témiscouata—Les Basques, BQ):** Mr. Speaker, I am proud to rise today in honour of the 100th anniversary of Saint-Narcisse-de-Rimouski.

On February 13, 1922, a section of Haut-Pays-de-la-Neigette split from Sainte-Blandine, giving rise to the municipality of Saint-Narcisse-de-Rimouski. At the time, the first residents of Saint-Narcisse-de-Rimouski were determined to live on and work the hinterland, clearing the land, working with their hands, and raising their families. One hundred years later, the community of Saint-Narcisse-de-Rimouski is proud of its roots but firmly focused on the future.

The central importance of agriculture and forestry to this community is a testament to the legacy of these builders, while the municipality's tourism sector and many cultural activities help it thrive and showcase its festive spirit all year long. Both the Festival de la fenaison agricultural festival and the popular snow blowing races at the Carnaval d'hiver winter festival attest to the life and energy of this community, making it clear that Saint-Narcisse-de-Rimouski is a great place to live.

I wish the people of Saint-Narcisse-de-Rimouski a happy 100th anniversary.

*Oral Questions*

[English]

**FEDERAL VACCINE MANDATES**

**Mr. Eric Duncan (Stormont—Dundas—South Glengarry, CPC):** Mr. Speaker, today Canadians are awaiting the vote on our Conservative motion calling for a plan and timeline to end all federal mandates and restrictions in Canada.

For over two years, Canadians have done what is asked of them. They followed the rules. They did what it took to get us to a point where we can finally see the end of this pandemic. Other similar countries around the world have given hope and provided leadership by releasing their plans.

Canada is one of the most vaccinated countries in the entire world. That should be celebrated, and we should be celebrating where the science and data by medical experts is headed. Instead, our country has never been more divided, angry and pessimistic.

The Prime Minister created this mess by his tone and unacceptable language when attacking those who disagree with him. Today Parliament has a choice: to provide hope and optimism with a clear plan and timeline to end federal mandates or to plunge us into further chaos and division at a time when the opposite is needed.

The country is watching. Will the Liberals join us and answer the call for a plan today?

\* \* \*

**COVID-19 PROTESTS**

**Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.):** Mr. Speaker, “I am Canadian and I am triple vaxxed. For my family, my neighbours, my co-workers, our healthcare workers, for my country. I will not be bullied.”

These words, written by Ms. Jean Yoon and countless Canadians over the past few days, have become a rallying cry. Make no mistake: After two years, we are all tired of this pandemic. We are tired of not being with our loved ones, tired of seeing small businesses and communities struggle, tired of this illegal blockade that has terrorized Canadians and attacked our supply chains. We have sacrificed so much to be where we are today, and we will not back down. It is our obligation to one another to do what is necessary to protect Canadians.

It is time for the members of this House to start putting first their obligations to the citizens who elected us to serve, to put petty politics aside and to work together. Together let us show an effective plan to see us through to the end of this pandemic. Let us show what Canadians have proven: that we are united.

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**ORAL QUESTIONS**

[English]

**COVID-19 PROTESTS**

**Hon. Candice Bergen (Leader of the Opposition, CPC):** Mr. Speaker, it has been reported that the Prime Minister is planning to invoke the Emergencies Act to deal with the current protests in Ottawa and in some parts of the country. We know the protests contin-

ue here in Ottawa. We know the Windsor border has been reopened. We know that last night there were arrests in Coutts.

Section 16 of the Emergencies Act refers to “threats to the security of Canada”. Given this context, does the Prime Minister think that these protests constitute threats to the security of Canada, and if not, does he think that with this news he could be escalating rather than de-escalating an already inflamed situation?

● (1420)

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, these illegal blockades are hurting Canadians. We have seen borders closed, our economy crippled and Canadians losing their jobs. That is why, since the beginning, this federal government has provided law enforcement with all of the resources that they have needed.

In Windsor, the RCMP and Windsor police have reopened the Ambassador Bridge; in Alberta, the RCMP made 11 arrests and seized guns at the Coutts border crossing; and in Ottawa, the RCMP and the OPP have established an integrated command centre with the Ottawa Police Service.

Our number one priority is to end the illegal blockades, uphold the law and allow Canadians to get their lives back.

\* \* \*

**HEALTH**

**Hon. Candice Bergen (Leader of the Opposition, CPC):** Mr. Speaker, we have been asking the Prime Minister to stop dividing, stigmatizing and name-calling people he disagrees with and let them know that he listens and that he hears them, but he refuses to do that.

Today we are voting on a Conservative motion, a reasonable motion that asks the government to present a plan for a reopening by the end of the month. This should be a time of optimism and joy for Canadians, not division and fear.

Can Canadians count on the Prime Minister to do the right thing and today stand up with us, support our motion and give Canadians the hope that they deserve so much?

*Oral Questions*

**Hon. Bill Blair (President of the Queen's Privy Council for Canada and Minister of Emergency Preparedness, Lib.):** Mr. Speaker, it does not really matter whether members of the opposition have been merely irresponsible or recklessly complicit, but what this country is facing is a largely foreign-funded, targeted and coordinated attack on critical infrastructure and our democratic institutions. The illegal border closings are clearly intended to harm Canada and hurt Canadians, and our government is prepared to do whatever is necessary to restore order and to protect Canadian interests.

**Hon. Candice Bergen (Leader of the Opposition, CPC):** Mr. Speaker, it is clear the Prime Minister and these Liberals are still big fans of polarization, division and negativity. Two years into the pandemic, Canadians deserve, in this moment, some optimism and some hope for the future, and they deserve leadership from their government. They need to know when the federal mandates and the restrictions will be lifted. That is not an unreasonable ask.

Again, will the Liberals, will their Prime Minister, will their ministers, will their backbenchers stand up for their constituents, and vote with us to present some optimism and some hope for Canadians?

**Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, at every turn in this crisis, the Conservatives had an opportunity to de-escalate and talk to those who were outside about dispersing and moving on. Instead we saw the interim leader of the Conservatives come out saying that they should continue this for political purposes. The member for Carleton, who is currently a leadership candidate, came out saying that he is proud and stands with the illegal activity that is happening outside. The member for Yorkton—Melville was saying that ripping down barricades protecting the war memorial was an act of profound patriotism. This is their failing leadership here.

What this—

**The Speaker:** The hon. member for Mégantic—L'Érable.

\* \* \*

[*Translation*]

**COVID-19 PROTESTS**

**Mr. Luc Berthold (Mégantic—L'Érable, CPC):** Mr. Speaker, Canadians are not fooled. They understand the Prime Minister's political games.

First, according to his own MPs, he wilfully chose to wedge, to divide and to stigmatize in order to win an election. We are not the ones saying that. It is people from his own team and caucus.

He then chose to politicize the pandemic, and that is what he is still doing today. Section 16 of the Emergencies Act states that there must be a threat to the security of Canada in order for the act to be invoked.

How does the Prime Minister justify using emergency powers in a different way, once again—

**The Speaker:** Order. The hon. Minister of Public Safety.

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, these blockades are hurting Canadians and they must stop.

We are acting responsibly. In Windsor, the RCMP and Windsor Police Service have reopened the Ambassador Bridge. In Alberta, the RCMP have made 11 arrests. In Ottawa, the RCMP and the Ontario Provincial Police have established an integrated command centre with the Ottawa Police Service.

Our top priority is to end the illegal blockades, enforce the law, and make it possible for Canadians to get to where they need to go.

**Mr. Luc Berthold (Mégantic—L'Érable, CPC):** Madam Speaker, the situation that is unfolding today was entirely avoidable. The Prime Minister's campaign to divide Canadians and to divide his own caucus contributed to this escalation and, unfortunately, he went into hiding for days instead of trying to defuse tensions. The public wants a peaceful resolution to this conflict, an end to the protests, but not the military on the streets.

Will the Prime Minister vote in favour of our motion and present all Canadians with a plan, as all the other governments in Canada have done?

• (1425)

**Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, the Conservative Party has a clear choice: to de-escalate the situation by telling the protesters that it is time to leave Ottawa immediately. On Twitter—

**Some hon. members:** Oh, oh!

**The Speaker:** Can we proceed?

The hon. Leader of the Government in the House of Commons.

**Hon. Mark Holland:** Mr. Speaker, on Twitter, the Conservative Party continues to support the illegal actions taking place outside. The next potential leader of the Conservative Party keeps saying that he is really proud of the illegal actions going on outside. That is totally irresponsible.

We are going to work very hard to stop what is going on outside.

**Mr. Alain Therrien (La Prairie, BQ):** Mr. Speaker, the Prime Minister intends to invoke the Emergencies Act to deal with the occupation in Ottawa. He will have seven days to get the House's approval for the special powers he is seeking. However, he refuses to say exactly what he intends to do with those powers.

People have a right to know. We cannot wait seven days to find out. We cannot give the Prime Minister carte blanche when we are talking about extreme powers that could include the use of the military. Will the Prime Minister reveal his detailed plan today?

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, from the beginning, we have been supporting the City of Ottawa and its police service in their response to the blockade. We have acted responsibly. This includes three deployments of the RCMP, tactical and logistical support, and an integrated command centre with the RCMP and the Ontario Provincial Police.

*Oral Questions*

Our top priority is to put an end to the illegal blockade, enforce the law and help residents of Ottawa get their lives back.

**Mr. Alain Therrien (La Prairie, BQ):** Mr. Speaker, in short, they have done nothing for three weeks.

We do not know what the Prime Minister is planning to do, but we do know some things. We know that Quebec is opposed to having the Emergencies Act imposed on its territory. To this point, the crisis has been much better managed and contained in Quebec than elsewhere in Canada.

If the premier of Ontario wants emergency measures implemented in his province, he has that right and it is his business.

However, will the government commit to not imposing the Emergencies Act in Quebec?

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, as I said several times since the start of this crisis, we offered resources to the police services in Ottawa and Windsor. Even in Coutts, the police have made great progress. However, we must now rally all members of the House and put an end to the convoy.

[*English*]

**Mr. Peter Julian (New Westminster—Burnaby, NDP):** Mr. Speaker, people in communities across our country are feeling the impacts of the occupations. Health care workers, retail and grocery store workers, truck drivers, small business owners and residents have lost their jobs and livelihoods. They have also been intimidated, and even assaulted, during these occupations.

Where was the Prime Minister 18 days ago when this started? If he had shown leadership and acted promptly, we would not have to talk about emergency measures today. Canadians want to know why the Prime Minister let things get so bad. Why has it taken him so long to show any leadership at all?

**Hon. Bill Blair (President of the Queen's Privy Council for Canada and Minister of Emergency Preparedness, Lib.):** Mr. Speaker, let me acknowledge the terrible impact these blockades and actions have had on ordinary Canadians. We have seen terrible disruptions to the lives and safety of not only the people of Ottawa, but also those right across the country. These blockades have resulted in true harms to the people of Canada. We have seen idle workers. We have seen the interruptions to the supply chains of goods and services.

Right from the outset, we have provided support and advice to law enforcement and to the provincial and territorial governments. However, as this event has evolved, we have seen greater threats to critical infrastructure, and to the lives, safety and interests of Canadians. We are prepared to do what is necessary.

[*Translation*]

**Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP):** Mr. Speaker, the reality is that the Prime Minister has been absent since the beginning of the convoy crisis, and that is nothing new. He has been absent when it comes to the housing crisis, the increased cost of living, the climate crisis and health transfers. Today, people feel neglected and abandoned. They want a Prime Minister who does not wait for the worst to happen before taking action.

Why does this Prime Minister refuse to take action when people really need help?

• (1430)

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, from vandalism to acts of violence, the convoy has turned Canadians' lives upside down. My colleagues opposite have had many opportunities to de-escalate the situation, but they chose to throw oil on the fire instead. From the beginning, our government has supported three deployments of the RCMP and is now supporting an integrated command centre with the Ontario Provincial Police and the Ottawa Police Service. Our top priority is to put an end to the illegal blockades and enforce the law.

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**HEALTH**

**Mrs. Dominique Vien (Bellechasse—Les Etchemins—Lévis, CPC):** Mr. Speaker, many people in my riding approached me this weekend wanting to talk about this government's lack of leadership. I want to remind the Prime Minister that Canadians are 90% vaccinated, and Canada is the most vaccinated country in the G7. We will be voting on a motion this afternoon that calls on the government to come up with a plan by February 28 for getting life in Canada back to normal.

Will the government commit to doing that?

**Hon. Jean-Yves Duclos (Minister of Health, Lib.):** Mr. Speaker, I thank my colleague and want to congratulate her on talking about a plan. We have had a plan for the past 22 months, and the plan is working. We have the lowest mortality rate of any G7 country by far, except Japan. We have enjoyed some of the best economic growth of any G7 country and most OECD countries. People have been doing their part, including getting vaccinated, for quite some time. Nearly 80% of Canadians of all ages are fully vaccinated, and nearly 50% have received a booster.

**Mrs. Dominique Vien (Bellechasse—Les Etchemins—Lévis, CPC):** Mr. Speaker, to govern is to make decisions. This government's lack of vision has caused division within its own caucus. After two years of efforts and sacrifices, it is time, as Dr. Theresa Tam says, to re-evaluate the public health measures.

Will the government choose to move forward or will it keep spinning its wheels by dividing and stigmatizing people?

**Hon. Jean-Yves Duclos (Minister of Health, Lib.):** Mr. Speaker, speaking of division, I think that in Canada most people are not divided. On the contrary, they support vaccination and think it is important. Eighty per cent of people have chosen to get fully vaccinated. Nearly 50% have gotten a booster dose and that number is going up every day. Every day, 150,000 Canadians are receiving their booster shot and 10,000 others are getting their first dose. It is those 10,000 people that I would like to congratulate in the House for making the right decision every day to protect themselves and their loved ones. That is particularly appropriate on Valentine's Day.

[English]

**Mr. Warren Steinley (Regina—Lewvan, CPC):** Mr. Speaker, today at the agriculture committee, the Canadian Pork Council stated that an interprovincial trucking vaccine mandate would be very damaging to the industry and producers.

This proposal was not even considered at the height of the pandemic. Now Canadians are lining the streets of Ottawa and clogging up major economic arteries. The Prime Minister is getting pressure from every direction, asking when we will have a clear plan to move this country forward.

Would the Minister of Transport put on the record today that his government will not go forward with an interprovincial trucking mandate for the trucking sector?

**Hon. Omar Alghabra (Minister of Transport, Lib.):** Mr. Speaker, let me put it on the record today and every day that our government will always follow the advice of our public health experts. We will follow the advice of our doctors, and we will always do what is good for our—

**Some hon. members:** Oh, oh!

**The Speaker:** Order. We are waiting for some silence.

The hon. Minister of Transport.

**Hon. Omar Alghabra:** Mr. Speaker, I do not know why it upsets them when we say we follow public health advice. I do not know why it is so irritating for them.

We will do what it takes to protect our truckers, our transportation industry workers and our economy. I know people are frustrated with public health measures, but we will do what is right. Canadians understand that this is for their own good, and this is for the good of the people—

• (1435)

**The Speaker:** The hon. member for Regina—Lewvan.

**Mr. Warren Steinley (Regina—Lewvan, CPC):** Mr. Speaker, I am so happy to hear that answer.

What public health officials are asking for an interprovincial trucking vaccine mandate for the truckers? What public health official is asking for more restrictions to be put in place? What public health official is asking for mask mandates and vaccine mandates across our country?

I want to hear from the member. I ask the member to show me the scientific proof that this country cannot move forward. I want to see the data they are looking where we cannot reopen our provinces and businesses and let people get back to living their normal, everyday life in Canada.

**Hon. Omar Alghabra (Minister of Transport, Lib.):** Mr. Speaker, I know my hon. colleague knows that vaccines save lives. I do not know if the hon. member can point out a single doctor who can say that the pandemic is over. I do not know if my hon. colleague can point to a single scientist who says that the pandemic is over. We will do what it takes to protect the health and safety of Canadians. We will respond to the advice. When the advice is to ease measures, we will ease measures.

### Oral Questions

One thing I can say is that honest leadership tells Canadians that we do not know what the future hold, but we must remain prudent.

\* \* \*

### COVID-19 PROTESTS

**Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC):** Mr. Speaker, as the Minister of Public Safety correctly stated, it is the Windsor Police Service and law enforcement in Alberta that are diffusing the illegal public infrastructure blockades that have traumatized Canadians. It has not been the federal government. In fact, the Prime Minister has been inflammatory, at best, and unresponsive, at worst, as this crisis has mushroomed and traumatized Canadians.

How can the Prime Minister justify asking for an unprecedented power through the Emergencies Act when he has failed to exercise leadership with the authority he already has?

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, once again, I want to thank the members of the RCMP who aided the situation in Windsor. As a result, now we have an Ambassador Bridge that has reopened, which means Canadians are going to get back to work and our economy is going to continue to roll on.

I am quite surprised to hear my hon. colleague asking about the inflammation of the situation outside this chamber when it was the interim leader who said that they should not go home, and that they would make this a problem for the Prime Minister.

That is how they inflame the situation. That is why it is important that the Conservatives call on the illegal blockades to end, so Canadians can get their lives back.

**Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC):** Mr. Speaker, that was embarrassing. Canadians are not looking for finger pointing. They are looking for leadership right now.

This is an unprecedented public crisis, but the federal government has done nothing. It has not responded to the provincial governments' requests for resources to end this crisis, and now the government is asking to invoke the Emergencies Act, which has never been invoked in Canada before, and several provinces have already said no.

It seems as though the Liberals want to invoke the act to get provincial governments to shoot it down as a way of abdicating the use of the existing powers that they have at their disposal. Why are the Liberals doing this instead of taking leadership?

**Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, let us talk about leadership. When we see illegal actions occurring outside of this place, and border crossings and bridges being blocked, all these illegal actions, what would responsible leadership be?

I will tell the member what it absolutely is not. It is not saying that they are proud and stand with the illegal actions they are seeing. It is absolutely not equivocating, as in some of their members saying to continue to stay, egging them on, and then saying, sometimes, in the House, that maybe they are against it, and then tweet that they are for it. That is not leadership.

*Oral Questions*

Leadership is exactly what we are doing every day with patience, caution and prudence, making sure we safely—

**The Speaker:** The hon. member for Avignon—La Mitis—Matane—Matapédia.

[*Translation*]

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Mr. Speaker, nature abhors a vacuum.

In the absence of federal government leadership, private citizens stepped up to block potentially dangerous occupiers because they feel their government has abandoned them. Ordinary people, brave as they may be, put themselves in harm's way because of this government. After three weekends of chaos, ordinary people felt they could count on nobody but themselves.

Protecting the people is the cornerstone of the contract between citizens and the government.

Does the government understand the consequences of its lack of leadership?

• (1440)

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, I thank my colleague for her question, and I agree with her. Ensuring respect for the law is a priority for this government.

People have to respect people's rights, even those of the people of Ottawa. That is why we have supported police services with more resources, more people and more officers right from the start. We will keep working with all levels of government to protect Canadians.

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Mr. Speaker, there is a vacuum.

We are where we are because the federal government has been three steps behind since the beginning of the crisis. It took the federal government 10 days to convene a trilateral table with all levels of government, and it forgot to invite police departments. It was only on Saturday, 16 days in, that they ended up creating their own integrated command centre.

Today, day 18, the government is talking about invoking the Emergencies Act but has no concrete plan to share. When will the government take over crisis management for real?

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, we have taken a lot of concrete measures since the beginning of this convoy. Officers have been deployed on three occasions, in addition to the police departments in Windsor and Alberta. The Ambassador Bridge has been reopened in Windsor. That is good news and shows that this government is making progress in co-operation with police forces. We will protect all Canadians.

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Mr. Speaker, for 18 days, the Prime Minister allowed the crisis to escalate. Today, he is announcing that he plans to invoke the Emergencies Act.

After 18 days, we have waited long enough on the federal government. The government must tell us today how it plans to use these emergency measures. It must set out a plan and tell us exactly when it will be implemented.

People are at the end of their rope. Law enforcement is at the end of their rope. What is the plan?

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, I share my colleague's concerns, and that is why we will continue to support police services on the ground with more resources and all the services that police and authorities need.

We must work closely with the City of Ottawa and the City of Windsor and with all the provinces to address this crisis. We must protect all Canadians. That is our government's priority.

\* \* \*

[*English*]

**HEALTH**

**Ms. Marilyn Gladu (Sarnia—Lambton, CPC):** Mr. Speaker, the Blue Water Bridge border crossing and the 402 highway in my riding are still being impacted by the lack of action from the Prime Minister on these trucking mandates. Provinces are listening to their medical experts and they are getting rid of the mandates.

When is the Prime Minister going to follow the science, listen to the World Health Organization, work with President Biden and end these mandates?

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, I want to thank my colleague for the question. I know we have been working very closely with her community in Sarnia to ensure that the Blue Water Bridge and the port of entry continue to remain open with the support of local law enforcement and with the support of CBSA.

This is a very critical moment, and that is why the government will continue to provide the people, the resources and all of the tools that law enforcement require to ensure that our ports remain open and that our critical infrastructure remains protected. We have to continue to do that to uphold the law.

**Mr. Randy Hoback (Prince Albert, CPC):** Mr. Speaker, provincial governments in Alberta and Saskatchewan have dropped the COVID-19 mandates. Both Manitoba and Ontario announced they would lift the vaccine passports on March 1. They too are following science.

Will the government stop speculating and reassure truckers that they will not face new federal mandates when they cross provincial boundaries?

*Oral Questions*

**Hon. Jean-Yves Duclos (Minister of Health, Lib.):** Mr. Speaker, the opposition would like someone, perhaps the health minister, to declare that COVID-19 will end on a particular date. Unfortunately, that is not how the virus operates and that is not what science tells us. What science has told us is that we need to be prudent and responsible in assuming federal leadership. The federal government does not dictate everything. A lot of the restrictions to which the opposition is alluding are restrictions imposed by provinces and territories, and we are going to support them in whatever manner we need to.

**Mr. Richard Bragdon (Tobique—Mactaquac, CPC):** Mr. Speaker, one of the foundational principles of leadership is that a leader should be slow to speak and quick to listen. We hear a lot of talk from the Prime Minister, but not a lot of listening. Canadians are speaking clearly and they want their lives back.

When will the Prime Minister stop the division, stop the traumatizing, stop the name-calling and scapegoating, and instead start to listen to what Canadians are saying from coast to coast? Canadians are doing their part. When will the Prime Minister do his, and end these divisive mandates?

• (1445)

**Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, the Conservatives opposite have been doing a lot of talking. I would pose back to them this very clear question. When the member for Yorkton—Melville said that ripping down barricades in front of the war memorial was an act of patriotic passion this weekend, and when their aspirant leader was saying that he is proud of the illegal actions outside and stands with them, is that the position of this caucus across from us?

I would ask if they would stand up and condemn these incendiary tactics that are escalating this situation and join with us to say it is time for the folks outside to go home.

\* \* \*

**INDIGENOUS AFFAIRS**

**Ms. Leah Gazan (Winnipeg Centre, NDP):** Mr. Speaker, February 14th is the date of the Women's Memorial March in honour of murdered and missing indigenous women, girls and two-spirited people. Despite the national inquiry, its final report and the Liberals' weak national action plan, the violence continues. Last week, I attended the beginning of the inquest for 16-year-old Eishia Hudson killed by the Winnipeg city police service. Her family and thousands of others deserve justice. The government needs to immediately stop political sound bites and instead offer a meaningful solution.

When will the government implement the calls for justice and stop the genocide?

**Hon. Marc Miller (Minister of Crown-Indigenous Relations, Lib.):** Mr. Speaker, frankly, the member opposite is absolutely right. We have invested \$2 billion in the federal pathway, and as we approach the first anniversary in June, survivors and 2SLGBTQQI+ persons are looking for results and outcomes.

This is something that we say is a whole-of-government approach, but it is up to every minister in our cabinet and, frankly, ev-

eryone in this House to make sure that we are living up to our goals and the calls for justice, which are vast in nature. First and foremost, they have to be trauma-informed and focus on those who are still suffering in silence and those who are courageously speaking out.

We will be there for them. This is a whole-of-government approach. It is a whole-of-Canada approach. The member opposite is absolutely right.

**Ms. Lori Idlout (Nunavut, NDP):** *Uqaqtittiji*, for too long the families of first nations, Métis and Inuit women, girls and 2SLGBTQQIA members have suffered violence and injustice while consecutive Liberal and Conservative governments stood by. It is six years since the Liberals came to power, and things are only getting worse. In May, 2020, Pauktuutit Inuit Women of Canada announced its concerns for delays in implementing the MMIWG calls for justice. They called for a commitment of federal funding of \$20 million. They are still waiting.

We need to make sure the organizations that support indigenous girls and women can do—

**The Speaker:** The hon. minister for indigenous and Crown relations.

**Hon. Marc Miller (Minister of Crown-Indigenous Relations, Lib.):** Mr. Speaker, just this past Thursday, I was honoured to stand with Rebecca Kudloo, who is the president of Pauktuutit, and award her the award for women, peace and security for her role in peacemaking inside this country. It is not something that we do and stand up and say we need to do internationally, but something that we need to do internally.

If it were not for Rebecca Kudloo and the organization of Pauktuutit, perhaps the advocacy around shelters in the far north and for Inuit Nunangat, including here in Ottawa, would not have been done or perhaps not done as quickly. We have a lot of investments that need to be made. They have to be invested in communities. They have to be invested in Inuit Nunangat and I think—

**The Speaker:** The hon. member for Pitt Meadows—Maple Ridge.

\* \* \*

**FISHERIES AND OCEANS**

**Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC):** Mr. Speaker, commercial fishers on B.C.'s coast are at their wits' end. They managed to get through two years of COVID impacts and now, just when things look like they might be getting better, the government is causing more undue hardship by slashing the Pacific herring harvest rate. This decision was made with no scientific explanation, no consultation, no compensation and no concern for the livelihoods of fishers, including indigenous operators.

If the minister does not base her decision on science, what does she base it on?

*Oral Questions*

**Hon. Joyce Murray (Minister of Fisheries, Oceans and the Canadian Coast Guard, Lib.):** Mr. Speaker, on the Pacific coast we are facing an absolute crisis in our wild Pacific salmon. Salmon feed on herring, and the herring stocks are very fragile to begin with. I took a more precautionary approach to the herring fishery this year, so that we could protect wild salmon and rebuild the herring stock to its former abundance.

\* \* \*

● (1450)

**INNOVATION, SCIENCE AND INDUSTRY**

**Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.):** Mr. Speaker, as our economy continues to recover from COVID-19, Canadians from coast to coast to coast, including in my riding of Vaughan—Woodbridge, understand that competition will be a driving force behind innovation, efficiency and adaptability. Now, more than ever, effective and modern competition laws and enforcement are necessary to promote affordability for middle-class Canadians, foster growth and entrepreneurship and maintain resilient supply chains.

Could the Minister of Innovation, Science and Industry kindly update the House as to how the government is modernizing our competition regimes?

**Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.):** Mr. Speaker, I would like to thank my colleague for all of his hard work on behalf of his constituents.

Our government is committed first to promoting a healthy, competitive environment in the Canadian economy. That is why I was proud to announce last week that we would undertake a thorough review of our competition laws, including tackling wage-fixing arrangements, modernizing our enforcement regime, which colleagues should be happy with, and fixing loopholes that harm small businesses, consumers and workers. We should all be happy about that.

\* \* \*

**DISASTER ASSISTANCE**

**Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC):** Mr. Speaker, I have a little more of a serious question. Members of all parties have outlined in the House that British Columbia will need additional funds to recover from the recent disasters and to plan for future disasters. B.C. is appreciative of the collaboration with the federal government thus far.

Will the upcoming federal budget include specific line-item funds for dike and flood infrastructure, flood preparation and planning, and forest fire mitigation?

**Hon. Bill Blair (President of the Queen's Privy Council for Canada and Minister of Emergency Preparedness, Lib.):** Mr. Speaker, I would like to thank the member opposite for his ongoing collaboration and hard work on behalf of his constituents.

I want to take the opportunity to assure the member that we are working very closely with the B.C. government, and we have made commitments to be there for the people of British Columbia not only as they recover from the terrible floods of last fall, but as they

build a more resilient community. We will be there to support them, and we are working hard with them to do so.

\* \* \*

**NATURAL RESOURCES**

**Mr. Clifford Small (Coast of Bays—Central—Notre Dame, CPC):** Mr. Speaker, since 2015, 5,500 jobs have been lost in the Newfoundland and Labrador offshore oil and gas industry. The Bay du Nord project has been highly anticipated in my province for quite some time. This project represents a \$12-billion investment in our offshore and \$25 billion in revenues over the life of the project.

After 1,285 days of endless red tape, can the environment minister tell us when the Bay du Nord project will be approved?

**Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.):** Mr. Speaker, certainly the oil and gas sector in Newfoundland and Labrador, just as in Alberta, Saskatchewan and British Columbia, is an important part of our economy. As we move forward, we are focused on ensuring that we are developing our regional economies in a manner that will promote prosperity and economic opportunity for all folks who live in those regions of the country.

As the hon. member knows, the Bay du Nord project is subject to an environmental assessment, which will continue. We will eventually come to a decision, but we are certainly focused on ensuring that we are working collaboratively with the Government of Newfoundland and Labrador.

**Mr. Clifford Small (Coast of Bays—Central—Notre Dame, CPC):** Right on, Mr. Speaker. That is about what I was expecting.

The government may be split over supporting this project, but the people of Newfoundland and Labrador are very united, with a weekend poll showing 85% support. After years of arduous environmental assessment, the Environmental Assessment Agency has given a green light to Bay du Nord.

Will the minister respect the authority of the Environmental Assessment Agency and approve the Bay Du Nord project, yes or no?

● (1455)

**Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.):** Mr. Speaker, as the hon. member would be aware, we are working actively with the Government of Newfoundland and Labrador on moving forward with respect to economic opportunities that would benefit Newfoundland and Labradorian families, just as we are doing in provinces and territories across the country. We will continue to work collaboratively with Premier Furey, with the oil and gas industry, with the offshore wind industry and other opportunities for Newfoundland and Labrador to increase and ensure prosperity for its citizens going forward.



*Oral Questions***IMMIGRATION, REFUGEES AND CITIZENSHIP***[Translation]***SENIORS**

**Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ):** Mr. Speaker, after eight months of pressure, the government is finally admitting that cutting the guaranteed income supplement for the poorest working seniors was heartless.

Now that the government has admitted that it made a mistake and that this mistake plunged seniors into poverty, there needs to be a quick solution.

The deputy minister told us that IT problems are making it impossible for the government to compensate the victims faster. Seniors cannot wait until May because of a computer glitch.

What is the minister going to do to pay back these senior victims faster?

*[English]*

**Hon. Kamal Khera (Minister of Seniors, Lib.):** Mr. Speaker, we know how difficult this pandemic has been on seniors. On this side of the House, we have been there to support them.

As announced in the fiscal update, we will be delivering a one-time payment to fully compensate those affected in 2020. Last week, we also introduced Bill C-12 to exclude any pandemic benefits for the purposes of calculating the GIS going forward. I am calling on all parties to quickly pass this bill to prevent any future reduction in the GIS for low-income, vulnerable seniors.

This is something we can all get behind, and I hope the hon. member will move forward on it.

*[Translation]*

**Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ):** Mr. Speaker, a fault confessed is not half redressed when it keeps people from being able to put food on the table. These seniors have been making sacrifices for eight months. What makes my colleagues think that seniors would be reassured to hear that they still have months of hardship to go through because of an IT problem?

As we saw during the pandemic, the government is capable of getting its chequebook out quickly, so it should start writing cheques. When will seniors be able to shop for groceries with dignity? What is the minister going to do to speed up the one-time payment to the most vulnerable seniors?

*[English]*

**Hon. Kamal Khera (Minister of Seniors, Lib.):** Mr. Speaker, our government's priority has been to support the most vulnerable, especially the most vulnerable seniors. That is why we worked so hard to strengthen income security for them, including increases to the GIS, which have helped over 900,000 low-income seniors. That is precisely why we introduced Bill C-12 to exclude any pandemic benefits for the purposes of calculating their GIS. We are also making a major investment through the one-time payment to get that money out as quickly as possible.

We are always going to be there for seniors.

**Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC):** Mr. Speaker, nine months before Kabul fell, 23 Liberal MPs sent a letter to the Minister of Immigration and the Minister of Foreign Affairs warning them of the dangers Afghan interpreters and those who serve Canada would face when the Taliban took over. They pleaded to help them immigrate to Canada with their families as soon as possible.

Why did this fall on deaf ears? Why did the government ignore their own MPs and abandon thousands of Afghan interpreters and our allies, leaving them in harm's way?

**Hon. Sean Fraser (Minister of Immigration, Refugees and Citizenship, Lib.):** Mr. Speaker, I think it is important to reflect on the fact that during the fall of Kabul, there was an absolute emergency. We did what we could to rescue thousands of vulnerable Afghans who are now living in Canada.

I am pleased to share that there are more than 7,500 Afghan refugees living in Canada today. The situation in—

**Some hon. members:** Oh, oh!

**The Speaker:** I am going to have to interrupt the hon. Minister of Immigration.

We will let the hon. minister continue.

**Hon. Sean Fraser:** Mr. Speaker, the fact is that the situation in Afghanistan is terrible, but it is why we have made a world-leading commitment to resettle 40,000 Afghan refugees. I am pleased to share with the House that there are now more than 7,500 in Canada today, and we will not waver until we succeed in our mission to welcome 40,000 into our country.

**Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC):** Mr. Speaker, they were busy knocking on doors. There is no pride in only achieving 20% of that target. The minister should be ashamed of himself for abandoning them and then standing up for an election instead of helping those Afghans. The minister should be thanking the veterans, NGOs and those of our NATO allies that actually stepped up when his government failed to.

UNHCR testified that it had a plan to evacuate Afghan refugees back in January 2021. The government knew about it and ignored it.

Why was an election plan more important than an evacuation plan?

*Oral Questions*

• (1500)

**Hon. Sean Fraser (Minister of Immigration, Refugees and Citizenship, Lib.):** Mr. Speaker, I would like to take this opportunity to thank the veterans organizations, the NGOs and our NATO allies that were helpful in rescuing Afghan refugees, some of whom are now in Canada. However, the politicization of this event by the member opposite is a disgrace. He said I should be ashamed of our record on Afghanistan, but I remind him that he campaigned, during the election he spoke about, to bring precisely zero Afghan refugees here. Moreover, if we look at their platform, we will see that they campaigned on a commitment to end the government-assisted refugee stream altogether, which has resettled thousands of Afghan refugees who now call Canada home.

[Translation]

**Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC):** Mr. Speaker, we have learned that on December 30, 2020, 23 Liberal—not Conservative—MPs wrote a letter to the ministers of foreign affairs and immigration asking that former Afghan mission staff be given safe passage to Canada.

The Prime Minister said in September 2021 that the situation had developed too quickly and that he had not had time to respond and to draw up a plan.

Even though 23 Liberal MPs were making this request in December 2020, the Prime Minister said in September 2021 that he had not had time to do anything. Why is the Prime Minister not listening to his own MPs?

[English]

**Hon. Sean Fraser (Minister of Immigration, Refugees and Citizenship, Lib.):** Mr. Speaker, I am grateful for the support of members of Parliament on both sides of the aisle in the House for their contributions to the effort in Afghanistan. I hope we continue to receive that support and advice from the conversations they are having in their communities.

One of the things that came from my conversations over the course of that campaign was the opportunity to engage with the government to say that we should be doing more and we should be increasing our ambitions. The situation in Afghanistan during the fall of Kabul is precisely why we have decided to step up and make one of the most substantial commitments out of any country in the world to resettle 40,000 Afghan refugees. I am proud we made that commitment and I am pleased to be the minister responsible for making good on it.

[Translation]

**Ms. Viviane Lapointe (Sudbury, Lib.):** Mr. Speaker, our government knows that immigration is critical to Canada's economic recovery.

Rural and northern communities are facing significant demographic challenges and often have a tough time attracting and retaining newcomers, who choose to settle in big cities.

Could the Minister of Immigration, Refugees and Citizenship tell the House how the rural and northern immigration pilot is helping communities like Sudbury attract and retain more newcomers?

**Hon. Sean Fraser (Minister of Immigration, Refugees and Citizenship, Lib.):** Mr. Speaker, I want to thank the member for Sudbury for this important question and for the opportunity to practise my French.

Immigration is essential to the entire country's economic recovery. Through the rural and northern immigration pilot, we have welcomed over 420 newcomers to 11 rural communities, including Sudbury. These are people who work in our hospitals and in our businesses. They are new neighbours who are making enormous contributions to our communities.

I look forward to continuing my work to welcome more newcomers to large and small communities across Canada.

\* \* \*

[English]

**CANADA REVENUE AGENCY**

**Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC):** Mr. Speaker, I hear regularly from Canadian charities working overseas about the damage direction and control regulations are causing. These silly regulations force charities to spend millions of dollars in unnecessary legal fees and obstruct genuine partnership by requiring donor control.

Could the government tell us if it will finally listen to the sector and support our efforts to end outdated and neocolonial direction and control regulations?

[Translation]

**Hon. Diane Lebouthillier (Minister of National Revenue, Lib.):** Mr. Speaker, I can tell my hon. colleague across the way that the Canada Revenue Agency is working with all charities to ensure that they comply with the law and government rules. We will continue to do our job.

If my colleague has any specific questions, I encourage him to contact my office.

[English]

**Mr. Philip Lawrence (Northumberland—Peterborough South, CPC):** Mr. Speaker, for far too long, direction and control regulations have limited the collaboration between charities and other organizations. That is why I am proud to sponsor Bill S-216 in the House. Bill S-216 would replace direction and control with an accountability framework that would allow for constructive and equal partnerships between charitable organizations and the communities they serve.

It has already passed the Senate unanimously. Will the government commit to working with us to ensure the bill passes during the 44th Parliament?

• (1505)

[*Translation*]

**Hon. Diane Lebouthillier (Minister of National Revenue, Lib.):** Mr. Speaker, our organization will continue to work to end discrimination on the grounds of race, ethnic origin, gender, sexual orientation and disability. This includes evaluating existing processes where there are concerns.

In this regard, at the national summit on Islamophobia earlier this year, I had the opportunity to announce that I had asked the taxpayers' ombudsperson to conduct a systemic examination to address the concerns of Muslim communities.

I have appointed a member of the Muslim community to the advisory council on the charitable sector, and these actions will help the CRA pave the way for a process that is more inclusive and more representative of Canada.

[*English*]

**Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC):** Mr. Speaker, respectfully, that was a much worse answer than I was expecting. This is a question about direction and control. Again, to the minister or some minister, we want an answer about direction and control regulations.

Bill S-216 has been before this Parliament and the Senate for years in the same form. Surely the government is aware of it. Surely the government has heard from someone in the development sector. Could we please get an answer to the question? Could we please get some good news instead of nonsense talking points on completely different issues?

What is the government's position on reforming direction and control?

[*Translation*]

**Hon. Diane Lebouthillier (Minister of National Revenue, Lib.):** Mr. Speaker, I want to reassure my colleague opposite. The Canada Revenue Agency respects the rules and regulations and the measures in place, and it will do what it can to ensure that people respect the agreements with the government.

We will continue to work toward that goal with our partners in the community.

\* \* \*

[*English*]

#### FOREIGN AFFAIRS

**Mr. Yvan Baker (Etobicoke Centre, Lib.):** Mr. Speaker, Canada's support for Ukraine's sovereignty and territorial integrity has been steadfast. We have been there for the people of Ukraine, with economic, social, development and military support. However, with Russia's increasing aggression and with threats of a further invasion of Ukraine, many Canadians and I are more concerned than ever.

Could the Minister of Foreign Affairs please share with Canadians what steps we are taking and will take to deter a Russian invasion of Ukraine and to protect Ukraine's sovereignty and territorial integrity?

#### Oral Questions

**Hon. Mélanie Joly (Minister of Foreign Affairs, Lib.):** Mr. Speaker, I thank my colleague for his solidarity with the Ukrainian people.

We are deeply concerned by the continued buildup of Russian troops in and around Ukraine. My top priority is ensuring the safety and security of all Canadians on the ground. I am urging Canadians in Ukraine to leave now. We will continue to stand steadfast in our support for Ukraine and its people every step of the way. Any further Russian incursions will face serious consequences.

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#### SENIORS

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Mr. Speaker, the Liberal government made a huge mistake when it cut some of the most vulnerable seniors off the GIS, which they rely on to purchase basic things like housing, medication and food. They feel hopeless and they feel abandoned. The New Democrats have been asking the government since before the last election to fix this problem. Finally the minister announced a one-time payment, but it is not until May.

Seniors are in desperate need now to stave off hunger and eviction, so again I am asking this: Will the minister support seniors at risk and immediately release emergency funds?

**Hon. Kamal Khara (Minister of Seniors, Lib.):** Mr. Speaker, I thank the member for her advocacy on this. We both share a deep desire to support the seniors most in need.

I am very pleased to share that we will now be able to deliver payments to those who saw their GIS reduced ahead of schedule, as early as April 19. Service Canada will also be working with members of Parliament to help constituents in dire need to get support sooner, in March, and we will continue to be there to support seniors through our increases in pension benefits.

I would like to take a moment to thank officials for their extraordinary work. I look forward to continuing to have these conversations with the hon. member.

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#### PUBLIC SAFETY

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Mr. Speaker, ironically, two years ago today, the former leader of the official opposition said, "These protesters, these activists, may have the luxury of spending days at a time at a blockade, but they need to check their privilege". It seems to me that we have a larger problem in this country of a double standard when it applies to how indigenous protesters are treated by the police and how anti-Black racism protesters are treated.

I ask hon. members and the minister if there is in fact a way to examine the double standard in policing and bring the implicit racism in the way we treat protest to an end.

*Business of Supply*

• (1510)

**Hon. Marco Mendicino (Minister of Public Safety, Lib.):** Mr. Speaker, of course, we always have the expectation that our RCMP and all law enforcement will exercise their duties responsibly and in a manner that is respectful and consistent with the charter.

I would point out that over the last number of days, law enforcement, including the RCMP, has done an exceptional job. I would like to thank them for ensuring that we could get our economy going by reopening the border and allowing Canadians to get back to work. The only double standard that I think we are all worried about here is when the Conservatives are going to finally join with the government and call on those at the illegal blockades to go home.

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## GOVERNMENT ORDERS

[*Translation*]

### BUSINESS OF SUPPLY

#### OPPOSITION MOTION—FEDERAL COVID-19 MANDATES AND RESTRICTIONS

The House resumed from February 10 consideration of the motion.

**The Speaker:** It being 3:10 p.m., pursuant to order made on Thursday, November 25, 2021, the House will now proceed to the taking of the deferred recorded division on the motion of the member for Portage—Lisgar relating to the business of supply.

Call in the members.

• (1525)

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

(*Division No. 24*)

#### YEAS

##### Members

Abouttaif	Aitchison
Albas	Allison
Arnold	Baldinelli
Barlow	Barrett
Barsalou-Duval	Beaulieu
Benzen	Bergen
Bergeron	Berthold
Bérubé	Bezan
Blanchette-Joncas	Block
Bragdon	Brassard
Brock	Brunelle-Duceppe
Calkins	Caputo
Carrie	Chabot
Chambers	Champoux
Chong	Cooper
Dalton	Dancho
Davidson	DeBellefeuille
Deltell	d'Entremont
Desbiens	Desilets
Doherty	Dowdall
Dreeschen	Duncan (Stormont—Dundas—South Glengarry)
Ellis	Epp
Falk (Battlefords—Lloydminster)	Falk (Provencher)
Fast	Ferreri
Findlay	Fortin

Gallant	Garon
Gaudreau	Généreux
Genius	Gill
Gladu	Godin
Goodridge	Gourde
Gray	Hallan
Hoback	Jeneroux
Kelly	Kitchen
Kmiec	Kram
Kramp-Neuman	Kurek
Kusie	Lake
Lantsman	Larouche
Lawrence	Lehoux
Lemire	Lewis (Essex)
Lewis (Haldimand—Norfolk)	Liepert
Lightbound	Lloyd
Lobb	MacKenzie
Maguire	Martel
Mazier	McCaughey (Edmonton West)
McLean	Melillo
Michaud	Moore
Morantz	Morrison
Motz	Muys
Nater	Normandin
O'Toole	Patzer
Paul-Hus	Pauzé
Perkins	Perron
Plamondon	Poilievre
Rayes	Redekopp
Reid	Rempel Garner
Richards	Roberts
Rood	Ruff
Savard-Tremblay	Scheer
Schmale	Seebach
Shields	Shipley
Simard	Sinclair-Desgagné
Small	Soroka
Steinley	Ste-Marie
Stewart	Strahl
Stubbs	Thériault
Therrien	Thomas
Tochor	Tolmie
Trudel	Uppal
Van Popta	Vecchio
Vidal	Vien
Viersen	Vignola
Villemure	Vis
Wagantall	Warkentin
Waugh	Webber
Williams	Williamson
Zimmer— 151	

#### NAYS

##### Members

Aldag	Alghabra
Ali	Anand
Anandasangaree	Angus
Arseneault	Arya
Ashton	Atwin
Bachrach	Badaway
Bains	Baker
Barron	Battiste
Beech	Bendayan
Bennett	Bibeau
Bittle	Blaikie
Blair	Blaney
Blois	Boissonnault
Boulerice	Bradford
Brière	Cannings
Carr	Casey
Chagger	Chahal
Champagne	Chatel

Chen  
 Collins (Hamilton East—Stoney Creek)  
 Cormier  
 Dabrusin  
 Davies  
 Dhaliwal  
 Diab  
 Drouin  
 Duclos  
 Duncan (Etobicoke North)  
 Ehsassi  
 Erskine-Smith  
 Fillmore  
 Fonseca  
 Fragiskatos  
 Freeland  
 Gaheer  
 Garrison  
 Gerretsen  
 Green  
 Hajdu  
 Hardie  
 Holland  
 Hughes  
 Hutchings  
 Idlout  
 Jaczek  
 Joly  
 Jowhari  
 Kayabaga  
 Khalid  
 Koutrakis  
 Kwan  
 Lambropoulos  
 Lamoureux  
 Lattanzio  
 LeBlanc  
 Long  
 Louis (Kitchener—Conestoga)  
 MacDonald (Malpeque)  
 MacKinnon (Gatineau)  
 Martinez Ferrada  
 Mathysen  
 May (Saanic—Gulf Islands)  
 McGuinty  
 McKinnon (Coquitlam—Port Coquitlam)  
 McPherson  
 Mendicino  
 Miller  
 Morrissey  
 Naqvi  
 Noormohamed  
 Oliphant  
 Petitpas Taylor  
 Qualtrough  
 Rodriguez  
 Romanado  
 Sajjan  
 Samson  
 Scarpaleggia  
 Serré  
 Shanahan  
 Sidhu (Brampton East)  
 Singh  
 Spengemann  
 Suds  
 Taylor Roy  
 Trudeau  
 Valdez  
 van Koeverden  
 Vandenbeld  
 Vuong  
 Wilkinson

Chiang  
 Collins (Victoria)  
 Coteau  
 Damoff  
 Desjarlais  
 Dhillon  
 Dong  
 Dubourg  
 Duguid  
 Dzerowicz  
 El-Khoury  
 Fergus  
 Fisher  
 Fortier  
 Fraser  
 Fry  
 Garneau  
 Gazan  
 Gould  
 Guilbeault  
 Hanley  
 Hepfner  
 Housefather  
 Hussen  
 Iacono  
 Ien  
 Johns  
 Jones  
 Julian  
 Kelloway  
 Khera  
 Kusmierczyk  
 Lalonde  
 Lametti  
 Lapointe  
 Lauzon  
 Leboutillier  
 Longfield  
 MacAulay (Cardigan)  
 MacGregor  
 Maloney  
 Masse  
 May (Cambridge)  
 McDonald (Avalon)  
 McKay  
 McLeod  
 Mendès  
 Miao  
 Morrice  
 Murray  
 Ng  
 O'Connell  
 O'Regan  
 Powlowski  
 Robillard  
 Rogers  
 Sahota  
 Saks  
 Sarai  
 Schiefke  
 Sgro  
 Sheehan  
 Sidhu (Brampton South)  
 Sorbara  
 St-Onge  
 Tassi  
 Thompson  
 Turnbull  
 Van Bynen  
 Vandal  
 Virani  
 Weiler  
 Yip

Zahid  
 Zuberi—185

Zarrillo

### Routine Proceedings

PAIRED

Nil

**The Speaker:** I declare the motion defeated.

[*English*]

**Mr. Mike Morrice:** Mr. Speaker, I may still be somewhat new here and I recognize that some votes are emotional for some, but I am wondering about the appropriateness of heckling while a vote is taking place. I wonder if there is a standing order with respect to whether that is appropriate or not.

**The Speaker:** I would point out, if I could have members' attention, that heckling is not allowed at the best of times or the worst of times, which I guess better describes heckling. I want to ask all members, whether it is during voting, question period or whenever, to please be respectful of one another.

I believe in this case, for most of the voting, and it must be Valentine's Day, people were talking across the aisle, so I just want to encourage people to get to know each other better but not by shouting across the floor.

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## ROUTINE PROCEEDINGS

[*English*]

### IMMIGRATION AND REFUGEE PROTECTION ACT

**Hon. Sean Fraser (Minister of Immigration, Refugees and Citizenship, Lib.):** Mr. Speaker, pursuant to subsection 94(1) of the Immigration and Refugee Protection Act, I have the honour to table, in both official languages, the 2021 annual report to Parliament on immigration.

\* \* \*

### PETITIONS

#### CORPORATE SOCIAL RESPONSIBILITY

**Mr. Ken McDonald (Avalon, Lib.):** Mr. Speaker, I am pleased to rise today to present a petition on behalf of my constituents from Avalon and more particularly from the southern shore area.

The petitioners call upon the House of Commons to adopt human rights and environmental due diligence legislation that would hold companies responsible for their impact on the environment and their human rights abuses.

I would like to thank all the people who signed this petition for their hard work and advocacy.

#### NATURAL RESOURCES

**Mr. Alex Ruff (Bruce—Grey—Owen Sound, CPC):** Mr. Speaker, I rise today on behalf of my constituents who are presenting a petition opposed to the proposed pumped storage project by TC Energy on the 4th Canadian Division Training Centre base in Meaford. They are calling on the government to stop this.

*Government Orders*

• (1530)

## HUMAN ORGAN TRAFFICKING

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, I have a number of petitions to present today.

The first petition is in support of Bill S-223. This bill seeks to combat forced organ harvesting and trafficking. It would make it a criminal offence for a Canadian to go abroad to receive an organ without the consent of the person giving the organ. Petitioners are hoping that this is the Parliament that finally gets this done. This bill has passed the Senate unanimously three times and has been supported by MPs from multiple parties going back over 13 years. We hope this time we get it done.

## HUMAN RIGHTS

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, the second petition I have today is on the ongoing Beijing Olympics. Canadians want to ensure that parliamentarians remain focused on the Chinese Communist Party's accountability for its human rights record. The case of Peng Shuai reminds us of how the athletes themselves are also vulnerable to acts of oppression and violence by the Communist Party. Polls show that seven out of 10 Canadians are worried about the health and safety of Canadian athletes. The signatories of this petition want to see the Government of Canada take stronger action regarding the Communist Party's human rights abuses, particularly recognizing the treatment of the Uighurs and Falun Gong practitioners.

## NORTHERN RESIDENTS TAX DEDUCTION

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, the third petition I am presenting is on behalf of constituents living in the towns of Fox Creek and Swan Hills. These two towns are located in my riding in northern Alberta. The petitioners recognize that there are extended travel times and heating costs. Swan Hills is a town with one of the highest elevations in Canada. Constituents are asking for the arbitrary geographical line that runs across Alberta to be lowered so the residents of Fox Creek and Swan Hills can both access the prescribed intermediate zone tax relief that is available to folks living in northern regions.

## MEDICAL ASSISTANCE IN DYING

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, the next petition I have speaks directly to Bill C-230, the protection of freedom of conscience act, which is moved by my colleague, the member for Carlton Trail—Eagle Creek.

The petitioners from across Canada are concerned about doctors and health care professionals who might be coerced to engage in support of euthanasia or MAID, as they want conscience rights or second opinions to be protected. The petitioners note that doctors deserve freedom of conscience and note how the Canadian Medical Association confirmed that conscience protections would not limit access to assisted suicide. The petitioners are calling upon Parliament to enshrine in the Criminal Code the protection of conscience rights for physicians and health care workers from coercion or intimidation to provide or refer assisted suicide or euthanasia.

## CHARITABLE ORGANIZATIONS

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, the final petition I have today is from people from across Canada who are concerned about the politicization and revocation

of charitable status for folks who hold to a pro-life view. They are concerned that this is a politicization of the charitable tax code and want to ensure that the charitable tax code does not become politicized. These people are also concerned about the 300 babies who die every day due to abortion. They want to ensure that Canada remains resolved to bring an end to this practice.

## HUMAN ORGAN TRAFFICKING

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Mr. Speaker, it is an honour to present a petition from a number of Canadians who want to bring to the attention of this place their concerns about international trafficking in human organs removed from victims without consent. Even though that is an issue, there is not yet a prohibition on Canadians travelling abroad to acquire or receive such organs. It is an important issue that I look forward to the House being able to provide an answer for.

\* \* \*

## QUESTIONS ON THE ORDER PAPER

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I ask that all questions be allowed to stand at this time.

**The Deputy Speaker:** Is that agreed?

**Some hon. members:** Agreed.

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**GOVERNMENT ORDERS**

[English]

**GOVERNMENT BUSINESS NO. 8—PROCEEDINGS ON BILL C-10**

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

**The Deputy Speaker:** The member for Winnipeg North has 10 minutes and 20 seconds left on the clock.

The hon. parliamentary secretary.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, as I said to my colleague, I do value those 20 seconds.

When it comes to legislation, when we listen to members of the opposition and different political parties, they will often talk about the time allocation that allows for debate, and understandably so. I did that when I was on the opposition side as I now today do it from the government side.

*Government Orders*

There are certain legislative initiatives that are actually processed via time where, for example, the opposition will move a motion on the floor of the House and at the end of the day a vote is requested on it, or they can go into private members' hour where they get a very limited amount of time on private members' business. However, it also happens at times for government business through unanimous consent.

Just recently, back in December, we can recall when conversion therapy legislation came before the House. It was so encouraging when members on all sides of the House said this was an important issue that was important to Canadians. The House, without any debate whatsoever, agreed to pass it through second reading and committee, the whole nine yards, and it was done unanimously when all it took was one member to say no to it.

In respect of other types of priorities in the past number of years, and particularly as a minority government, Canadians want us to and we want to work with opposition parties. Sometimes it has been the Conservatives, sometimes the Bloc, sometimes the New Democrats and at times it is even getting support from the Green Party representatives. It varies, depending on the legislation.

Like the conversation therapy legislation, the issue we are debating today is of the utmost importance. If we reflect on what this bill would enable, every member of the House will vote in favour of the legislation. The issue is when they want to have that vote.

We have critical supports for the coronavirus pandemic that still need to get through the House. This is yet another piece of legislation. Timing does matter. This is going to be a very busy week. We are looking to see if there are other partners with whom we can get the support to recognize the importance of the issue and, ultimately, to get the legislation passed.

Those people who are following the debate might ask why we do not allow for additional debate. Much like in the past, when other parties have recognized the importance of an issue, they will ask for unanimous consent to get that legislation through. Here we have an important piece of legislation that the Government of Canada wants to get through and has recognized as being important. If there were discussions in good faith that said we could get this thing through today because there is no other mechanism to guarantee its passage, I suspect we would have been open to that. However, we have to move this as well as other pieces of legislation. I am talking about the GIS legislation that is quickly coming before the House. We have to get this stuff through. We have identified it as a priority.

I am grateful that the New Democratic Party has also recognized the value of getting this thing passed quickly. At least the Bloc members are kind of halfway. They recognize the importance of rapid testing, but they do not necessarily want to support its going through as quickly as we would like to see it go through. As I said just before question period, I hope that members of the Bloc will rethink that.

• (1540)

Just because the Conservatives banter and cheer and do all sorts of weird things at times does not mean we have to follow their lead. There is an opportunity here to show what many members of the opposition were calling for not that long ago during question peri-

od, which is to show some leadership in recognizing just how critically important this legislation is to all Canadians.

From the very beginning of the pandemic, we have asked Canadians to step up. We all have a role to play. We worked with different levels of government to ensure that support programs were in place so that businesses would be in a better position to continue on and the number of job losses would be minimized. We brought in programs to support incomes for those Canadians who were unable to be in the workforce for a wide variety of reasons, as well as a multitude of direct supports to seniors, people with disabilities and non-profit organizations. We all came together to get us through the pandemic. Securing vaccines and vaccinating people has enabled us to be in the position we are today, with a great deal of hope and light.

The rapid tests are a critical part of our recovery, of getting out and beyond. We know that for a fact, because that is what the science and health care professionals are telling us, not only with respect to the federal government and the people we rely on, but also the provinces.

If we flash back to November of last year, there were tens of millions of surplus rapid tests in storage waiting to be used. There was no pent-up demand; there was a pent-up supply ready to be used. Once we experienced the omicron variant of the coronavirus, the numbers started to shoot up rapidly, and those rapid tests became absolutely essential. We stepped up, as we have done for Canadians since the very beginning. Tens of millions of tests that Ottawa was able to acquire were distributed. For the month of January alone, we had well over 100 million additional rapid tests. I would challenge any member of the opposition to tell me of a country in the world that has acquired more in one month, on a per capita basis, than Canada for distribution to its population. I do not believe we would be able to find such a member or country. It is possible I could be wrong, but I say that because I know how much this issue has been on the minds of the Minister of Procurement, cabinet as a whole and many other members inside this House. We saw the benefits. We realized how important these rapid tests are.

This legislation is absolutely critical to moving forward. If we did not bring the closure motion and do not pass this legislation, it would bring into jeopardy all sorts of things, either directly or indirectly, such as the legislation dealing with the GIS, not to mention anything else that might be coming up, including being able to support opposition days, such as I believe the Bloc has coming up on Thursday, or dealing with the short days on Wednesdays and Fridays.

Today is the day for us to have this debate, because this is legislation that is necessary in order for us to continue the fight against the coronavirus. I would like to see the Conservative Party be consistent, recognize the science, support the health care professionals, get behind the legislation, get behind the motion and recognize the importance of passing it here today.

*Government Orders*

• (1545)

[*Translation*]

**Mr. Gérard Deltell (Louis-Saint-Laurent, CPC):** Mr. Speaker, it is always a pleasure to listen to the member for Winnipeg North and to debate with him.

[*English*]

Again, I totally disagree with what the member has said, especially with the motion today.

First, let me be clear. Do not get me wrong. We do support rapid tests. I know what I am talking about, because for the last year and a half here in the House of Commons, we have been asking to have rapid tests as soon as possible. Why? It is because it is one of the tools to get back to freedom, to get back to having more access to everything and to get back to a more so-called normal life, even if we know we will have to live through that period.

My question is quite clear. This bill could be adopted tonight because of this motion tabled by the government. It might be adopted at 2:00 a.m. tomorrow morning, but what would happen then? We would have to wait a full week before the bill could be tabled in the Senate.

My question is quite simple: What is the emergency today? Why not do it correctly, step by step, with the committee studying this \$2.5-billion bill? That is the job we have to do here.

**Mr. Kevin Lamoureux:** Mr. Speaker, the issue is on the support for rapid tests from science and health care experts. The member should read what his colleague said earlier today, when he put into question whether we should even be listening to science and health care experts. He should review the comments from the Conservative member. They surprised a lot of us.

I have a deep amount of respect for the colleague who posed the question. He knows and is fully aware that in any given week, it could be a very tight agenda. For example, today is all about the rapid tests. We also have to deal with legislation in regard to the GIS. We also have an opposition day motion. Those are the three big days. Then Wednesday and Friday are short days. If we were to take the approach the Conservatives want us to take, we would be putting into jeopardy the passage of legislation that is needed today. I would encourage my friend to revisit the sense of urgency if in fact they support the need for rapid tests.

[*Translation*]

**Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ):** Mr. Speaker, if I am not mistaken, the parliamentary secretary just asked us how we will vote on this motion, referring to the vote that occurred after oral question period when we indicated that the government must present a plan to lift restrictions.

I would just like to point out to my colleague opposite that asking for a plan to lift restrictions does not mean that we are against health measures. On the contrary, we believe that appropriate health measures must be applied, but the government must also tell people where we are headed.

Right now, we are debating Bill C-10. I would like to know how is it that the federal government has the means to provide money

for health right now, but every time Quebec has asked for it in the past, the federal level was not there for Quebec.

[*English*]

**Mr. Kevin Lamoureux:** Mr. Speaker, the vote that we just had prior to getting under way with this particular motion is something I am more than happy to discuss offline with the member.

What we are talking about today, the motion that I am debating, is a motion that would see closure put in for Bill C-10, which deals with the rapid tests, in the hope that the Bloc party would not only support the need for rapid tests but would support the urgency in getting the legislation passed. That is going to be the vote that we are going to have later today.

Does the Bloc actually support the sense of urgency in getting Bill C-10 passed? I think the people of Quebec and the people of Canada are watching and want to see how the Bloc is going to respond.

I will answer the second part of his question in a follow-up.

• (1550)

**Mr. Richard Cannings (South Okanagan—West Kootenay, NDP):** Mr. Speaker, we are debating supports for COVID and the impact COVID has had over the last two years in Canada. I am wondering if the member could comment on the lack of any ability by the government to admit its mistakes with some of those supports and admit that it did not get them right. So many things have fallen through the cracks.

I talked to the tourism people recently. There is a whole tourism package that is unavailable to seasonal tourism companies. How many tourism companies in Canada are not seasonal? Seniors have been stripped of their GIS supports. These are the poorest and most vulnerable of Canadians, and they have been stripped of their GIS support because they were told to go on CERB last year. I could go on and on.

I am wondering if the member can explain why the government has been so reticent to admit its mistakes and fix them.

**Mr. Kevin Lamoureux:** Mr. Speaker, I have had the opportunity to speak in the House a number of times and often referred to the fact that in the last couple of years during the pandemic, we saw the creation of a multitude of programs and supports. To say they were absolutely perfect would be misleading on my part, so I will not mislead.



*Government Orders*

Yes, we brought forward a suite of programs, and there has been the need at times to modify them. They were modified because we understood, after listening to Canadians, that we needed to make some adjustments. The Minister of Seniors just referred to one during question period in wanting to co-operate and provide additional funds for issues such as mental health and long-term care facilities. The list goes on in terms of the types of supports and investments we have made in health care over the last couple of years.

**Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.):**

Mr. Speaker, coming into today's debate, I was under the impression that Conservatives thought that rapid tests were effective tools, but I could not help but take note of the comment that was made by the member for Cumberland—Colchester today. He represents the Conservatives on the health committee and is a doctor as well. He said, “we need to have a look at the science”. That is a direct quote.

I am wondering if the parliamentary secretary can comment as to whether or not that sounds like somebody who believes that rapid tests are going to be useful in this pandemic.

**Mr. Kevin Lamoureux:** Mr. Speaker, I want to be kind. After all, the member for Cumberland—Colchester is a medical doctor, and we love our health care professionals for the fabulous work they have done throughout the pandemic.

That said, members on the government side or any Canadian cannot blame the Conservatives for giving different positions on the same issue at times. They have not been consistent. The quote that my colleague and friend just referred to highlights one inconsistency on a very important issue.

Science and health care experts are what we have been following and listening to since the beginning. The same cannot be said about the Conservative opposition party. Today some were questioning it. As the member pointed out, one was not only a medical doctor but also someone who sits on the health committee representing the Conservative Party. I do not get that.

**Mr. Colin Carrie (Oshawa, CPC):** Mr. Speaker, I would like to read from the manufacturer's booklet for the intended use of rapid tests. It says this test is “an *in vitro* diagnostic rapid test for the qualitative detection of SARS-CoV-2 antigen...in human nasal swab specimens from individuals who meet COVID-19 clinical and/or epidemiological criteria.” In other words, regarding my colleague who earlier said today that we do have to look at the science, the manufacturer says this is accurate with people who have symptoms.

With the omicron variant, things have changed. For sure Conservatives believe in rapid tests as an important tool, but why do Liberals not want the motion to go to committee so we can get the most up-to-date science and spend Canadian tax dollars efficiently and effectively to help us all get out of this pandemic?

• (1555)

**Mr. Kevin Lamoureux:** Mr. Speaker, I do not know the package and I am not a doctor myself. At the end of the day, I am following the best advice that is provided to me. I would tell the Conservative caucus to feel comfortable in knowing that a vast majority of people recognize the science and the health care experts. Rapid tests are a good thing and we need to have them in our tool belt.

**Mr. John Brassard (Barrie—Innisfil, CPC):** Mr. Speaker, I will be splitting my time with the hon. member for Mission—Matsqui—Fraser Canyon, which he tells me is the number one riding in all of Canada. I happen to think Barrie—Innisfil is.

Let me begin by noting how profoundly disappointed I am with the results of what I thought was a reasonable request on the part of the opposition, through our opposition day motion, to ask for a plan from the government, by February 28, for coming out of the COVID-19 pandemic and limiting or cancelling all of the restrictions and mandates. We are seeing a cascading effect across the country in the provinces, with premiers coming out and telling their people that by a certain date, this is going to happen. This is causing any cynic to be concerned that perhaps the Liberal government does not want to end the federal restrictions and mandates, does not want to unite Canadians and does not want to provide hope to Canadians. After two years of lives and livelihoods being lost and businesses being decimated, somehow they cannot support this, and it only speaks to the fact that the Prime Minister and Liberal Party want this to continue, for whatever reason. I am profoundly disappointed that we are at this point in this country.

I rise today to speak to the Liberals' latest attempt to run roughshod over Parliament. Today the House is considering government Motion No. 8, which sets out draconian terms by which the House would dispose of Bill C-10. The bill is laudable in that it would give the Minister of Health the ability to purchase 2.5 billion dollars' worth of COVID-19 tests, the majority of which would be rapid tests. It would also grant the minister the power to start distributing those tests on April 1 of this year.

Throughout the pandemic, the Conservative Party has consistently and persistently called for greater access to rapid tests for all Canadians. In fact, in April 2020, I was approached by a rapid test distributor and he told me that he was being bogged down at Health Canada and that the approvals process for these rapid tests was not moving as quickly as it should, despite the fact that they were approved by the U.S. FDA on an emergency-use basis and also by CE bodies in the European Union. Arguably, these blue-chip regulators are the best regulatory agencies in the world. That is not to discredit Health Canada, but it was a problem in April 2020 that I was highlighting, and I know that my colleagues were as well.

*Government Orders*

In the election, we promised to break down the bureaucratic delays that were preventing the approval of rapid tests in Canada, and at that time, tests approved for use in the United Kingdom, the United States and the European Union were not approved in Canada. Why was this so, when these blue-chip regulators were already approving them? We promised to make at-home test kits readily available to all Canadians, to deploy rapid tests to the border and other points of entry and to provide provincial governments with enough tests to keep schools open. Our support for the widespread use of rapid tests has been unwavering, and our support stands today.

Despite the fact the Liberals did drag their feet in getting these essential tools into the hands of Canadians, they can count on our support for this legislation. We are not trying to stop the legislation. We are just trying to get some oversight, because we believe this bill could be strengthened and we would like to propose three common-sense amendments.

For starters, if the minister has the ability to deploy the tests sooner, we would support an amendment that would allow him to do so. That is reasonable.

Second, we would propose an amendment to require the contracts for these tests to be tabled in the House. That is another reasonable request. Let us remember why we are asking for this. These are the same Liberals who found time, at the height of a pandemic, to hand \$900 million in a contract to their friends at WE charity and another \$237-million sole-sourced contract to former Liberal member of Parliament Frank Baylis. I do not think it is unreasonable to expect there would be some oversight and scrutiny on these contracts. The government, and indeed these Liberals, should not enjoy the blind trust of the House. They have proven in the past that this trust needs to be questioned. As such, we should require the highest level of transparency, especially when it comes to urgent spending related to COVID-19.

● (1600)

Third, the Conservatives would propose an amendment that would require the minister to report on the deployment of these tests to ensure they are being used as part of a plan to ease COVID restrictions. In short, we want to ensure that this investment of taxpayer money is used to help Canadians get back to their normal lives.

I would love nothing more than to debate the merits of these amendments, but the Liberals and their coalition partners in the NDP are teaming up to ram this bill through the House. Government Motion No. 8 provides for a shortened debate at second reading and a single vote that would be applied to the remaining stages of the legislative process. If the Liberals get their way, there will be no further debate, no ministerial accountability at committee, no testimony from stakeholders and no opportunity for the opposition parties to make amendments.

The government House leader is offering the House a binary choice, and under this motion, we can either take the bill as it is or leave Canadians with fewer available COVID tests. The government House leader is trying to deny the House a third option: to support a strengthened bill by incorporating amendments from the opposition. Instead, without as much as one word of debate on the

bill, the House leader has moved to pre-emptively shut down debate. This motion is a flagrant abuse of power, and the Liberals are being aided and abetted by a hapless coalition partner.

That said, I recognize the need to pass this legislation quickly through the House, and on Friday, I sent a letter to all House leaders proposing a plan to dispose of Bill C-10 by Wednesday of this week. The proposal would have provided for a debate at second reading today, an abbreviated committee study tomorrow and final passage on Wednesday. It also included an order for the Minister of Health to appear at committee and for the amendments to be proposed during the usual clause-by-clause consideration of the bill. My proposal would allow the opposition to apply appropriate scrutiny and to propose improvements to the legislation without sacrificing the government's overall timetable to turn the bill into law.

The House should also be made aware that the Senate agreed to a government motion to adjourn the other place for the entirety of this week. As a result, whether the bill passes in the House today or Wednesday, it will not be considered in the other place until next week. Any due diligence that we apply to this legislation in the House this week will do nothing to delay it from receiving royal assent.

I will now take a couple of moments to address our colleagues in the NDP.

I am calling on them to remember that they are the party of Jack Layton and Tommy Douglas. Back in the day, theirs was a party that stood for workers, for low-income Canadians and for the democratic rights of members of the House of Commons. It is not so anymore. The NDP have abandoned their first principles. Perhaps it is because they have a leader who is more interested in his own social media than he is in social policies and how they impact Canadians.

For example, the NDP openly fights against jobs for unionized pipefitters and steelworkers every time they oppose new environmentally safe pipelines. They applaud the Prime Minister every time he talks about phasing out the jobs of hard-working Canadians in the oil and gas sector. In recent days, they have refused to defend the minority rights of workers who lost their jobs to discriminatory government mandates. They support the Liberal carbon tax that disproportionately hurts the poorest in our society. They support hikes in payroll taxes that make it harder for low-wage earners to make ends meet. The list goes on.

*Government Orders*

Inside the House of Commons, they have allowed themselves to be the moderate wing of the Liberal Party, and they should be ashamed for that. The Liberals can count on the loyal support of the NDP whenever they move to ram their agenda through the House. Since 2019, when the Liberals were reduced to a minority government, the NDP has supported the shutting down of debate on 14 different occasions. It is high time that the NDP distances itself from the tired Liberal government that is demonstrably anti-working class and increasingly anti-democratic. Perhaps its members can start by standing against this undemocratic motion in the House today. In June 2019, the NDP House leader argued against the Liberal majority government when it moved to curtail debate. Back then, he said the Liberals “promised to work with the opposition parties and all members. Instead, they are imposing gag orders”.

At a time when tensions are rising in this country, let us take the opportunity to demonstrate to Canadians that their elected officials can collaborate in the national interest. We can and should stand together to get the best results for Canadians.

• (1605)

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, the first Conservative speaker today talked about the science of rapid tests, and in his comments he implied that we need to have a study on the effectiveness of rapid tests. Given that the member who just spoke is the opposition House leader, I am wondering if he can expand on what the Conservative Party truly believes with respect to the effectiveness of rapid tests. Does the Conservative Party believe that they are, as science and health care experts say, the type of tool we must have? If so, would he indicate that there is no need to call into question the effectiveness of this particular tool?

**Mr. John Brassard:** Mr. Speaker, I am sure the hon. member was listening to what I said. I have been advocating for rapid tests since April 2020, a month after the COVID pandemic started storming around the world. I actually sent letters to the Minister of Health asking for the approval of certain types of rapid tests that had been approved by other blue-chip regulatory bodies, like the U.S. FDA and CE bodies in the European Union.

There is no question that rapid tests work; otherwise, they would not have been approved by Health Canada. However, that is not the issue here. The issue here is that we are debating a bill that the Liberals have dropped the hammer on, and it is a multi-billion dollar piece of legislation that at least requires some sense of scrutiny by MPs.

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Mr. Speaker, it always gives me great pleasure to listen to Conservatives talk about their support for workers. I mean, after all, this is a party that voted against pharmacare, voted against dental care and voted against establishing a wealth tax to level the playing field. Members of its caucus have been gleefully standing with the occupiers in Ottawa, who are harming small businesses and preventing workers from going to work. We have the receipts.

I have heard the member for Durham talk so much about how this country needs to get up on rapid tests, and we now have a bill that is going to authorize the federal government to provide the necessary resources to the provinces. I am just looking for some

consistency from the member for Barrie—Innisfil. Could he explain why the Conservatives seem to be flipping and then flopping on this particular issue?

**Mr. John Brassard:** Mr. Speaker, we support the bill. I do not think I can be any clearer than that. However, we are saying that we cannot bring the hammer down. Our job as members of Parliament is to provide oversight and scrutiny on the money that is being spent by the government to make sure it is effective and make sure it is being spent in the best manner it can be. All we are asking for, and the only compromise I propose, is that we have one day to scrutinize this.

We were not going to hold up the bill. The Senate is not sitting until next week, so if the bill gets approved tonight, it just sits there for five days. What damage can be done by providing a little oversight or some scrutiny on a multi-billion dollar bill? It does not make any sense. We support the piece of legislation, but we also support accountability.

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, one of the things we see over and over again from the Liberals is that their measurement of success is how much money they have spent. They do not go back to the raw details about what actually happened. Here, again, we see a big dollar number. They are promising to spend a huge amount on rapid tests. It seems to me that this is a bit late and after the fact given that we have been calling for rapid tests for almost two years. Now, in the dying days of the pandemic, rolling out rapid testing does not seem like a good use of funds. I wonder if the hon. member has any comments on that.

• (1610)

**Mr. John Brassard:** Mr. Speaker, the one thing we have found with these Liberals is that they are always a day late but they are never, ever any dollars short. They have never found a problem that they cannot throw money at. However, it does speak to the issue of scrutiny. If the member recalls, we had four hours to deal with a \$57-billion bill at one time during the pandemic. Again, as I have talked about several times in the House, this speaks to a pattern of overreach, a pattern of control by the government, instead of letting us do our jobs, especially at a point when the Senate is not sitting. To let us do our job is not an unreasonable request.

**Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC):** Mr. Speaker, before I begin debating this motion, I will briefly comment on the opposition motion we just voted on.

In my riding of Mission—Matsqui—Fraser Canyon and across this country, Canadians are losing hope. They do not know what to do anymore. They have been triple-vaxxed, they have followed all the rules and they are just looking for some transparency from the federal government so they can get their lives back. Canadians urgently need a plan to get us out of this pandemic—

*Government Orders*

**The Deputy Speaker:** There is a point of order from the hon. member for Kingston and the Islands.

**Mr. Mark Gerretsen:** Mr. Speaker, the member indicated at the outset of his speech that he was going to start by talking about a matter that has already been voted on. We really do have to talk to this. Given the time constraints that have been highlighted by the Conservatives, I think it would be appropriate to stay on topic. He did say—

**The Deputy Speaker:** Actually, when he did start out, and I am going to continue on, he said that for a few moments he would mention this and then move to the rest of his speech. I think I heard him correctly, or I will stand corrected.

The hon. member for Mission—Matsqui—Fraser Canyon has the floor.

**Mr. Brad Vis:** Mr. Speaker, it would be irresponsible of me not to look at what happened in the House earlier today with this motion for closure the Liberals put forward. For two years, Canadians have been living with COVID-19 restrictions. There have been two years of lockdowns, of not being able to visit loved ones and of not being able to travel. There have been two years of isolation that has inflamed a mental health crisis and hurt Canada's vulnerable populations.

When it comes to lockdowns and mandates, we are seeing the evidence and public health advice for change. Last week, Canada's chief public health officer, Dr. Teresa Tam, said that all existing public health measures needed to be re-evaluated so we could get back to some normalcy. Just last week, we saw two Liberal MPs challenge their government for being so political about how it was treating the pandemic, and the response the government was taking to dealing with COVID-19 across our country.

Ireland, Sweden, Norway, Israel, the Czech Republic, the United Kingdom, Spain and Denmark are all moving to end restrictions and mandates. Many provinces in Canada are doing the same thing. Today, we come to the House and the government does not want to debate Bill C-10: It wants to debate stopping debate on Bill C-10. That is very problematic.

It was on December 14, if I recall correctly, that the government tabled Bill C-8. One of the key provisions of Bill C-8 was \$1.72 billion for COVID-19 tests. We just debated that bill last week and the week prior. Canadians were looking for a plan in that bill. Liberals stood up time and again and said that they had a plan and were moving forward. For us to be here today, talking about Bill C-10 in the same context, which would see another \$2.5 billion for rapid tests, I wonder what the House leader for the Liberals is doing.

Why do we have two bills that were tabled within four parliamentary sitting days of each other on the urgency of rapid tests when, in my province, the public health officer is telling us that, for the majority of the population, they are not needed anymore?

Dr. Bonnie Henry said that, in most cases, if someone is triple vaccinated, as I am, they can skip getting a test. If someone has COVID, they need to stay home and self-isolate. We are treating it like the regular flu. She is only recommending testing now for people who are currently hospitalized, pregnant, at risk of severe dis-

eases or who live or work in a setting with others who are at an elevated risk of a severe illness.

Already, British Columbia is saying that we do not need to go to the Ag-Rec Centre in Mission—Matsqui—Fraser Canyon anymore and take a morning off work with one's two-year-old to get a swab up their nose. No. We just need to isolate them at home and move forward with our lives.

Now we are here in the House of Commons, having a debate about not having a debate on rapid tests. My big question is, where was the government a year ago? Where was it when parents had to take time off work? It costs parents an average of \$250 for a week of day care, and then they had to take more time off work because of that. I know for a fact that if we had had rapid tests, parents would not have lost so much money. That is shameful.

Canadians were asking for rapid tests so long ago. Other countries, such as the U.K., the Netherlands and other European Union countries with similar GDPs to Canada's per capita, were able to navigate the virus in a much more efficient way because their governments were more responsive. All we get from the Liberal government is Bill C-8 on December 14, and then Bill C-10 on January 31, saying that we need to pay for rapid tests now.

I cannot help but be cynical knowing that the Prime Minister called an election that was really divisive for all of us. Liberals called an election because of the urgency to deal with COVID-19 and various approaches to doing so.

• (1615)

Here we are, so many months later, debating a bill not to have a debate on something that should have been done two years ago, or at least a year and a half ago. My constituents are upset. They are upset that they have to continue living with these lockdowns, but they are also upset with the incompetence of the government to move strategically on rapid tests, which is something that everyone agreed on, much earlier. That is shameful. It has impacted so many families and so many businesses.

Last week, I met with one of the largest sound companies in North America. It is based in my riding. It was ranked the number one sound company in North America in 2013, and the number one in Canada for many years. It is the only outfit in the province of B.C. that is capable of equipping BC Place stadium for major concerts. Company representatives came to my office, and were pleading with me for some type of path back to normalcy: some type of path to get their business going again. What they said to me was that they had taken advantage of the high-risk loans and they had taken advantage of the business loans. They were thankful for them, but they had come to a point where the Government of Canada was driving independent, private-sector small businesses into oblivion.

*Government Orders*

Yesterday, I received an email from Mr. Howes at Traveland RV. I went to school with his kids. The company is a major employer in Langley, throughout the Fraser Valley. The tourism sector does not know what to do this year, again. The supply chains are so impacted that the tourism industry does not know how to plan yet another year. It does not know where its revenue is going to come from. The tourism sector is asking for a plan. It is asking for some way out of this.

All we got from the government on December 14 and January 31 were two bills, both related to rapid tests. Frankly, they could have been the same bill. I do not know why they were done differently. Maybe someone could answer that in debate. All the tourism industry is looking for is a plan to get people back to work. All it wants to do is hire more people again. All it wants to see is a plan to end the mandates and to get people their lives back. It is not too much to ask.

Everyone has been vaccinated. We have a super high vaccination rate in Canada, but everyone has also gotten COVID. A lot of people who are triple vaxxed are getting COVID, and that is why some of our public health officials have changed their tune recently.

Omicron has evolved, and the government needs to evolve in the way it is approaching this new endemic stage of the disease.

• (1620)

**Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.):** Mr. Speaker, I am starting to sense two different camps forming on the Conservative side of the House. There is one camp that thinks the rapid tests are completely useless. As the member said, in his home province they do not want them or need them. We heard the member for Cumberland—Colchester basically question the science of rapid tests, but then the leader of the Conservatives in the House, who spoke just before the last member, said that he believed rapid tests were absolutely necessary and that he actually plans to support this bill.

I am curious. Could the member who just finished speaking comment on whether he is going to support this bill, as his House leader is? If he is, why would he, given that he just finished questioning the fact that they were even needed?

**Mr. Brad Vis:** Mr. Speaker, I have to say that the member for Kingston and the Islands is misrepresenting what I said.

For much of the pandemic, when someone got COVID or thought they had it, they had to take time off work to get a PCR test. Frankly, we should have had rapid tests then, when that was the requirement of the Province of British Columbia. We are past that, but now the government is coming forward to say it will give people all these rapid tests. I wanted tests so that my wife did not have to take time off work. My neighbours wanted rapid tests so that they could go to work. That was the same in every community across the country.

Do not dismiss the public health officer of B.C., Dr. Bonnie Henry, who is changing her approach to dealing with the pandemic. Rapid tests still have a role to play, but not for the majority of the population, who are likely vaccinated and can likely self-isolate if they have symptoms of COVID-19.

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Mr. Speaker, it is odd, sometimes, to try to make sense of various Conservative positions in the House.

I do think that rapid tests are very likely to continue to have an important role to play in the pandemic. I think it is prudent to try to have a number of rapid tests on hand across the country, lest there be another wave that requires us to again undertake certain kinds of public health restrictions we have had up until now.

I do not think we can declare an end to the pandemic by fiat. If we could, I am sure someone would have done so a long time ago.

It is reasonable to be prepared, and I think that supporting this bill is part and parcel of that spirit of preparedness that I have heard members on all sides of the House call for at various times.

I think the hon. member's concern about financial oversight is warranted. He mentioned Bill C-8, which also has money for rapid tests. In my work as a parliamentarian, what I have discovered and what the government has—

**The Deputy Speaker:** I am really trying to keep everybody in the questions.

The hon. member for Mission—Matsqui—Fraser Canyon.

**Mr. Brad Vis:** Mr. Speaker, it is unfortunate that the New Democratic Party really does not think independently anymore. They just side with the Liberals on every single piece of major legislation.

What is also important to point out is that Dr. Bonnie Henry in British Columbia is not even counting the number of COVID cases anymore because it would not be accurate, for some of the reasons I have already listed. That is in the news.

It is time. The disease is entering an endemic stage. It is time for the Government of Canada to change its approach, and it is time for the NDP and the Liberals to wake up, stop wasting taxpayer dollars and start giving people their freedom back.

**Mr. James Bezan (Selkirk—Interlake—Eastman, CPC):** Mr. Speaker, I know one of the concerns we have as Conservatives with this bill is relative to the issues around accountability and whether the checks and balances are going to be there to ensure we do not have another situation where procurement is taking place and padding the pockets of former Liberal MPs, such as Frank Baylis, and other friends of the Liberal Party of Canada.

• (1625)

**Mr. Brad Vis:** Mr. Speaker, the reality is that the Liberals have done everything in this pandemic to avoid accountability. I would be remiss if I did not recall one of their first acts in March, when the pandemic started two years ago. They wanted to shut down the House of Commons, because they did not want us to hold them to account. They threw it out there in the public, seeing what they could get away with.

At every stage of this pandemic, they have done as much as possible to avoid accountability, and that is why we cannot agree to closure. We need to study bills and respect taxpayer dollars.

*Government Orders*

**Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.):** Mr. Speaker, it is always a pleasure to rise in this wonderful House and speak on behalf of the residents I represent. I will be sharing my time with my friend and colleague, the member for Kings—Hants. I wish him well when his opportunity arises.

We are here speaking about the urgency of getting to Bill C-10 and ensuring Canadians, and the provincial and territorial governments, have the tools they need as we continue the fight against the COVID-19 pandemic but also as we continue to emerge from the COVID-19 pandemic. That is exactly what we are doing.

We procured vaccines. We procured personal protection equipment. We have now procured literally hundreds of millions of rapid tests. I wish to give a shout-out to my friend from Hamilton West—Ancaster—Dundas, the minister responsible, for the Herculean efforts that the minister and her department officials have made on the file. I wish to thank them. Again, this is another tool in the fight against COVID-19. It is also another tool so that Canadians can gradually and safely return to normality in their lives. That is what we in the House all want, to again have normality in our lives, but we can only do it gradually and safely.

It is Valentine's Day and I do want to give a shout-out to my wife. I thank the hon. member on the opposite side who I am friends with for that applause. I wish his spouse the same greetings as well.

I am grateful for the opportunity to rise in the House to speak to the urgency of Bill C-10. As Canada emerges out of this omicron wave with vaccines widely available and promising therapeutics like Pfizer's Paxlovid starting to roll out, the focus of our planning will naturally shift towards recovery and a more sustainable approach to managing the ongoing presence of this virus.

We know the virus does not have an end date. My opposition colleagues may think that, but it does not. We need to be prudent and gradual, and do the right thing for Canadians while protecting our health care system. This is where the importance of testing comes into play. In spite of all the promising gains, in terms of vaccinations and therapeutics, COVID-19 is still with us. We need a strong system in place in order to manage the virus, now and in the future, to prevent increased caseloads and hospitalizations as we reopen our economy and to prepare for possible future waves and new variants of concern.

Testing complements and builds on the existing health response to COVID. Informed by science and the advice of public health officials, the Public Health Agency of Canada has developed guidance and tools regarding public health measures to help manage COVID-19 since the onset of the pandemic. This public health guidance is developed jointly or in consultation with Health Canada or other federal departments, provincial and territorial governments, health authorities and public health experts.

As the evidence and understanding of COVID-19 has evolved, guidance has been adapted in turn. Provinces and territories also have guidance specific to their jurisdictions. This may include legislative regulatory policy and practice requirements, as well as professional guidelines. Their recommendations may differ, reflecting their local realities. Guidance developed by the Public Health

Agency of Canada complements these provincial and territorial efforts.

As COVID-19 continues to circulate in Canada, we have seen epidemic waves crest and fall, and numerous public health measures, testing strategies and personal protective practices deployed in response. It has been a multi-layered approach. This multi-layered approach taken on by our government in conjunction and working with all the provincial and territorial governments is to protect our health care system and make sure we can emerge safely from the pandemic.

The Public Health Agency is working with provincial and territorial partners to plan for a sustainable approach, an approach that includes using testing to identify and isolate even more quickly cases of COVID-19. Canadians have become accustomed to terms and practices, such as using a layered approach to protecting themselves, which may include physical distancing, masking and avoiding poorly ventilated spaces.

Testing will become a crucial component of this layered approach, especially as testing spreads more and more into workplaces. Canadians have been doing what it takes to collectively get us all through the various waves and have pulled together when it matters most. Through our ongoing sacrifices and efforts, many infections and severe outcomes have been averted.

• (1630)

PHAC scientists have analyzed data and completed modelling from Canada that shows that, in most jurisdictions, implementation of public health measures was associated with reduced transmission of COVID-19. Studies have also shown that the public health measures that some jurisdictions have implemented, such as school closures, social distancing, stay-at-home rules, quarantine and masking, have reduced the severity of the pandemic. These measures, alongside our high rates of vaccination, have resulted in decreases in daily case rates, rates of infection, hospitalization, daily ICU admission rates and deaths.

I would be remiss if I did not give a shout-out to the wonderful residents of my riding and the region that I represent, York Region, where 90% of individuals have received their vaccine and the third dose rate is continuing to increase. That is great to see. Thanks to Canadians' willingness to follow these effective public health measures and to roll up their sleeves to get vaccinated, our outlook for the next several months continues to improve.

Public health guidance will remain a critical tool to address how we respond to the virus in the months ahead and, as the guidance shifts to include testing, the Public Health Agency of Canada will continue to work with partners across the country and around the world to learn more as well as to evaluate the emerging science to inform public health advice and guidance for Canadians. In order to support Canadians to make the best decisions for their personal protection, the Public Health Agency of Canada has developed web-based tools, such as My COVID-19 Visit Risk, that enables Canadians to better understand the factors that affect the risk of getting COVID-19 when visiting or gathering with others.

If Canadians are also able to use rapid tests to determine whether they are infected they will be able to make better, more-informed decisions to determine their risk of spreading COVID-19 and will be able to trust more that others are doing the same so that all Canadians can better protect their communities from further transmission. This is incredibly important when we go to visit our loved ones in long-term care facilities or seniors' residences or other vulnerable populations.

Rapid tests will be critical and crucial as we move forward and finish the fight against COVID-19, but we know COVID-19 will continue to be with us and we need to be prudent. Testing and general public health measures all fit together to stop the spread of COVID-19. Wearing the best-quality and best-fitting mask or respirator available, having access to rapid tests to determine infection and following the various other measures are important in the context of variants of concern, particularly for vulnerable populations who have the highest risk of severe outcomes or experiencing the broader negative impacts of the pandemic.

Recognizing that further waves will occur, longer-term sustained approaches and capacity building are required. As restrictions are gradually lifted in response to local epidemiology, approaches will concentrate on preventing severe cases of COVID through vaccination, supporting Canadians to use personal protective measures and making testing readily accessible. The longer-term, more sustained approach as we fight this virus will leverage all tools to balance the need to manage COVID-19 while minimizing societal disruption and enabling recovery.

We all want to go to our favourite restaurants and gather with a large group of friends. I know we want to baptize my four-month-old and we want to invite all our family and friends there. We want a gradual reopening as well. We know that, and rapid tests will be a critical piece of that. As restrictions ease, ongoing updates to guidance and web tools posted on government websites continue to support Canadians in making decisions for their protection based on personal risk assessments.

I would like to finish by reaffirming that this pandemic has demonstrated that we need a range of measures in our public health tool box, including vaccines, PPE and social distancing, to continue to fend off highly infectious diseases. That includes testing. To fight this pandemic, we have already made vaccinations readily available. Again, 90% of individuals in York Region are vaccinated. That is wonderful. We still have more work to do, but we are getting there. Now is the time to make testing readily available. With members' support of Bill C-10, we can give Canadians a bet-

ter chance to manage their own health, to remain vigilant and to support each other throughout the remainder of this pandemic.

I wish to say that we all need to work collectively, collaboratively and in the best interests of all Canadians to get through this pandemic. That should be the focus, that should be our end game, and we should not lose sight of that goal.

● (1635)

**The Deputy Speaker:** Before I move on, I just want to thank the member for Vaughan—Woodbridge for reminding us that it is Valentine's Day. I know our discussions in here get pretty heated sometimes, but let us make sure we wish a happy Valentine's Day to all the folks who allow us to do the crazy jobs that we do here in the House of Commons.

The hon. member for Northumberland—Peterborough South.

**Mr. Philip Lawrence (Northumberland—Peterborough South, CPC):** On that note, Mr. Speaker, I would like to wish my wonderful spouse a happy Valentine's Day, and I would like to wish the member across the way a terrific Valentine's Day as well. He is a member whom I respect greatly.

Because we will not have a chance at committee, I want to ask a question that I might ask at committee if given the opportunity. This COVID endemic or pandemic could last for some time. Could the member let me know, if he knows off the top of his head or send the documents, when the rapid tests the government is going to purchase will expire?

**Mr. Francesco Sorbara:** Mr. Speaker, I thank my colleague from Northumberland—Peterborough South. He replaced a very good friend of mine, so I liked the prior member a bit more but I know he is doing the best job he can to represent his constituents. I congratulate him.

I will say this. Obviously, I do not know the expiry dates of the rapid test kits. My understanding is that they are quite lengthy. What is important is that, once they are received by the provinces, much like in the province of Ontario, they are distributed very quickly to the population and, most importantly, to vulnerable populations.

[*Translation*]

**Mr. René Villemure (Trois-Rivières, BQ):** Mr. Speaker, I would like to start by saying hello to my constituents in Trois-Rivières, and everyone else for that matter. Over the weekend, many people told me that they were not too happy that the government was shutting down debate in these circumstances. I guess that when a government does not believe in its own bill, it invokes closure.

*Government Orders*

In any case, I would like to ask my colleague from Vaughan—Woodbridge a question on vaccination efforts around the world. Canada does not exist in a vacuum, and, if we want to fight COVID-19, we will have to look beyond our borders.

What does my colleague intend to do to secure the logistical support needed for getting vaccine doses to developing countries and ensuring that those doses get there and are properly administered?

**Mr. Francesco Sorbara:** Mr. Speaker, I thank the hon. member for his question.

[*English*]

If I understood the question from my hon. colleague correctly, the first and most important thing we need to do to help developing countries is to get them the vaccines to make sure their populations are vaccinated, because we know we can only fully emerge from this global pandemic globally, with all countries working together. Canada continues to do that and we will continue to go along that path.

**Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP):** Mr. Speaker, I have to give a shout-out to my husband on Valentine's Day as well.

I wonder if the hon. member would agree with me that there is a danger in all the rhetoric about freedom that we forget the people who are actually the real victims of COVID. As of last Friday, there were 87 people in the hospital in my community and 14 in intensive care. We were averaging as many as two deaths per day and over 200 new cases. We have 22 outbreaks in long-term care homes. We are still delaying over 500 surgeries a week for things like hip replacements.

I know there is a lot of frustration about how long the pandemic has gone on, but would he agree with me that we have to keep in mind that some people are suffering the real impacts of COVID?

**Mr. Francesco Sorbara:** Mr. Speaker, I could not agree more with my colleague. He is absolutely correct. If we look at what the pandemic has caused and how we have tried to protect our health care system from the waves that have overwhelmed it, we know that most of those waves have been caused by unvaccinated individuals. Therefore, when we think about freedom, we need to think about both our collective and individual responsibilities, and we have a collective responsibility to get vaccinated and do the right thing to ensure the protection of our families.

Here in the province of Ontario, much like in British Columbia, literally tens of thousands of surgeries have been cancelled in order to ensure we protect our health care system from becoming overwhelmed. Those frontline workers who, for the last two years, we have asked so much from, I want to thank them for everything they have done.

Just to add very quickly, over the holidays my parents visited me from Vancouver. I had to take my father to the hospital twice. Thankfully, everything turned out all right, but just being there in the emergency room watching the frontline workers attend to people and do what they do every single day was proof that they are the real heroes of this pandemic.

• (1640)

**Mr. Kody Blois (Kings—Hants, Lib.):** Mr. Speaker, it is an absolute privilege to be here today to speak to Bill C-10, which is legislation that is being introduced to increase the number of rapid tests being sent to the provinces and territories by the Government of Canada. I cannot see this being a controversial piece of legislation. It is straightforward and it is needed, given we are still in the midst of COVID-19. Therefore, I will support it, but I would be remiss to not use this opportunity to explain my view on the broader front of what we are witnessing across the country vis-à-vis COVID-19.

I have spoken at length in this House on my perspective surrounding the protocols associated with COVID-19. I will let Hansard reflect my interventions to date, but let me say this: We collectively simply cannot wish away the pandemic. We all want to be able to move on. People are tired. There has been a significant impact on our lives for the past two years and I will readily admit to a differing degree on the basis of one's profession and circumstance.

When we look at the history of the outbreak of the Spanish flu, today known as influenza, the same debates we are having now on vaccine mandates, around health protocols and the pathway forward were taking place then. In fact, it took approximately three years for that pandemic to make its way through Canada at that given time. Let us be clear: The puck is moving on how jurisdictions around the world are evaluating their respective health measures.

Here in Canada, Dr. Tam has signalled that we, too, will be evaluating our existing protocol at the federal level, and other provincial and territorial governments that are largely responsible for the measures which have been cited in this House are also evaluating next steps. We should celebrate that. It is because Canadians have embraced vaccination and by and large followed the recommendations of public health that has allowed us to be in the position we are in to be able to move forward.

It is important to caution all of us as policy-makers that the decisions surrounding public health should not be made alone on public sentiment, but rather on science, on data and what is a reasonable balance between collective and individual freedoms. I trust and expect that governments at all levels will act accordingly and not on the instinct of what their supporters or partisan base may desire.

I want to go broader and discuss what we are seeing across the country, what I worry about for our democracy and our civil discourse in this country.

First, what we are seeing right here in Ottawa is not a protest. It has gone beyond that. It is a coordinated occupation. We would be naive to assume that what we are seeing in this country is simply and solely tied to COVID-19 and health protocols. The actions being undertaken are to cause direct disruption to Canadians. As is being reported, the organizers behind these actions are well funded, including from foreign sources. The last statistic I saw was that nearly 50% of the funds were from the United States.



The membership includes former law enforcement officers and ex-military members. The actions, particularly this last week, have gone beyond burdening the residents of Ottawa, which has been terrible, but it has also included a deliberate targeting of the Ottawa International Airport. These individuals have openly stated their goal is to overthrow the government. They have espoused ludicrous ideas of meeting with the Governor General and forming a “coalition” to establish a new government. This may seem crazy to some, but that is the stated goal of the individuals behind the protest here in Ottawa.

Elsewhere in the country, there are coordinated efforts to block critical public infrastructure. In Coutts, Alberta, in Emerson, Manitoba, in Sarnia, and the Ambassador Bridge in Windsor, which represents 25% of our trade relationship with the United States vis-à-vis vehicle traffic that crosses our border every day with our important partner. This, by all accounts, is an effort to destabilize our country and causing economic harm.

I have the privilege of sitting on the Standing Committee on Agriculture and Agri-Food. We heard today from a number of witnesses, the impact that this is happening on our supply chains. There were industry leaders from the pork industry, for example, who said there have been hundreds of trucks that have been impacted and have not been able to travel back and forth. The economic harm is clear. The auto industry has been impacted. This is having adverse impacts on everyday Canadians.

• (1645)

This is a relationship with our most important trading partner and it is impacting our food security. I submit to the House that these actions being undertaken in a coordinated fashion with the open goal of overthrowing the government is akin to an insurrection and we as parliamentarians should see it as such.

Yes, as I have done before, I will not suggest everyone in the country who is protesting has this intent. I think that is very clear, but I truly believe that the principal organizers who are behind particularly what we are seeing in Ottawa have that intent that I have just laid out before us.

Last week, I was pleased to hear the leader of the official opposition call for protesters to go home. Unfortunately, this was the same member who a week ago actively encouraged these individuals to stay and make it “the Prime Minister’s problem”. I truly hope that members of Her Majesty’s loyal opposition understand the gravity of what the country is facing and do not fan the flames.

While I appreciate that policing is inherently within the jurisdiction of municipalities and the provincial governments, the actions we are seeing and where this is headed is of truly a national security risk and needs to be dealt with as such. We need to continue to coordinate with all levels of government and I ask our government to match our actions and our posture to the level of the threat that exists. Indeed as I stand here delivering my remarks, it is common knowledge that the government intends to introduce the Emergencies Act moving forward.

It is important that we also recognize the decline of civil discourse in the country. Over the past two weeks, we have seen how journalists have been harassed, intimidated and threatened simply

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for trying to do their jobs. Mr. Speaker, we have had members in the House who have been targeted, you being one of them, along with the member for South Shore—St. Margarets, the member for Cape Breton—Canso, elected officials across Nova Scotia with packages, with hateful information and indeed chemical irritants. This is completely unacceptable. This is disgusting. We as members of the House have a responsibility to call it for what it is.

I want to talk about the use of “mainstream media”. It is an Americanized term and I have started to notice a number of members in the House start to use it. It concerns me and here is why. It is giving the suggestion that media outlets in this country are propagating false information.

I will readily admit that certain news agencies will have ideological bents. I read the National Post, for example. It has a more centre right conservative view on issues. The Globe and Mail may be in the centre, and CBC could be seen to be centre left, but when we as members start to use the term “mainstream media”, and I hear some of my colleagues across laughing, it starts to denigrate the integrity of media in our country. It leads, frankly, to tribalism, because if we cannot agree on a common element of fact in the House, and yes, we should debate different ideologies, different processes, but if we do not have some basic common element of truth, we see what is happening in the United States, the divide in the country. I ask all members of the House to be mindful of our civil discourse, of our behaviour and the words that can denigrate media outlets from reporting.

I lay these concerns before colleagues in good faith. I do not believe myself to be alarmist, but to be reflective of what we are seeing. I am confident that Canadians, our democracy and our institutions are resilient to what we are experiencing. I ask my colleagues to please be mindful of our role to maintain a healthy democracy, to maintain civil discourse and to ward off those who may want to undermine our beautiful country.

Given that I have about 20 or 30 seconds left, it being Valentine’s Day, let me say happy Valentine’s Day to all Canadians. To my sweetheart and my fiancée, Kimberly, and to our loyal Bernese mountain dog, Sullivan, I say happy Valentine’s Day.

I look forward to taking questions from my colleagues.

• (1650)

**Mr. Philip Lawrence (Northumberland—Peterborough South, CPC):** Mr. Speaker, I would like to wish the member a happy Valentine’s Day, but I am hoping he would join me and indeed join his caucus member, Joël Lightbound, in calling for a more—

**The Deputy Speaker:** I would remind members to refer to members by their ridings.

The hon. member for Northumberland—Peterborough South.

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**Mr. Philip Lawrence:** Mr. Speaker, I wonder if the member would like to join his colleague, the hon. member for Louis-Hébert. I too believe we can have a better level of discourse, one that has compassion and collaboration at its heart, not anger and division. Would he stand today and criticize the leader of his party, the Prime Minister, show some strength of character and tell the Prime Minister that we need better, we need a prime minister who does not divide but unites Canadians, as do other people?

**Mr. Kody Blois:** Mr. Speaker, I believe if we check Hansard, we will see that I have called on all parliamentarians, whether they be in this House, whether they be the Prime Minister, the leader of the official opposition or elected officials at provincial and municipal levels. It is incumbent on all of us to have a tone and discourse that is respectful and where we can agree to disagree.

I would agree with the member opposite that it is extremely important that we all have that collective responsibility, regardless of the title or role that we hold in this House.

[*Translation*]

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Mr. Speaker, I thought we were talking about rapid testing. My colleague may have slightly deviated from the main topic, so I will allow myself to do so as well.

My Conservative colleague just spoke about the member for Louis-Hébert, who joined the Conservatives and the Bloc Québécois in calling on the government to present a clear plan, as the provinces have done, so that we can get an idea of what is coming.

The member for Louis-Hébert also asked his government to start negotiating health transfer payments with Quebec and the provinces, which is something that we would have liked to have seen in Bill C-10. Sure, quickly giving the provinces more money so they can deliver rapid tests is a good thing, but we should also start negotiations around supporting our health care systems.

I would like to know my colleague's opinion on this. Is it not high time that the Prime Minister started to listen to his caucus members a little more closely?

**Mr. Kody Blois:** Mr. Speaker, I thank my colleague opposite for her question. My microphone was not working because of technical difficulties before my speech.

With respect to health transfers, the government made promises during the election campaign. It promised to increase funding and enhance health care systems across the country, especially in Quebec. The government's plan is to provide that help to the provinces.

With respect to speeches in the House and other ways MPs communicate with the public, I think all Canadians are now tired of COVID-19, but the government has to develop a plan for the days to come. I am confident this government will produce that plan in due course, but not in response to the opposition motion.

[*English*]

**Ms. Rachel Blaney (North Island—Powell River, NDP):** Mr. Speaker, as we move forward with making sure that people have the rapid tests they need to continue to address the realities of COVID, we know that in Canada we are still not seeing the invest-

ment that we need to support local businesses in being able to provide PPE and other necessary requirements for us to deal with these kinds of health concerns. That is unfortunate.

I wonder if the member could explain why the government is not taking that dedication and especially making sure that we are never in a place again like we were at the beginning of the pandemic when we could not even find the things that we desperately because they simply were not created in our country.

• (1655)

**Mr. Kody Blois:** Mr. Speaker, my hon. colleague raises the importance of making sure that we have supplies and rapid tests in the days ahead because, although, yes, we are on the other side of omicron, the reality is that this pandemic could perhaps stay with us in the days ahead. There is not going to be a moment in time where we simply throw down the gauntlet and say we are done with the pandemic. Notwithstanding, I would argue that some members of this House want that to be the case, but that is not how it is going to work.

Our government, since day one, has been there to invest with the provinces and territories in supporting this PPE. As I mentioned earlier in the House to the member's NDP colleague, the Minister of Innovation, Science and Industry has been working closely with a whole bunch of private sector players to make sure that we have vaccine capacity and PPE in this country.

**Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC):** Mr. Speaker, I know that members will be disappointed to hear this, but I will be sharing my time with one of my colleagues.

We are at a critical time in this nation's history. We hear a lot of, frankly, intentional efforts by other parties to misstate the Conservative Party of Canada's position, but I think it is important to put some clear things on the record about what we are proposing in terms of the response to this pandemic.

Number one, Conservatives oppose the federal mandates. That is why we put forward a motion calling on the government to put forward a plan to end federal mandates. Now, why do we oppose these mandates? It is because they do not make sense, because they are not rooted in science, because they do not help us fight COVID-19, and because they infringe on the rights and liberties of Canadians.

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Let us talk about the truckers' mandate. These are people who work alone inside of their trucks. They have to abide by all provincial regulations when it comes to masking and accessing restaurants. Whatever the rules are in the province or state they are in, they have to abide by those rules just like everyone else. An exemption for truckers crossing the border was in place through the entire pandemic up until January, and then the government brought in this additional punitive measure, targeting these frontline workers who had served our country so ably throughout the pandemic and for a long time before. We oppose the truckers' mandate.

We have consistently called for vaccine mandates when it comes to air travel, train travel or the public service, and we have talked about legitimate exceptions for people so that they can have some level of autonomy and choice. That means getting a rapid test before getting on a plane is a reasonable alternative when it makes sense to have that in place. Many public servants throughout the pandemic have worked from home, so a vaccine mandate for firing people, removing people from their jobs, simply because they are making a personal health choice when they are already working from home just does not make sense. Conservatives have been clear on a position that I think is rooted in science and evidence in opposing these federal mandates.

The other thing that we as Conservatives oppose are the efforts by this government, in particular this Prime Minister, to demonize friends and neighbours who may have made different choices about their personal health. As other members have said, every person has their own story. Every person certainly has the responsibility to take the measures they can to protect those around them, but people have to make those decisions individually, and we do not believe in being the kind of country where people are compelled against their will or on pain of job loss to take a vaccination that they still have questions about.

I hear Liberal members now talking about the tone, about bringing down the temperature and about inflammatory comments. The Prime Minister of Canada asked the question, "Do we tolerate these people?" Those were the Prime Minister's words. He talked about not tolerating people. He will call all kinds of names and put in place any kind of policy measure to squeeze those who are making different kinds of personal health choices. It is not helpful, frankly, in persuading people about any issue, to try to demonize and "otherize" those who are making a different choice about themselves. Therefore, we oppose the federal mandates and we oppose the clear efforts by this government, as called out by members of its caucus, to polarize the conversation and demonize those who have made a different choice.

We have also said, and I have said consistently, that we support the right to protest and we support the message of those who are coming to protest on the issue of the federal mandates. Thousands of Canadians who have been forced out of their jobs, have lost businesses, are in a dire position because their livelihoods and the livelihoods of their families are threatened, whose mental health is threatened and are experiencing things they have not experienced before have chosen to come and protest. Many have not ever come to protest before. We support the right of people to protest. We support people's message when it comes to saying that these mandates

are fundamentally flawed, they are not based on science and they infringe on individual liberty.

At the same time, we have also been consistently clear in opposing the blockading of critical infrastructure as part of a protest. The great thing about the Conservative Party of Canada is that we have been entirely consistent in opposing blockading critical infrastructure in every case. We have called for additional legislative tools consistently for years when it comes to issues around blockading critical infrastructure, and it does not matter what the cause is. If the cause is federal mandates, if the cause is Idle No More, if the cause is opposing a pipeline, if the cause is trying to create a multi-heritage month—a cause near and dear to my heart—or whatever the cause is, people should not be blockading critical infrastructure. Conservatives have always said this—

● (1700)

**Mr. Mark Gerretsen:** Mr. Speaker, I have a point of order.

There are two parts to this bill, and it is a very small bill. One part speaks to spending money to purchase rapid tests and the other paragraph speaks to distributing those tests to provinces and territories. This member has not spoken to this bill at all during the five minutes that he has already spoken.

**The Deputy Speaker:** To the member, I have given a lot of leeway to a lot of members in the House to speak their minds and of course to get to the motion that is before us.

I will caution the member for Sherwood Park—Fort Saskatchewan to adjust towards the bill.

**Mr. Garnett Genuis:** Mr. Speaker, the member for Kingston and the Islands is eager to interrupt me, of course, because I am pointing out clearly the misinformation that has come specifically from speeches by members of the government during this debate. It is ironic that he would rise on a point of order to try to interrupt me when I am explicitly responding to things that members of the government have said. I know he is eager to come on my podcast, but this is not the way to do it.

Let me resume the point I was making, which is that Conservatives have been clear and consistent on the issue of blocking critical infrastructure.

Interestingly, immediately prior to the COVID-19 pandemic, we had a situation in which critical infrastructure throughout the country was being blockaded, and the Minister of Crown-Indigenous Relations met with the protesters and talked to them. He said it was important not to ramp up and escalate the situation, which is a tone completely different from what we are seeing right now. In contrast to that tone, we have said consistently that we support the message of those who are calling for an end to mandates and we recognize that many of the thousands of people who have come out across the country to protest have done so entirely peacefully. It is sad to see that those who have participated in blockading critical infrastructure are really, frankly, allowing the Prime Minister a distraction. The Prime Minister would much rather be talking about blockades than talking about his own policy failures when it comes to mandates.

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Let us recognize that the blockades need to end. Let us also recognize that the failed mandate policies are really aggravating Canadians, and justly so. People are losing their jobs.

The other thing Conservatives support is science-based measures that respond to COVID-19 and take into consideration all of the costs and benefits associated with those policy measures.

Theoretically, we could say that we have to stop the spread of the virus, so everyone should just stay in their homes. However, there are many other costs to that approach, costs to people's livelihoods and costs to people's mental health. We have to balance these considerations against the risks associated with the virus. We have to recognize the variety of tools that are available and we have to recognize when the circumstances have changed.

We are dealing with a bill that is about the government spending additional money on testing. That is ironic, because at the very beginning of this pandemic, I and other members of the Conservative opposition were saying that we need to be focused on testing, that we need to get rapid tests out and available. We need to look to successful models such as South Korea, where there is widely available testing, phone booth-based testing and other measures. We need to look at countries in East Asia that have minimized the use of lockdowns and instead have focused on the use of testing and tracing tools to isolate where the virus is in order to stop it from spreading, rather than this policy of imposing generalized lockdowns because we do not have the testing or tracing capacity to know where the virus is.

Those are tools that were deployed successfully prior to the invention of the vaccination. Now the government is saying they have discovered that they should be investing all this new money into testing, and they are two years behind, just as they are two years behind in this issue of blockading critical infrastructure.

They should have been with us two years ago when we were talking about how people should not blockade critical infrastructure. They should have been with us two years ago when we were talking about the importance of investing in testing. The government has missed the boat on all of these issues and now wants to be patted on its back for being late to the game.

Conservatives recognize the value of testing. We also recognize that the vast majority of Canadians are vaccinated. Those who are not vaccinated are probably not going to get vaccinated. We should have tests available for people. We should give people the freedom to deploy various measures that they see as appropriate to protect themselves, but we should also have a plan in place to get back to normal. Recognizing all of the efforts that have been made and recognizing that provinces and other countries are winding down their restrictions, Canada should have a plan to do the same.

That is why we oppose federal mandates and oppose the efforts by the Prime Minister to demonize people who have made different choices. We support the right to protest. We oppose blockading and we want to see a realistic science-based approach that follows the things we are hearing from Dr. Tam and from provinces and other jurisdictions. They are saying that now is the time to be winding down the kinds of mandates and restrictions we have seen.

Now is the time to allow Canadians hope, to support our businesses, to support individuals and to give people the freedom to move forward without the constraints that we have seen for the last two years. It has been too long, and the government has been way too late. It is time for the government to have a plan to give people the hope they deserve.

• (1705)

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Mr. Speaker, throughout the pandemic, we have been able to provide the provinces and territories with the necessary rapid tests, PPE and vaccines. What the provinces are asking for are additional rapid tests. This is based on the demand from provinces and territories. I myself stood in line during the holidays in the cold to get a rapid test because my family did catch COVID over the holidays, and I know that parents want to make sure they have a rapid test at home in case their child is exposed. What we are asking for is support for the provinces based on what they need.

Would the member agree that it is really important to give parents and those of us who want to visit loved ones in long-term care facilities that tool so that we can make sure not to infect someone if we become exposed?

**Mr. Garnett Genuis:** Mr. Speaker, I am not going to disagree with the member, but here is the point: We were saying these things in the House two years ago, and the record shows it. The record shows that in my very first interventions in March 2020, I said to the Minister of Health that we should look at the countries that have been most successful at fighting the virus and do the things they did. I suggested looking at Taiwan, South Korea and countries that deployed this kind of testing and these tracing regimes, and those proposals were, at the time, dismissed by the health minister, who allegedly was the authority on all things science.

It is great to see this late-stage conversion. As we are likely moving out of the pandemic phase of COVID-19, it is great to see the government now say that testing is important, but I think we need to recognize the reality of what is happening here and the clear failure of the government to be on this train when it would have made that much more of a difference.

[*Translation*]

**Mr. Yves Perron (Berthier—Maskinongé, BQ):** Mr. Speaker, I thank my colleague from Sherwood Park—Fort Saskatchewan for his speech.

I would like to return to something he said about the tone of the messaging. He specifically mentioned the Prime Minister's tone in relation to the protests. He is absolutely right to say that it was detrimental and counterproductive.

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However, the tone chosen by people in his party all weekend long after last Thursday's debate conveyed misinformation. They said that the measures were coming to an end immediately, whereas the motion said that we wanted the government to adopt a gradual reopening plan that is based on science. This impeded the adoption of the motion.

I will remind the member that Bloc Québécois members voted for the motion despite all of this, because the motion was worded that way. I would also invite the member and many of the people in his party to stop trying to score political points with overheated rhetoric and instead stick to the substance if they want to make more progress on the issues.

Personally, I want results in the House. I would appreciate a response from my colleague.

• (1710)

**Mr. Garnett Genuis:** Mr. Speaker, I first wish to thank the Bloc Québécois members for voting for our motion.

[*English*]

It is too bad we did not have more support from other members in other parties.

The motion was clear in calling on the government to put forward a plan to end all mandates, and of course many Canadians would like to see that plan involve unwinding these mandates as quickly as possible, especially when many of these mandates were not based on science and did not make sense in the first place. There was never a reason to have this trucker mandate in place. They are people who work alone and had an exemption throughout the entirety of the pandemic up until January. These things were never based on science in the first place. The government has no data to justify its decision to say someone has to be vaccinated and that a rapid test is not a legitimate alternative for air travel.

These are the points we have made. I think it is legitimate and right for us to be clear and principled in opposing these mandates while not—

**The Deputy Speaker:** Questions and comments. Let us try to get another quick one in here from the hon. member for Cowichan—Malahat—Langford.

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Mr. Speaker, when I hear Conservatives talking about the blockades, I sometimes get the sense that they are kind of like the kid who was playing with matches in a hay barn and was then surprised that the barn burned down.

That said, the motion we have before us is trying to forward a bill very quickly that Conservatives have been calling for for over a year now, and I am wondering why the Conservatives are holding back on something that would allow provinces to get the resources they need so that we can quickly track where COVID is happening and give many families peace of mind.

**Mr. Garnett Genuis:** Mr. Speaker, it is very disappointing to see the NDP basically giving up all its principles as part of whatever deal it has with the government. The NDP used to understand very well the importance of parliamentary scrutiny of legislation and of

a minister testifying about bills, and there should be opportunities to propose amendments at committee.

This is such a basic thing about how parliamentary democracy should function. All parties, except the Liberals, used to get it. Now the NDP has fallen head over heels for this nonsense that somehow, because we agree with the principle of a bill, we need to rush it through without any kind of study. This is ridiculous. We need to do our jobs as parliamentarians to study the legislation, see if it does the things it says it does, see if it works and subject it to a basic level of scrutiny. That is what we are paid to do.

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Mr. Speaker, it is, as always, an honour to rise in this place to talk to the issues that are so affecting Canadians.

To be honest, I join this debate today with a conflicted heart, having just listened to the Prime Minister's press conference. Before members opposite jump up to call points of order to try to discourage a debate in this place, it is very relevant to the issue at hand.

I rise conflicted because we have a government that has shown itself time and time again to be, quite frankly, and I am going to compliment the government, good at politics. They are thanking me, but they have not heard the second part.

Liberals are good at politics, but they have shown over the last six years that they are not so good at governing. They are quick to take credit, but they never take responsibility. They are quick to divide when it benefits them and their interests, yet they refuse to show an ounce of humility or contrition, even though that is what true leadership is.

I stand conflicted in this place because I just listened to the press conference, where the Prime Minister of this country continued down the path of division and fear, using further inflammatory language. I spoke in this place, about two weeks ago, about how that was inflaming the frustrations and leading to the demonstrations in the streets. It was incredibly disappointing that the Prime Minister would continue down this path instead of acknowledging his failures.

Let us be clear that there are failures, one after the other after the other. There are failures regarding the pandemic. There are failures regarding the so-called fringe minority with despicable views. There are failures on every front, which has led to a country that has maybe never been more divided.

I have spoken a lot about that in this place. The members opposite think that is somehow playing politics, and that it is somehow okay to divide, conquer and segment different elements of Canadian society because it fits their political narrative, so they can win.

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I am about halfway through the former attorney general and justice minister's book. This is probably going to trigger a whole bunch of Liberals. I am about halfway through Jody Wilson-Raybould's book and, acknowledging that she and I would disagree on a lot of things regarding policy and practice, what is interesting is that everything that we say is wrong with the Liberal Prime Minister and the way he governs this country is affirmed in the pages of that book.

It is why I say that the Prime Minister and the government are good at politics, but they fail when it comes to governing. The consequences of that are seen each and every day across this country. That is a shame for Canada. I hope and pray each and every day that those divides, and the scars being left on this nation, are not so deep and damaging that it is irreparable.

Those are strong words, but it is what I hear each and every day from my constituents, the people who sent me here and who I have the honour of representing. They feel left behind by these Liberals. I am going to speculate for a moment that the positions, talking points and carefully crafted messaging that come out of the government benches do not reflect the reality of what many of the constituents of those members across the way face.

I am not suggesting there is universal agreement on any of these issues. That would be a mistake the Prime Minister would make. No, I am suggesting there are differences of opinion, but in a democracy that is okay. In a democracy, that is what makes the strength of our discourse. Shortly after being elected, I had to spend much of my time fighting to ensure this place, the only place in this country where there is truly representation from every corner of the country, was able to sit.

• (1715)

I find the path that our nation is on to be incredibly troubling, when the Emergencies Act has been implemented, after 18 days, I think it was. The language the Prime Minister continues to use is incredibly troubling. There is no humility, no leadership, failure after failure, rhetoric inflamed daily in question period, accusations tossed out about members of the official opposition and even to those within their own party when there is disagreement there. I know that those members opposite are hearing a narrative that is very different than the carefully crafted one being amplified by a few political staffers in the PMO, who are bent on power at all costs. It is shameful, and our country is more divided for it.

We see a debate today on an initiative that should be able to unite Canadians, yet what I do find very interesting is, again, the rhetoric. They are trying to somehow blame Conservatives for doing our job. The Liberals need to be careful because Canadians are watching. We want to debate legislation. What I saw, time and time again, throughout the pandemic, was the Liberals would bring forward legislation and say that unless we gave it a rubber stamp, then somehow we were not Canadian enough and somehow we were not serving our constituents, whatever the rhetoric of the day was.

This place ensures the ability for scrutiny of legislation, for things like the rapid testing bill, with its two parts covering both the procurement and the transfer of rapid tests to our provinces. The Liberals have played politics with this, so they have invoked closure so the debate on this ends today. However, we have not heard

the Prime Minister apologize for calling an election in the midst of a crisis that has divided Canadians even more. The fact that he lied about mandating—

Oh, my apologies.

• (1720)

**The Deputy Speaker:** Could the member retract that word? Thank you.

**Mr. Damien Kurek:** Mr. Speaker, I will adjust my language to simply point out the inconsistency of the Prime Minister's message prior to the election campaign. As my colleague from the Liberal Party in Quebec very effectively highlighted in the press gallery this past week, there was a real change in the Prime Minister's rhetoric in the days leading up to the election, which he had promised he would not call. I certainly know what that is, and I know Canadians watching do as well.

We want to see rapid tests in the hands of Canadians. We want to see the tools used. I never thought, prior to getting involved in politics, that I would invite local weekly newspapers to come to cover me getting my COVID-19 vaccination because I believed that was in the best interest of the country. However, to hear that the Liberals would somehow change their narrative to demonize the fact that we acknowledge there is not universal agreement on something, it speaks to how utterly ignorant and discriminatory, quite frankly, their rhetoric has become.

We have mandates being changed around the country, and the usage of things like rapid tests, which we are talking about here today, is a tool to help us move forward to learn to live with COVID, yet we have the Liberals who, instead of backing up and carefully considering a path forward, double down on failures and division. Now there is the invocation of the Emergencies Act. My constituents remind me often, because I am not old enough to remember the elder Trudeau when he was prime minister, and I know I am not allowed to say the name of the current, but I was referring to the previous, there are scars that this country has not healed from, from the elder Trudeau. I find it incredibly troubling that the Prime Minister is taking Canada down a path where I fear what the consequences will be.

Whether the Liberals are playing politics with the fact that we Conservatives in the official opposition want to do our job or playing politics with the fact that even though we may disagree on aspects of the pandemic response, we cannot find much agreement, instead of charting a path forward that would put the interest of Canadians first, the Liberals, again in this bill and everything they do, are dividing Canadians for their narrow political game, and that has to stop. For the sake of our country, that has to stop.

**Mr. Richard Cannings (South Okanagan—West Kootenay, NDP):** Mr. Speaker, as I flew into Ottawa a couple of weeks ago, I had the pleasure of sitting on the plane next to the member for Battle River—Crowfoot's wife. We had a wonderful conversation. This being Valentine's Day, I hope he has been in touch with her, as I have been with mine. It was nice getting to know his wife in that way.

*Government Orders*

The member touched on the election, and I want to let him perhaps expand on that. A lot of people in Canada watching at home think the election took up six weeks of time, but here we are in early February, and we are only just starting a lot of what Parliament has to get going. Six months were wasted for all the issues that are facing us, not just COVID, but also housing and the opioid crisis. I wonder if the member could take some time there.

**Mr. Damien Kurek:** Mr. Speaker, I am not sure whether Danielle is watching. I know she does not watch CPAC all day. I will thank my hon. colleague from B.C., as I do want to wish Danielle a happy Valentine's Day. I love her, and I am so appreciate of the support that she gives. I thank the member for that reminder, and this will be on the record for all time. I hope the member and his wife have been able to have an enjoyable time. My wife did comment about how much she enjoyed that flight from Toronto to Ottawa a number of weeks ago, and about how conversations, and this place, can bring people together, even when we have, in some cases, diametrically opposed ideological views.

That member highlights exactly the facts when it comes to the Liberals' claiming that there is urgency for this, and I do not disagree with that. What I do disagree with is the fact that, between prorogation and an unnecessary election, we are months behind where we should have been serving Canadians. Instead, the Liberals prioritize politics over the best interests of our country.

• (1725)

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Mr. Speaker, it certainly would never be the case that we have seen the Conservatives put politics ahead of anything in this country. I appreciate that the member for Battle River—Crowfoot understands that, in this place, people in glass houses should not throw stones. However, I want to agree with him that the Prime Minister should never have politicized vaccines as he did on August 15. I remember sitting there watching the launching of an unnecessary election and thinking, oh dear, this will go badly. We must not create wedge issues around public health advice.

Would the member reflect now on what we do as parliamentarians to hold this country together, as even within families, people are breaking apart? We need to hold together.

**Mr. Damien Kurek:** Mr. Speaker, the member is absolutely right. I have heard from families that are being torn apart by the divisiveness associated with many of these issues. The Quebec Liberal MP who spoke to the press last week articulated very well the division that has taken place as a result of some of the decisions that were brought forward.

I do not often talk about this, but over the election there were a number of instances when the police had to be called, on both extremes of the ideological spectrum in my constituency. If we listen to the Prime Minister and members opposite, they would say what the Prime Minister said in his press conference, which is that somehow there are only right-wing extremists, which I think were the words he used.

The consequence of division for political gain is division in our country, and we are seeing that each and every day. I would never be one to dismiss partisanship, and even its place within our parlia-

mentary institutions, but it is absolutely essential that the priority always be serving Canadians, not our own personal self-interest.

**Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.):** Mr. Speaker, I am glad to rise today to provide some comments on the motion before us, which puts a set of steps into motion that have to do with how to deal with this particular bill.

As I was preparing to do this and I was listening to the debate in the House for the last several hours, I could not help but wonder where it is that the Conservative concern comes from about passing this legislation so quickly. Almost every speaker who has got up to speak to this has spoken about a whole host of issues other than this particular motion, time after time. The member for Sherwood Park—Fort Saskatchewan did not speak to the bill at all. He did not even address it, but then in his comments afterwards he said—

**Mr. Damien Kurek:** Mr. Speaker, on a point of order, I would hate to follow in the member opposite's footsteps, but I certainly wonder what the relevance to the debate at hand is for what he is bringing forward. Specifically, if he is aware that the Senate is not even sitting this week in terms of the delay—

**The Deputy Speaker:** We are getting into the throes of debate once again.

I would ask the hon. parliamentary secretary to continue and stick to what he can on the bill.

• (1730)

**Mr. Mark Gerretsen:** Mr. Speaker, I am going to be addressing the comments that have been made during this debate, but unlike the member for Sherwood Park—Fort Saskatchewan, who justified his comments by the fact that—

**Mr. Bob Zimmer:** Mr. Speaker, on a point of order, the member is supposed to be speaking to this particular motion. He has called out different members for talking about something other than what he thinks they should be talking about. In this case, all he can talk about is what we Conservatives are saying.

**The Deputy Speaker:** We are starting to get into debate. I know we enjoy cutting people off here sometimes, but I am just hoping that we can get back to the debate at hand.

The hon. parliamentary secretary to the government House leader.

**Mr. Mark Gerretsen:** Mr. Speaker, the previous speaker who rose on a point of order clearly did not hear your ruling when you said that this was getting into debate.

I am going to address the comments I have heard during this debate but, unlike the member for Sherwood Park—Fort Saskatchewan, who somehow justified his 10-minute speech that had nothing to do with this based on what he had heard other people say, I am not going to attempt to suggest that two wrongs make a right. What I have heard is a number of Conservatives talk about issues that are everything to do with what is going on right now, but not about this particular bill.

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We heard the member for Sherwood Park—Fort Saskatchewan say, “We need to do our jobs” and that we need to be able to publicly scrutinize this bill, yet he did not even do that in his own comments. He did not try to scrutinize the bill. He did not bring up the bill once. I even rose on a point of order to ask him to talk about the bill and he would not do that, so I find that very perplexing.

The reason this is important to this debate is that the debate we are having right now is for a programming motion that relates to what happens to this bill that is before us regarding the rapid tests we are looking to acquire. It is extremely important. To me, at least, it validates the fact that this is important and there is very little argument coming from the other side as to why it is not important to move forward with this right now. The important part about this is that I have not heard anything about why we cannot move forward with this.

I know there are some Conservative colleagues out there who very much support rapid tests and were calling on the government to get them weeks ago. Now, suddenly, there seems to be this opposition and an attempt to slow down the actual process.

On January 5, the member for Durham, who colleagues may remember as the former leader of the opposition, said, “Before Christmas, it was like the ‘Hunger Games’ trying to get a rapid test in Canada”. That was just at the beginning of January when he said that. The member for Mégantic—L’Érable tweeted on January 12, “See! They have failed. Again. Lockdowns and restrictions are being normalized as a public health tools because of [the Prime Minister’s] failure to secure rapid tests—

**Mr. Philip Lawrence:** Madam Speaker, on a point of order, I am enjoying this trip down memory lane. In fact, the member is correct that we did call for rapid tests two years ago, but I do not see the relevance here.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** This is the third point of order on this and I just want to remind members that there is some flexibility during the discussions before the House. On this particular bill, there is that flexibility. I will remind the member to make sure his speech speaks to the bill that is before the House, but we have to be mindful there is quite a bit of flexibility on the issues that surround this bill.

The hon. parliamentary secretary.

**Mr. Mark Gerretsen:** Madam Speaker, if you review Hansard, I am sure you will find that I am one of the few people who is talking about rapid tests during today’s debate. I do appreciate the points of order though, because it gives me an opportunity to collect my thoughts.

On January 5, the member for Thornhill, the Conservative Party transport critic, sent a letter to the Minister of Transport asking that he consider rapid tests as an alternative to the new requirement for cross-border truckers to be vaccinated. Here we have time after time Conservatives calling on the government to get more rapid tests and to do it as quickly as possible, yet today they seem to be in a position where they want to push back against that, delay it and slow it down as much as they can. The member for Calgary Nose Hill is quoted as saying, “We need immediate action to deploy widespread rapid testing for all Canadians”.

Conservative after Conservative, at some point in the last month or two, have been calling on this government to do this and to do it as expeditiously as possible. However, now we get to the point where we have a piece of legislation before us to authorize the government to make those purchases and in turn supply the rapid tests to provinces and territories, yet there is opposition from the Conservatives about doing this. I cannot help but wonder why. We have heard so many times about not politicizing things and not politicizing the debate on this. The Conservatives have said that repeatedly today, but they seem to be doing exactly that, which I find very confusing.

I want to address a point that has been brought up by a couple of Conservatives. The member for Mission—Matsqui—Fraser Canyon brought this up. He asked why there are two bills and why this was not put into the budget implementation act. I find it ironic, I must admit, that the Conservatives are now asking why we did not create an omnibus bill when they usually complain that we are doing that and we should not be doing that. There is actually a really simple answer for that. The answer is that the first allocation of funding in the budget implementation act was a result of the fall economic statement. In the fall economic statement, it was determined  $x$  number of dollars was required for rapid tests.

When the statement was delivered and when the bill was introduced and tabled, we had not yet become aware of the omicron variant and what that was going to expose the world to in terms of a new higher demand for rapid tests. Once that comes along and we discover we need more tests and the demand will increase, the default is that we need a new piece of legislation to get more rapid tests into the hands of the Canadian government so they can be deployed to the provinces and territories.

There is a very simple explanation for why this has been done in two different bills. The Conservatives want to paint it as some kind of sinister attempt to fool somebody or to try to trick people by putting this into two bills for some reason. This bill is very straightforward and it is very simple. There are two clauses. It does not even consist of more than three sentences in total. There is one sentence in the introduction, one sentence in the first clause and one sentence in the second clause. The first clause authorizes the Minister of Health to make the payments necessary to secure rapid tests. The second clause allows the minister to deploy those rapid tests to provinces and territories throughout Canada so that provinces can work to make sure that the supplies are available in terms of rapid testing.

I cannot help but wonder why there is this cry from across the way about division and political opportunity when we are literally talking about the simplest bill I have ever seen before the House in the six years I have been here. It is very straightforward. It could easily pass quickly and could be moved along so we can get those resources into the hands of provinces and territories.



• (1735)

However, we are still hearing the rhetoric from across the way that we have not delivered. This government has delivered millions of rapid tests and put them in the hands of the provinces and the authorities that distribute them. Wherever we can, we have made sure that there were opportunities for those who needed rapid tests to have them, paid for by federal dollars, essentially being paid for by all Canadians, which is what is so critically important when it comes to anything related to our health care.

This is a bill that specifically asks for that and we are being accused of trying to somehow sow division and a create political opportunity when this is the simplest bill and the easiest piece of legislation to understand. It really comes down, in my opinion, to whether or not Conservatives want them, yes or no. I have heard mixed messages from across the way all day long. The leader in the House for the Conservatives said, “Throughout the pandemic, the Conservative Party has consistently and persistently called for greater access to rapid tests for all Canadians.” He even went as far as to say that he supports rapid tests and this bill.

However, then I heard the member for Cumberland—Colchester question whether or not rapid tests are even effective and scientifically proven. He said, “I find it very unusual that it has now become an absolute urgency...without any consideration at all”. Let us not forget that this is from the same party that days and weeks ago called on the government to have these rapid tests yesterday. He then went on to say that this is without any consideration for “the changes in science we have seen in this dynamic situation.” He even said that there is a need “to have a look at the science”. The member for Cumberland—Colchester actually said that. One of the Conservative Party's senior representatives on the health committee said that. He is questioning the science of rapid tests.

This leaves me to wonder where the Conservatives are on this. Do they believe in rapid tests and think they effectively work or do they question the science, demanding that we look at the science of it, as though somehow the health committee of Parliament is going to better understand the science than the people who have authorized the use of these tests in Canada? I find it absolutely remarkable.

The member for Mission—Matsqui—Fraser Canyon said in his speech today, “in my province”, which is British Columbia, “the public health officer is telling us that, for the majority of the population, they are not needed anymore”. We have the Conservative House leader saying we need them, want them and support them, but Conservatives just do not like the way the government is doing it. We have the member for Sherwood Park—Fort Saskatchewan saying the exact same thing, but he never brought up in his speech the need for them or questioned this bill whatsoever. We have the member for Cumberland—Colchester questioning the science and validity of rapid tests, and then we have the member for Mission—Matsqui—Fraser Canyon saying they are not even needed anymore.

I am sorry if I am a little confused as to where the Conservative Party is coming from on this and if my default reaction, as usual, unfortunately, is to assume that its members are trying to play games, but their actions and words in the House only lead one to conclude this. I have been watching. I have been here for the entire

### *Government Orders*

debate and there is absolutely no consistency. It is as though Conservatives are trying filibuster this and make it last as long as it can. That is not going to benefit Canadians, it is not going to benefit the people who need these rapid tests and it is not going to be a good partner with the provinces and territories that deliver these supplies across the country. At the end of the day, all it is going to do is slow this government down so that the opposition can say that we did not get them quick enough. I am sorry I end up at this place where I assume this, but it is based on everything that I have heard here today.

• (1740)

I appreciate the time to contribute to this debate today. I think these tests are absolutely critical to making sure we have the supplies in the hands of the provinces and territories, the health agencies they work with, and the various partners that will help distribute them.

As members will recall, a short six to eight weeks ago we did not know we would need this many tests. Suddenly we do, and we do not know what we are going to need six, seven or eight weeks from now. We need to make sure that we have these rapid tests in hand so if there is another variant like omicron, or something similar, we are prepared to make sure we can deploy rapid tests to the various organizations that will help us distribute them throughout the country.

I am very supportive of moving forward with the motion before us right now, which is to program the bill so that it properly gets to a vote later on this evening and so that we can pass it here, allow it to take its course and be passed by the Senate. Then we can get to a point where we can purchase these rapid tests and make sure they get into the hands of Canadians throughout the country.

• (1745)

**Mr. Gérard Deltell (Louis-Saint-Laurent, CPC):** Madam Speaker, it is always a pleasure to hear from my colleague for Kingston and the Islands. He talked a lot about what our members said, and that is fine. Those quotes are debatable if put into context.

I want to know what he thinks of the following quotes:

I can't help but notice with regret that both the tone and the policies of my government have changed drastically since the last election campaign. It went from a more positive approach to one that stigmatizes and divides people.... It's time to stop dividing Canadians and pitting one part of the population against another.

Those declarations were made a week ago by the Liberal MP for Louis-Hébert. What do you think of that?

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I will ask him what he thinks of it. I am not going to tell the member what I think of it.

Again, I want to remind the member to address the questions through the Chair.

The hon. parliamentary secretary.

**Mr. Mark Gerretsen:** Madam Speaker, I thank the member for Louis-Saint-Laurent. I have certainly always enjoyed our discussions.

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I just spoke for 15 minutes on this bill. The first question I got was not even about the bill, but about what another member of Parliament said, who is completely entitled to his opinion. It differs from mine, but it is what it is.

The point is that this bill today is about rapid tests, and whether or not we should expend the money in order to buy rapid tests so we can use them throughout the country. Just as with every speech before this, it is regrettable that the first question to come from the Conservatives to me is again about an issue that has nothing to do with the bill.

[*Translation*]

**Mr. Yves Perron (Berthier—Maskinongé, BQ):** Madam Speaker, I am going to make my colleague happy and speak about the bill.

I am going to tell him that we want these rapid tests and that we support this bill.

Madam Speaker, a member's mic is on.

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I would like to remind members to turn off their mics when they are not speaking.

The hon. member for Berthier—Maskinongé may continue.

**Mr. Yves Perron:** Madam Speaker, I was saying that I was going to make the member happy by talking about the bill and the rapid tests, which we urgently want.

I am also going to remind him that this is a federal initiative in health care and that the big problem during the pandemic was a lack of resources invested in our health care systems. In fact, that is why many of the restrictions had to be put in place.

I would like to know what he thinks. Does my colleague also feel uncomfortable with his government's position, which is to stubbornly refuse to make health transfers to the provinces and Quebec? Those transfers are truly needed. The Liberals should stop bragging about spending \$8 out of \$10 of the assistance provided. There was nothing extraordinary about that. Your government has the money, but you do not have the responsibilities.

Will the member undertake to work from the inside to change this once and for all and to transfer the necessary resources to Quebec?

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I also want to remind the member for Berthier—Maskinongé to address the Chair and not the government directly.

The hon. parliamentary secretary.

[*English*]

**Mr. Mark Gerretsen:** Madam Speaker, at least it is predictable that a bill dealing with spending money on something health-related will generate a question from the Bloc about health transfers. At least that is more predictable than what I am hearing from my colleagues in the Conservative Party.

I will say, in an attempt to answer his question, that this government has been focused on a holistic approach from the beginning. The hon. member mentioned \$8 out of \$10 coming from the federal

government. The federal government has looked at itself as the leader, in terms of working with our partners. We have never, throughout this entire process, said that we were just going to hand over money to the provinces and let them fight COVID on their own.

We are going to do this together, and we are going to do it in a way that allows us the purchasing power we can get by working together, and that allows us the opportunity to properly make sure that every Canadian can be treated equally.

Can members imagine if we had all of the different provinces and territories fighting for rapid tests and fighting for vaccines? No. The approach has always been that we work together.

• (1750)

**Mr. Kody Blois (Kings—Hants, Lib.):** Madam Speaker, I always find that my hon. colleague is one of the most eloquent in the House, in his delivery style.

Of course, he highlighted what we have heard today in the debate, which is some of the inconsistency from the opposition party in terms of their views. I am wondering if he might be able to opine on that. Furthermore, what I have noticed in the House is that there seems to be a desire to think we can simply have a cut-off date and time, and say the pandemic is over.

My impression of this is that it is going to be a gradual reduction over time. I know that it is not completely within the contents of this bill, but the rapid tests are certainly going to be needed to keep people safe in the months and days ahead, as we start to wind down the measures.

Can the member opposite opine on that?

**Mr. Mark Gerretsen:** Madam Speaker, that is an excellent point. Nothing would please me more than not having to wear these masks any more. I am sick and tired of it. I hate it. I hate having to walk around all the time wearing them. I hate having to remember to take my mask out of my car when I go into a store. I want this pandemic to be over just as much as everybody else does.

However, the reality of the situation is that instead of tapping into the frustration that Canadians have, which is what the Conservatives are trying to do, we are trying to use better judgment, in terms of listening to the experts and listening to people like Dr. Kieran Moore in Ontario. He says that we have to keep wearing the masks at least until the end of March.

I wish that Doug Ford would have come out a couple of days ago and said that we did not have to wear masks anymore, as they have done in other provinces. However, at least Doug Ford is listening to a revered medical expert who knows what he is talking about. I am willing to accept the fact that I have to keep doing this because, at the end of the day, as much as it frustrates me to wear a mask, how hard is it, really?

We might not like it. It might be an inconvenience. It might be a slight irritant, but to do our part, all we have to do is wear a mask and observe some other health measures. That is pretty simple, at the end of the day.

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**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Madam Speaker, we have a long and inexplicable wait in getting access to rapid tests in this country. I am as sympathetic as anyone to the fact that there could be bureaucratic delays, but I do not understand why this bill is only coming to us now.

Does the hon. member have any light to cast on this?

**Mr. Mark Gerretsen:** Madam Speaker, to address the first point, I really hope that if we have learned one thing as a country through this, it is that we need to have the capacity in our own country to make the equipment during a pandemic. If we have learned one thing, it had better be that.

To her question or her comment about the bureaucracy and how long it has taken, what I can say about this bill and about all pieces of legislation that come through here is that it is constantly a fight to get a bill through the House. We are literally, right now, debating a motion about how to deal with this piece of legislation. There are only so many calendar days for the House to sit. There are pieces of legislation that are equally as important that have come down, and more that will be coming.

I am quite frustrated from time to time about how long things seem to be taking, but that is all the more reason to move quickly with a piece of legislation that contains two paragraphs. It is pretty easy to figure out if someone is for or against it.

• (1755)

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Madam Speaker, I am going to indulge my hon. colleague from the other side to keep this on point. Probably the most baffling thing to me is why we even have a programming motion on this particular bill. We raised the issue of rapid testing and having rapid tests nearly two years ago, in April of 2020.

Today we are bringing this up, and there suddenly seems to be a mad panic for rapid tests. We have been calling for rapid tests for nearly two years. Something has not significantly changed, in my mind, that suddenly today, of all days, rapid tests should be the thing we talk about in this place.

There are a host of other things going on in this place that we perhaps should be talking about, but here we are talking about a programming motion on a bill to approve rapid tests.

Could the member please explain to me what the issue is with the rapid tests that makes this so important today?

**Mr. Mark Gerretsen:** Madam Speaker, if we stop talking about it and we sit down, as I am going to do in a few seconds, the debate can collapse, we can vote on it and we can move on to the next item. I do not think that is going to happen, because Conservatives have been getting up and talking about everything but this motion.

My response to my colleague across the way is this. Why do Conservative members not actually talk about the piece of legislation that is before us right now? If they do not want to talk about it, they should let it collapse so we can vote on it and move on.

[*Translation*]

**Mr. Gérard Deltell (Louis-Saint-Laurent, CPC):** Madam Speaker, I am very pleased to participate in this debate, although I

would have preferred to speak about other matters that are impacting Canadians, such as the runaway inflation that is affecting all Canadian families.

However, as a result of this government's complacency, today we have to discuss a motion seeking to muzzle MPs on a matter that concerns us all.

Let us look at the elements one by one, starting with rapid tests, since that is what we are debating. The government wants to purchase rapid tests, which it will distribute to the provinces, and they in turn will distribute them to Canadians. On this side of the House, we have been asking the government to obtain an adequate supply of rapid tests for almost two years.

[*English*]

If I could make a joke, I recollect very well my colleague for Kingston and the Islands, who quotes a lot of members on this side, talking about rapid tests a few weeks ago. It is sad to me that he has not quoted me, because I have talked about rapid tests for the last 18 months. I would have welcomed a quote from 18 months ago talking about rapid tests, because everybody on this side supports rapid tests. We were the first to ask the government to procure rapid tests.

[*Translation*]

We must have these rapid tests because they are one of the tools that give Canadians a little more freedom and hope for a return to a more normal life, living with the effects of COVID-19 every day.

Dr. Tam recently said that it may be time to start re-evaluating the health guidelines imposed on us, 75% to 80% of which fall within provincial rather than federal jurisdiction. I will come back to that later.

Rapid tests, along with vaccines, mask wearing, regular hand-washing and physical distancing when in contact with someone for more than 15 minutes, are some of the measures that will help us get through the pandemic. For months now, almost two years, in fact, we on this side of the House have been in favour of the government purchasing rapid tests for Canadians.

We are talking here about buying 450 million rapid tests at a cost of \$2.5 billion, which is a tad more than the parliamentary paper budget. This government has been in power since 2015, for six and a half years, and it promised to run just three small deficits before balancing the budget in 2019. It ultimately scrapped that plan for sound management of public funds.

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We will not sign a blank cheque for this government to buy tests. We will not stand by as though all is well and we trust the government to spend \$2.5 billion. We have a duty as parliamentarians to be thorough. We have a duty to ensure that the money that Canadian taxpayers send to the federal government is spent appropriately and correctly for the common good.

Over the past six and a half years that this government has been in power, it has proven itself to have no regard for controlling spending. We are in favour of buying rapid tests and supplying them to the provinces so that they can get to Canadians. We do, however, have a job to do.

That is why, although we agree with buying rapid tests and getting them to Canadians, we have some serious concerns that need to be considered. We cannot abide a gag order on a \$2.5-billion purchase. I remind members that the proposed measures apply to purchases dating back to January 1, yet the government is claiming that these measures need to be adopted urgently.

Let us also remember that this is our third week since the House came back. Why wait until week three to invoke closure when they could have done it some other time? As the House leader of the official opposition said, he spoke with his counterparts from the governing party and the other opposition parties in hopes of finding a way to debate this bill properly in the House, send it to committee to give experts their say, and then come back to the House and wrap it up by Friday, all by the book.

● (1800)

If Bill C-10 is debated today, if the closure motion is adopted and we go through the usual steps, we will end up voting on the bill at third reading around 2 a.m., which will demonstrate the urgency of the situation. However, nothing will actually happen at two in the morning because, for this bill to become law, it has to be debated and passed in the Senate. Now, the Senate is not going to be sitting at 3 a.m. on Tuesday, nor is it sitting on Wednesday, Thursday or Friday. It is not sitting until next Monday.

That being the case, why the big rush? They say we have to pass this bill immediately, today, in the middle of the night because it is urgent and necessary, but nothing will actually change for another six days because the Senate will not be able to go ahead right away. That is proof, should anyone need proof, of the government's incompetence. It is once again turning a situation that could have been handled by the book with a proper debate into a crisis.

Speaking of going by the book, I forgot to inform the House that I will be sharing my time with the member for Peterborough—Kawartha, which I am sure will be fascinating.

In short, yes to rapid tests, and no to closure.

Unfortunately, the government has a history of being perpetually late, as we are currently seeing with the procurement of rapid tests. Almost two years ago, in March 2020, when COVID-19 hit the entire world, with everyone aghast, wondering what was going to happen, and the entire planet in turmoil, our globalist Prime Minister was debating whether to close the borders and wondering how dangerous the virus was. It took the government 10 days to do what it should have done long before, which was to close the borders. It

is not that we do not like foreign countries—we actually love them. All immigrants are welcome; I am living proof, being the son of immigrants.

However, in a global health emergency, it is important to make the right decisions. Do I need to remind the House that the mayor of Montreal took it upon herself to send her own city's police officers to Dorval's Pierre Elliott Trudeau airport to do the job that the RCMP could not because this government did not want them to do it? That was totally irresponsible.

In addition to the delays at the border, there were also delays in vaccine procurement. Let us not forget the time when the government put all its eggs in the CanSino basket. Unfortunately, CanSino announced in July 2020 that it would not do business with Canada. It was too bad, because we ended up being four months late securing contracts with the Pfizers and Modernas of the world.

Just before Christmas, the Prime Minister put on a big dog-and-pony show when he wanted to suggest that everything was A-okay, even though the government had only a few tens of thousands of vaccine doses. Once again, in typical Liberal fashion, where everything is done for optics rather than substance, another problem arose. There was a 10-day gap in January and February 2021, when there were no vaccines available in Canada.

We have seen one delay after another, the most recent one involving rapid tests. We are disappointed, but should we be surprised that the government has unfortunately decided to put its own partisan political interests ahead of public health interests?

Let us not fool ourselves. I like political debate and good old partisan bickering, but not on matters of public health. The Prime Minister's primary, sacred duty is to unite Canadians on an issue as dangerous, perilous and fragile as this one. He did not do that.

Motivated by partisan politics, this Prime Minister decided to call an election on the public service mandate, which he did against the advice of the top public servant, who was responsible for hiring. It is not for nothing that we saw the member for Louis-Hébert, who was elected for saying certain things, now saying exactly the opposite, namely that he is sad to see his government engaging in polarization, demonization and partisan political attacks on an issue that should in fact unite us all.

That is why we want to say yes to accessing to rapid tests, but no to closure, which prevents us from holding a full debate on this issue.

● (1805)

**Mr. Kody Blois (Kings—Hants, Lib.):** Madam Speaker, I thank my hon. colleague for his speech this afternoon. I especially want to thank him for having the courage to tweet about the blockade and about how important it is for all parliamentarians to work together to end it.

*Government Orders*

I am not the government House leader, but I would like to ask my colleague a question about the urgency of this motion.

The Prime Minister has announced emergency measures, and these measures need to be debated in the House this week.

Perhaps the government wants to pass this measure now in order to make room for debate on emergency measures at the next sitting.

Does my colleague support the government's decision to bring in the emergency measures?

[*English*]

**Mr. Gérard Deltell:** Madam Speaker, let me pay my respects to my hon. colleague for the quality of his French. Because his question was in perfect French, I will answer in French.

[*Translation*]

First of all, I want to point out that any conversations held amongst the leaders about the timing of the debates are private conversations.

However, since my colleague from Barrie—Innisfil, the House leader of the official opposition, talked about the conversations that took place, I would say that we could have very easily had a proper debate on Bill C-10 in the House. That is what is so disappointing. We could have done our job here in the House and at committee. We could have asked questions of expert witnesses and gotten to the bottom of things. We are talking about \$2.5 billion after all.

Unfortunately, the government has decided to shut all this down, with the support and co-operation of the NDP.

• (1810)

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Madam Speaker, I agree with my colleague. It is our duty to be fiscally responsible in everything we do.

It was only by asking questions in my capacity as an MP that I found out the \$1.7 billion for rapid tests in Bill C-8 covered the period from December to February and that the \$2.5 billion in Bill C-10 is for February on.

In committee, I hope to amend Bill C-8 to include accountability on the part of the government, and that could also apply to the money in Bill C-10.

I would like the Conservatives' support at the Standing Committee on Finance so we can have adequate accountability for this money.

In the meantime, we do have a commitment from the federal government to fix the problem plaguing seniors who collect the guaranteed income supplement. This will enable seniors to get a payment much sooner than they would have otherwise. I think that is very important. It will save lives.

We are here to negotiate, so can we get the Conservatives' support for an amendment to Bill C-8 that would ensure adequate accountability for this money?

[*English*]

**Mr. Gérard Deltell:** Madam Speaker, I want to pay my respects to my colleague from Manitoba, who asked a clear question in perfect French.

[*Translation*]

I will answer the question in French.

That is exactly the type of debate we should be having in the parliamentary committees. The NDP member from Manitoba raised the issue of Bill C-8 and that is exactly it, because in committee we can propose amendments, make changes, gauge responses and understand why one decision was made over another.

We can question not only the minister, but also the experts who come to guide us in our study. That is why Canadians elected us four months ago and we have a job to do. We have to hold the government to account, and that can be done through rigorous and serious parliamentary work in the House of Commons and in parliamentary committee. Unfortunately, the government is denying us that with a closure motion on Bill C-10 today.

[*English*]

**Ms. Michelle Ferreri (Peterborough—Kawartha, CPC):** Madam Speaker, I want to start by saying to everyone, my family, friends and constituents, happy Valentine's Day.

Today I am standing in the House of Commons to discuss and defend the position of my party in regard to Bill C-10. For people watching who may or may not know what Bill C-10 is, I am going to read it. It is an act allowing the Minister of Health to make payments totalling \$2.5 billion for rapid tests to the provinces. I am just going to read the two paragraphs.

Under the heading "Payments out of C.R.F. ", it states:

The Minister of Health may make payments, the total of which may not exceed \$2.5 billion, out of the Consolidated Revenue Fund for any expenses incurred on or after January 1, 2022 in relation to coronavirus disease 2019 (COVID-19) tests.

Under the heading "Transfers", it states:

The Minister of Health may transfer to any province or territory, or to any body or person in Canada, any coronavirus disease 2019 (COVID-19) tests or instruments used in relation to those tests acquired by Her Majesty in right of Canada on or after April 1, 2021.

I am not an economist, but I do know that spending money we do not have for tests that we needed two years ago is not an investment; it is a waste. How can the government ask taxpayers to spend \$2.5 billion with only two paragraphs to back it up? When my tween daughter was 12 years old and wanted her first iPhone, we asked her to write a three-page essay on why she wanted it and needed it and what she would be contributing as a result of it. We asked for three pages. This bill is two paragraphs long and the government wants to expedite this motion without any debate to spend \$2.5 billion.

*Government Orders*

We are almost at a trillion dollars in debt. People with good jobs cannot afford houses. We have a homeless crisis. I paid \$1.58 at the pump for gas. This is not a small amount of money. We cannot just expedite this. To reiterate, we are not spending the government's money. We are spending the taxpayers' money, so we need to make sure we are having an adequate debate to spend such an astronomical amount of money that should have been invested two years ago. We are not in the same space we were in two years ago.

The chief public health officer, Dr. Tam, has stated that we need a more sustainable way to deal with the pandemic. How is spending money on tests that we needed two years ago sustainable? I think we can agree as a House that the response to COVID-19 is fluid. I think there is an agreed motion here in the House that we are doing the best we can to keep Canadians safe. Where we differ is in the execution.

In order to take control of something that is ever changing, one must be tactful and thoughtful in their approach. There are outdated travel advisories, punitive restrictions and quarantines, federal vaccine mandates and now 2.5 billion taxpayer dollars being spent on tests that might be obsolete by the time they arrive.

If COVID-19 reminded our country of anything, it is that we have a very stressed and delicate health care system. Our front-line workers, health care workers, are exhausted. They are burnt out. I witnessed first-hand the extreme negligence of patient care in the hospital.

My mother was rushed to the hospital in July 2021 only to wait hours in a hall to be seen. She was not offered any pain medication. She was not offered any water. No one even came to see her. Why are we talking about spending money on tests when we need to be talking about solving the problem? She waited in the hall as nurses and staff tended to patients who had overdosed. Just last week we talked about the opioid crisis in this country. Where is the money for that?

● (1815)

Do members know how excruciating it is to know that their family member needs their help? They could give it to them. I could get my mom a glass of water and fluff her pillow, but I was not allowed in because of the restrictions, so I had to harass the charge nurse by calling repeatedly and asking for help.

I have had so many health care workers reach out to me in their own state of mental health crisis. They go to bed at night and cannot sleep, because they know they do not have the resources to take care of their patients. When are we going to have an honest dialogue about where the money needs to go and where we need to invest it? The reality of this whole situation of these traumatic lockdowns and these traumatic restrictions is that we did not have a health care system capable of managing COVID patients.

Why are we not having that discussion? Why are we not investing \$2.5 billion in that? If our hospitals could manage these patients, we would not be here. We need to recruit more health care workers. We need to offer recovery centres to help those struggling with addiction and mental health. We need to offload the hospitals from the opioid crisis.

The Liberals want to expedite this bill, meaning it would not go to committee. Why is that? My constituents and Canadians deserve to know who would be profiting from these tests. Where would the money be going? We need to hear from more experts before expediting such a gross amount of taxpayers' money.

I recently spoke with a small business owner. She told me a story of one of her employees who decided to do a test on her break, because she had been around somebody who thought they had COVID. She did the test and it came back positive. She was asymptomatic and she had to be sent home for five days. That small business owner is already struggling to recover and now she has to make up for that.

Was that testing necessary? We need more experts in to talk about this. We need to have honest discussions about when to test and why to test. Absolutely we need to have testing, but we need to have a lot more discussion before we decide to spend \$2.5 billion on testing that may or may not be effective in helping this crisis.

I spoke with a constituent who had to stay home with his toddler, because someone at the day care centre tested positive. He does not get paid when he stays at home. Who is going to make up that money?

We need so much more research. We need to invest in research to prevent COVID and any other virus that is going to happen again. There is so much opportunity for prevention. We are always reacting and never looking at prevention or a long-term vision for solutions. There are amazing people doing amazing research. Why are we not investing in that? Why are we not learning from that?

My question rests. Where is the scientific evidence to support the need for rapid testing for fully vaccinated Canadians? Would this funding not be better spent on our health care system and our mental health care system? Why is this not being prioritized? It took two months for the government to come back to Parliament. Everything it has done has been late. Timing is everything when we are trying to solve a problem. Timing matters, and the government is offering the wrong solution at the wrong time.

Let us look bigger. Let us help people. Where is the research on the long-term mental health, social and economic impacts of these lockdowns? How do we know that? We do not. Where is the research on masking kids and speech development? Why are we not investing in that? It is time for the Liberal government to be transparent and honest with Canadians.

We are a democracy. Let us act like it.

*Government Orders*

• (1820)

**Mr. Kody Blois (Kings—Hants, Lib.):** Madam Speaker, members will forgive me if I thought I was sitting in Queen's Park, because a lot of the elements that my hon. colleague talked about are within the provincial domain. Tying it back to this legislation, this is something that provincial and territorial governments are calling for. This is going to be a crucial measure. Unlike some members of this House who think there will just be a time when COVID will stop being a thing, we will gradually be winding back measures, but active testing is going to be a part of that. Provincial and territorial governments are calling for that.

It does not seem like the member supports the expenditure the government is proposing to help provinces and territories. She mentioned her mother in long-term care. Does she support the \$1-billion measure the government put in the last budget to support better outcomes in long-term care, or was she against that as well?

**Ms. Michelle Ferreri:** Madam Speaker, the member would be really sorry if he ever met my mother, because she is definitely not in long-term care, and she would be deeply offended that he thinks she is in long-term care. I never said that. I said she went to the hospital.

Absolutely, these measures are provincial, and that is what this whole motion is about: transferring money to the provinces. Why are we not transferring money that can actually solve the problem? Get more health care workers, get to the root of the problem, help hospital capacity manage patient load and off-load onto mental health resources. That is what I am asking.

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Madam Speaker, I think this is the first time I have had the opportunity to ask the member for Peterborough—Kawartha a question in this place. I would like to congratulate her on her election.

I understand that it is not in the interests of a person who has been double-vaccinated to make sure they have access to rapid tests. I understand that it is in the interests of protecting my grandchildren, who are not vaccinated yet. I wonder if the member has any comment on that.

**Ms. Michelle Ferreri:** Madam Speaker, I thank the member for her kind words on our first exchange.

I heard an infectious disease doctor on the CBC this morning doing an interview and he had a great point about assessing our individual risk tolerance, learning to live with COVID and doing things that help with our personal protection. I think it is absolutely critical that when we go to visit grandma, grandpa or somebody who is at high risk, we have honest conversations with them so that we are making sure they feel safe and we feel safe and that we have what we need to make everybody safe.

• (1825)

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** Madam Speaker, I thank my hon. colleague for her debate this evening. This is an important topic.

I wonder if she has some comments, being new in the House, about the process of democracy and the importance of what we are doing here in the House. That will perhaps educate our colleagues about the importance of this and how much it comes to bear on

Canadian citizens, especially at a time when our Prime Minister is invoking the Emergencies Act.

**Ms. Michelle Ferreri:** Madam Speaker, I thank the member for such an excellent question. It is the best question I have been asked yet.

For those of you who may not know, the member who asked the question is a doctor and worked on the front lines of COVID. Earlier today, I heard a member opposite question whether he thought these measures are scientifically valid, and nothing could be further from the truth. The reality is that science and medicine are fluid, and to have really good discussions, we need to go to committee.

To the member's point and question, we cannot expedite something so serious, with this level of investment, without doing the research and bringing in experts from all levels. Medical officers of health and health experts are critical, but they look at one section: public health. We need to be looking at economic impacts, mental health impacts and social impacts. These are big when we make decisions. That is what our job is here, and that is what democracy is. It is to hear everything. We cannot just push something through because we think it is best. We are here to represent all Canadians.

**Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.):** Madam Speaker, I am pleased to have the opportunity to speak to Bill C-10. I will begin my remarks by reminding the House why this important legislation is necessary.

It was introduced because it responds to an urgent need. This bill is critical, as it would provide Health Canada with \$2.5 billion to purchase and distribute rapid tests across the country. This legislation would also create the necessary authorities to allow the Government of Canada to transfer inventory directly to the provinces and territories, speeding up the shipping process for rapid tests.

Also, I will be sharing my time with member for Vancouver Granville.

COVID-19 continues to threaten the health, social and economic well-being of all Canadians. It is crucial for us to implement all the tools we have available to get our country back on track. These tools include widespread vaccination efforts, the wearing of masks, targeted measures at borders and the facilitation of COVID-19 testing and screening. I will focus my remarks on the role the federal government has played in supporting our provincial and territorial counterparts through testing and screening.

### *Government Orders*

In combination with other essential public health measures, testing and screening will remain critical to continuing to control the spread of COVID-19. On July 27, 2020, the Government of Canada announced it would provide \$4.2 billion, part of the over \$19 billion announced by the Prime Minister on July 16, 2020, as part of the safe restart agreement to further expand testing, contact tracing capacity and the associated data-management and information-sharing systems. The objective of the safe restart agreement is to ensure that Canada has the resources and information it needs to reopen the economy safely. The \$4.2 billion included \$906.2 million for the Public Health Agency of Canada to procure 92 million tests between October and November 2021, which were distributed mostly to the provinces and territories. With this objective in mind, we have built on the solid foundation of the diagnostic laboratory PCR testing capacity built up by the provinces and territories. Rapid point-of-care tests enable health care professionals to target and respond to new outbreaks by isolating those who are sick and initiating contact tracing.

Health Canada has prioritized the review of all types of COVID-19 tests, including rapid and new innovative testing options and technologies. Our government put in place processes to allow Health Canada to carry out expedited reviews of testing devices through the interim order respecting the importation and sale of medical devices for use in relation to COVID-19. A second order was enacted on March 1, 2021. As of the end of January, Health Canada has authorized 107 testing devices, including 10 self-tests that can be used at home and 27 tests that can be used in a point-of-care setting, as well as rapid tests. Through this expedited regulatory review process, Health Canada's consistent approach to regulatory review and approval throughout the pandemic has ensured that testing devices available for sale in Canada have been accurate and reliable. As a result, we have avoided some of the problems that other countries have experienced, including recalling lower-quality tests. We have also been able to increase testing capacity across the country.

All of the measures outlined above demonstrate that significant gains have been made in shaping a robust testing and screening landscape. However, we continue to adjust and accelerate our actions to ensure Canada gets the right tests to the right people at the right times to break the chain of transmission. The importance of testing to our recovery efforts is why this bill was introduced, and I think all members can agree on its importance. The statutory authority of the Minister of Health to purchase and distribute up to 2.5 billion dollars' worth of COVID-19 rapid tests across the country that it provides will complement and build on the \$1.72 billion in funding provided in the December 2021 economic and fiscal update.

• (1830)

Efforts such as these to procure and distribute rapid tests underline the understanding that the delivery of health care falls within the jurisdiction of the provinces and territories, and the Government of Canada will continue to actively support the provinces and territories to meet both their current and future demands. In total, since the beginning of the pandemic, our government has purchased over 490 million rapid tests, at a total cost of \$3.3 billion. In January alone, 140 million rapid tests arrived in Canada, over 40 million of

which have been shipped to Ontarians, with more than 19 million scheduled in the short term. The provinces and territories decide how to deploy these technologies and are informed by advice, including from the pan-Canadian testing and screening guidance released in October 2020 and the updated guidance on antigen testing released in February 2021.

As rapid testing expands into the private sector, the federal government will continue to ensure that the provinces and territories have access to an adequate supply of rapid tests. We are moving aggressively to bring testing and screening right to where Canadians are. We are working quickly to ensure that rapid testing, in combination with other public health measures, continues to support our country during this pandemic and to help our country reopen.

As members of the House are aware, the health and safety of Canadians is the government's main priority. I can assure everyone that our government will continue to do everything within our power and jurisdiction to protect Canadians during this difficult and unprecedented time. We must continue to remain committed to keeping each other safe, and I ask all my colleagues to join me in supporting the adoption of the bill.

• (1835)

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** Madam Speaker, my colleagues across the floor are such great proponents of these rapid tests, and it is interesting because they are important for the country. If the Liberals really feel comfortable with the science, I wonder if the member opposite could clearly communicate the sensitivity and specificity in asymptomatic individuals who get a rapid test. What is that and what does it mean to people?

**Ms. Anju Dhillon:** Madam Speaker, these rapid tests are incredibly important, and as I mentioned in my speech, they are to be used to curb the spread, the transmission, of COVID. When someone is asymptomatic, it does not mean they are incapable of spreading the disease to others who are vulnerable, such as children, seniors and people with underlying health conditions. These are things we must take into account. Just because someone is asymptomatic does not mean they cannot infect someone and bring some real harm to their lives. People have ended up on ventilators and very sick, with long-term COVID symptoms that are ongoing, and it is up to us to be responsible and make sure we protect not only ourselves, but our loved ones and others around us to protect society, to make sure Canadians are safe and to be a community.

**Mr. Richard Cannings (South Okanagan—West Kootenay, NDP):** Madam Speaker, we are in the fifth wave of this pandemic and Canadians are fed up with all the restrictions they have been facing. These restrictions are in place for good reason, but we have to support the businesses and workers who have been suffering. Many of these sectors have fallen through big cracks.



*Government Orders*

I wonder if the member could comment on some of the sectors that everybody else and I have been lobbying for to get these changes that the government seems reluctant to make. I am talking about people like independent travel advisers, who are making nothing. I am talking about a lot of companies in the tourism industry that cannot apply for tourism supports because they are seasonal. Most tourism companies are.

Could the member explain why the government seems so slow and so reluctant to respond to their questions?

**Ms. Anju Dhillon:** Madam Speaker, the government is not slow and it does recognize the need to protect our businesses, and we are protecting them, and we have been. Throughout the pandemic, our government provided supports to small business owners and independent operators to make sure they too could continue to survive. As my hon. colleague mentioned, it is important that we also continue to do things to stimulate our economy, but not at the risk of bringing further harm.

We saw experts and Dr. Tam mention that very soon—

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** The hon member for Avignon—La Mitis—Matane—Matapédia may have a brief question.

[*Translation*]

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Madam Speaker, I thank my colleague for her speech.

I disagree with her. I think that the federal machinery of government is very slow. Often, the government is very slow in applying certain measures.

With Bill C-10, the government is realizing that it can move quickly with the rapid tests and we are pleased, but there are other pressing issues, namely, the health transfers. I think it is high time the government started negotiating with the provinces to transfer the money.

Does my colleague agree with me on that?

**Ms. Anju Dhillon:** Madam Speaker, I would like to thank my colleague. I will provide a brief answer because we are out of time.

We must listen to the experts. As Dr. Tam said, we were ready to reopen, but because of the omicron variant, we saw the number of hospitalizations, cases and deaths spike. No one was prepared for how huge this wave would be, but the government is here to reopen and to start getting things back to normal. It will take a bit of time, but it will happen.

• (1840)

[*English*]

**Mr. Taleeb Noormohamed (Vancouver Granville, Lib.):** Madam Speaker, I am pleased to have the opportunity to speak to Bill C-10.

COVID-19 continues to be part of our lives, which we all know, and testing and screening remain important tools. They allow us to rapidly detect and isolate new cases. They support contact tracing and they help prevent community outbreaks by breaking the chain of transmission. As we have been, we continue to be committed to

supporting the provinces and territories' testing strategies. These are different from jurisdiction to jurisdiction, but our job is to support.

A critical part of finishing the fight against COVID-19 is making sure that we continue to prevent outbreaks at schools and workplaces. The \$2.5-billion investment to purchase and distribute rapid tests across the country that is contained in this bill would ensure the delivery of millions of rapid tests to provinces and territories and indigenous communities free of charge and continue to support screening programs through our various distribution channels. Rapid tests are safe, they are effective and they are easy to administer. They provide quick results and they will empower Canadians to make more-informed decisions to protect their health and the health of their loved ones.

As all members know, rapid tests represent only one element in the tool kit to fight this pandemic. This bill therefore represents a continuation of the kinds of measures that we have implemented and will continue to implement, measures that are based on the best public health advice and scientific evidence.

Since the start of this pandemic, Health Canada has put in place rapid, innovative and agile measures to ensure prompt access to medical devices to respond to the needs of Canadians. The department has worked closely with public health partners to ensure that applications for COVID-19 testing devices are prioritized to meet urgent public health needs. These measures have allowed Health Canada to authorize over 100 testing devices, including 10 tests and 27 tests that can be used in a point-of-care setting.

Health Canada is also expediting the review of all treatments for COVID-19. The department has rapidly authorized several clinical trials in Canada, including for some vaccines being developed right here in Canada, without compromising on strict standards for the safety of clinical trial participants. Clinical trial regulations allow the investigation of new drugs or new uses of drugs while affording protection to participants and requiring the proper collection and retention of outcomes.

As of February 9, 115 clinical trials for COVID-19 drugs and vaccines have been authorized in Canada. Health Canada has authorized five drugs to treat COVID-19, including Remdesivir for hospitalized people, as well Paxlovid and three biologic treatments for non-hospitalized folks who have mild or moderate COVID symptoms and are at risk of developing severe disease. The Government of Canada has procured many of these treatments and continues to engage proactively with domestic and international companies to negotiate advance purchase agreements and ensure timely access in the procurement of treatments.

*Government Orders*

As we know, vaccination is one of the most effective tools that we have to combat the pandemic, and along with the availability of rapid testing, it will play an important role in protecting our supply chains and helping us to get to a point where the pandemic is behind us. Governments have an important responsibility to protect the health and safety of their citizens. That is what we have done since day one. This responsibility becomes especially critical in the face of a public health emergency such as the one we are in right now.

Since the beginning of this pandemic, the government has committed to making decisions that are based on science and based on the advice of public health officials. The government has implemented many critical measures to protect the health and safety of Canadians, including federal public servants. As the employer of the federal public service, it is the government's role to set the conditions for those employees to be safe when they are called upon to provide those services. Last October, we implemented a policy requiring that all employees of the core public service, including the RCMP, be vaccinated. This requirement applies to all employees, whether they are working remotely or working on site. It also applies to contractors who require access to federal government work sites.

Having a fully vaccinated workforce means that not only are work sites safer, but so are the communities in which these public servants live and work. It also means better protection for Canadians who are accessing government services in person, including, in particular, the more vulnerable members of our communities.

● (1845)

The vaccination requirements within the transportation sector have helped to protect our transport system from the impacts of omicron by reducing the frequency and severity of the COVID-19 illness among transportation workers. As we have done throughout the pandemic, we have worked closely with our partners in the transportation sector, including industry, to implement the vaccine requirements and to ensure the overall safety of the transportation system. These partners have played an invaluable, critical role in ensuring that people, goods and services continue to move in a safe and secure manner. Transportation workers have done their part by getting vaccinated and helping us all get through this pandemic.

I want to reiterate that the Government of Canada's top priority is the health and safety of all Canadians. To protect Canadians, the government has taken every measure at its disposal to protect citizens. I know that it has not been easy. The pandemic has had an undeniable impact on Canadian businesses, large and small. Canadians have been patient. They rolled up their sleeves. They did their part to protect themselves, to protect others, and they got vaccinated.

We recognize that this pandemic has created anxiety and additional stress for many Canadians. While we are all fatigued, we are also hopeful for what is to come. We are not where we were at the beginning and we can look forward to a brighter future. The measures that we have put in place, opportunities to be able to access rapid tests like the ones we are making available through this bill, will make it possible for us to look toward a bright future.

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** Madam Speaker, my colleagues across the aisle seem to think tests are of great import. They talk a lot about the science. My question is this: What is the danger with a rapid test that has a very, very poor sensitivity rate?

**Mr. Taleeb Noormohamed:** Madam Speaker, my colleague notes a very important point here. I think it is important for us to recognize that this is one tool in the arsenal and it is not a silver bullet, but rapid tests make it possible for us to have a baseline of information that we may not have had otherwise. It gives us an additional piece of information from which to make informed decisions. They add a layer of information that then makes it possible for individuals to make decisions for themselves.

[*Translation*]

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Madam Speaker, I thank my colleague for his speech and for his work on the Standing Committee on Public Safety and National Security. It is a pleasure to work with him.

I will ask him the same question I asked his colleague just a few minutes ago. We are more or less in favour of this bill. It is rather simple and short. Quebec and the provinces are in need of rapid tests, but they also have other health care needs. The health care system has been weakened by the pandemic. Our health care system took a direct hit from the first wave. The system is in serious need of funding, and the federal government has responsibilities there.

Can my colleague tell me when his government will start negotiating with the provinces and Quebec regarding health transfers?

**Mr. Taleeb Noormohamed:** Madam Speaker, I thank my colleague for her question and for her work on the Standing Committee on Public Safety and National Security. It is a pleasure to work with her as well.

We recognize that we need to work with the provinces and territories to improve our health care systems. We will work together. We all know that COVID-19 has added another dimension. We will have to look ahead and consider how we will work together to improve and strengthen our health care systems. We will work quickly with the provinces to do so.

● (1850)

[*English*]

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Madam Speaker, I would like my colleague to elaborate a little bit in terms of the need in his home province for these rapid tests. I myself know that in the province of Quebec it was pretty tough to get them during the Christmas holidays when the peak of omicron was hitting the province.

Why is it so important to support the provinces and territories with respect to the need for these rapid tests and for them to be able to deploy them?

*Government Orders*

**Mr. Taleeb Noormohamed:** Madam Speaker, access to rapid tests in British Columbia has been virtually impossible over the course of the last little while. I can say from personal experience that over the course of the Christmas holidays it was a source of anxiety for many of my constituents who wanted to know, at the very least, whether they were going to be able to take some kind of test for their small and limited Christmas holiday gatherings to be safer and to give them even a limited sense of confidence regarding the decisions they make.

We know these tests are not perfect, but giving folks the ability to know if in fact they have tested positive, to go for secondary testing and to access the supports they need is critical. In our province of British Columbia, being able to have access to rapid tests is going to make a world of difference for schools, community organizations and so many others who will be able to benefit as a direct result. I am very hopeful that we will be able to move the bill forward and get rapid tests into the hands of the folks who need them in British Columbia, and Vancouver Granville in particular.

[*Translation*]

**Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ):** Madam Speaker, before I begin, I would like to say that I will be splitting my time with the member for Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix. This large riding is home to many communities. It is also a very beautiful riding that I have been able to visit a few times.

I would also like to take this opportunity to point out that this is the evening of February 14 and I would like to say hello to my girlfriend. I want to let her know that I am here for a good reason today, which is to participate in this important debate.

Why is this debate important?

We are debating Bill C-10, which is not to be confused with the government's defunct broadcasting bill. In fact, this Bill C-10 seeks to allow the government to spend \$2.5 billion to buy and distribute rapid tests to the various Canadian provinces, and obviously to Quebec, which we wish were not a province.

We might be tempted to say that this seems fairly uncontroversial and few people would object to having access to tests. Such a position would be irresponsible.

However, this goes far beyond simply being for or against spending \$2.5 billion on rapid tests. I think that debate would be a short one, or at least it would be for us. That may be why the government did not want us to study the bill in depth and chose to issue a gag order. That may be why it did not want us to dig deeper. If we were to dig deeper and look closer, we might start questioning why the federal government needs to pump extra money into the provinces and Quebec, which need it to deal with the pandemic.

We are talking about an additional \$2.5 billion, which seems to have come out of nowhere, and the federal government is swooping in with this money like Santa Claus or a superhero. They want to show just how wonderful, generous and excellent they are. We all know, however, that that money is our tax money. It did come from somewhere, namely our own pockets. We are all paying.

Quebec's health care system is short on money, and the same is probably true for the health care systems in the other Canadian provinces. That is why this bill calls for deeper consideration. Even though the federal government keeps bragging about how amazing it is, every time we ask if there is going to be more money for the health care system, it tells us it spent money like never before during the pandemic.

First, I do not know if that is something to brag about. I think spending like never before is not something to boast about. What the government should be boasting about is fixing problems. Unfortunately, they are still not fixed. The pandemic is still here. I do not blame the government entirely. I think this is a global issue.

That does not change the fact that underlying problems resurfaced with the pandemic, are still not fixed and will have to be addressed someday. For example, we could talk about vaccination capacity, which is nearly non-existent. We used to have a thriving pharmaceutical industry in Quebec a few years ago. It has all but disappeared. Traces of it remain in my riding and on the north shore in Montreal, but it is nothing compared to what it used to be.

The irony is that, recently at least, the federal government keeps trying to tell us how Quebec should run its health care system. When there is a disaster and everything is going wrong, it is easy for it to say that it could have done better. However, when we look at things properly, we might wonder if it really would have done better.

Consider one of the things the federal government is supposed to look after in case of a pandemic or catastrophe: the national equipment stockpile. It is not as though the pandemic was something that nobody could have ever predicted, and yet when the government opened up the stockpile, it turned out all the equipment was expired. Imagine if Quebec hospitals managed things like that. It would be a bad situation.

● (1855)

We really cannot count on the federal government, nor can we count on it to fund our health care system adequately. Quebec's health care system was really put to the test. A lot of people say the system is struggling. It is in trouble. Things are bad.

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If we want to get to the root of the problem, we need to talk about the federal government's financial contribution. In 1958, the federal government covered 50% of health care costs. In 2022, it covers about 22%. There is a big difference between 50% and 22%. They are not even close. Even so, the federal government will not stop talking about how great it is. When we ask the government when it will give us money for health care, it says it has spent more money than ever during the pandemic. When we look at the actual numbers, the federal government's share of health care funding has been shrinking steadily. That is a fact. Let us look at the real numbers. The government says it is putting more money into health care. Sure, it has increased funding annually in constant dollars, but if we look at the proportion of health care costs, the answer is no. It has not kept up. The government did this knowingly.

Members will recall the budgets of Paul Martin and Jean Chrétien from a time not all that long ago. I had not yet been elected, of course, but that did not stop me from taking an interest in politics. At least I was born already. It is not such a distant memory for many people. Members will recall both Paul Martin and Jean Chrétien, rubbing their hands together, practically giddy, when they realized they could balance their budgets by reducing transfers. As a result, on the receiving end of that plan, the provincial and Quebec governments have been struggling ever since. They have had to bring in their own austerity measures, because the federal government is starving them of funds.

Jean Chrétien liked to brag about it. In interviews not so long ago, he said that making budget cuts made him look good, and that the world was angry with Quebec. Unbelievable. That is when people began seeing the problem.

When people go to the hospital and have a hard time getting good care, they get angry and upset. The Quebec government manages health care, but people forget that a large part of it was funded by Ottawa. I say "was" because that "large part" keeps shrinking, and this is causing more and more problems.

The Bloc Québécois is calling for an increase in health care funding to 35%. We are not even asking for 50%, but 35%. It is not huge, but it would make a huge difference in the care people receive. It would make quite a difference.

Instead of patting itself on the back every time it spends \$5, the government should sit down at the table and tell us what it can do to really change things and address existing problems. That is where the government should be heading, rather than looking for every possible way to starve and drain the provinces and the Quebec government, all of which need help. The feds brag about working miracles, when all they are doing is sticking band-aids on a wound that is not healing.

Naturally, with all these cuts to the federal government's contribution year after year, our health care system suffered during the pandemic. Every time that a slightly stronger wave arrives, or every time that case counts rise, the health care system becomes overloaded and can take no more. We could talk about this to all health care workers, who have had enough. They would like to be heard a little and helped. That is why we are speaking out today. We are telling the federal government that it is time to come to the table.

I was elected in 2015, and I believe that the Bloc Québécois has talked about health transfers constantly since then. It is a big problem, and it will only get bigger, because health care costs continue to grow, yet the federal government's contribution continues to shrink. That is not right, and that is why the Bloc Québécois has been joined by Quebec and all the provinces of Canada in asking the government to increase health care funding. Sometimes Ottawa is hard of hearing when Quebec speaks, and even more so when the Bloc Québécois speaks, but once in a while, the message does get through.

• (1900)

All that is to say that we are not giving up. For that reason, we have proposed a summit on health care, so that the federal government comes to the table and we finally solve the problem.

[*English*]

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Madam Speaker, the question around rapid tests has been a significant one.

In the province of Alberta, it actually took the provincial government taking their own initiative and requiring, I believe and I could be corrected, an exception from Health Canada in order for them to even procure these rapid tests. I find it interesting that we are debating this. It is an important tool to fight COVID, yet it seems like it is maybe a little late when these have been called for, for a very long time.

I wonder if the member would have further comments on that.

[*Translation*]

**Mr. Xavier Barsalou-Duval:** Madam Speaker, I have to admit that I am not familiar with the measures in Alberta or with how the Alberta government chose to manage the pandemic.

What I do know, though, is that the way the Conservatives want to combat the pandemic is, essentially, to lift public health measures. I have a harder time with that because I do not think the pandemic is over. We need to send the message that this is still serious, that the blockades outside Parliament need to stop and that people need to peacefully make their way home. The lockdowns will ultimately be lifted, but for that to happen, we need to start by getting the pandemic under control.

[*English*]

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Madam Speaker, I think I definitely would agree with my hon. colleague that Bill C-10 and, of course, the motion that is shepherding it through the House in a fairly rapid fashion do show evidence of how quickly the federal government can move, when required, to bring in basic health policy.

I would agree with him. Now is the time if we are to learn any lessons from the COVID experience. We have to think about the legacy we will leave for future generations in Canada's health care system. Maybe if my hon. colleague could talk about the legacy system and about how this is really our opportunity to show that leadership and to show people right across the country and in communities everywhere that we need to leave them the health care system they are very much deserving of.

*Government Orders*

[*Translation*]

**Mr. Xavier Barsalou-Duval:** Madam Speaker, I think that if we want to go further, we will also have to think about why there is a desire to increase health care funding. It is because we, as a society, chose to ensure that all Quebecers and Canadians can access health care without being forced to sell their home or take on life-long debt just because they got sick once or twice and went through some tough times. It can be stressful and extremely difficult on families when one member has to stop working because of a long illness.

We must continue to work together to ensure that our health care system reduces social inequalities. We must ensure that everyone has access to care and can have good quality of life, free from undue stress if they become ill.

• (1905)

**Ms. Kristina Michaud (Avignon—La Mitis—Matane—Matapédia, BQ):** Madam Speaker, I somewhat agree with what I am hearing today. Yes, we must act quickly, but the government should have been more forward-thinking when it announced certain budgetary measures. I think the technology of rapid tests was already known, and we should have known that we would need more of them quickly.

Does my colleague agree that the government should have acted more quickly, but without imposing closure, as it is so apt to do to skip over the normal legislative stages of a debate?

**Mr. Xavier Barsalou-Duval:** Madam Speaker, my colleague raises an excellent question. What we have been seeing since the beginning of the pandemic is that the government seems to be making everything up on the fly. When it has the opportunity to make decisions for the long term, it chooses to call an election or prorogue Parliament.

Essentially, it is not really willing to delve into certain issues or do things properly. It would rather shove decisions down people's throats as quickly as possible so they do not have time to think about it, analyze it or ask questions. It is a shame that the government is taking this approach.

**Mrs. Caroline Desbiens (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, BQ):** Madam Speaker, I would like to take this opportunity to wish a happy St. Valentine's day to my partner, who is lovingly supportive of my involvement in politics, as well as to my colleagues of all stripes in the House, and to all the people of Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, especially.

We urgently need the federal government to commit to increasing health care funding for Quebec and the provinces from 22% to 35%. That would make everyone, especially seniors, very happy. That should not come as news to anyone.

There is nothing wrong with spending an additional \$2.5 billion on rapid tests, but this is exactly the kind of enticement we are all too familiar with. The government often uses such thinly veiled tactics to win people over. What people really want, however, is federal health transfers that are adequate, adapted, indexed and planned for the long term.

What has happened in recent years has been a nightmare, and the nightmare only became worse with the pandemic. I keep telling myself that we are going to wake up from this bad dream. As the saying goes, everything is connected to everything else. Today we are witnessing the frustrations of a certain segment of the population here on Parliament Hill and across the country, and while we have been hit hard by the pandemic's toughest waves, it is not because Quebec and the provinces lack the leadership or the skills to maintain an effective and functional health care system. Our expertise is more than sufficient.

We are lacking the resources to get through this. What is lacking is adequate federal funding. Imagine how different things would be if successive federal governments since 1958 had lived up to their responsibilities in health care. Imagine managing health care without constant cuts, suffocating reforms and restrictive measures, which in the long run cause people to steer clear of nursing programs. Imagine that there is no shortage of home care services, no triaging in hospitals, no psychiatric departments being closed, no striking workers and no pressure tactics motivated by inadequate wages and unsustainable conditions.

It is reasonable to conclude that had past federal funding been adequate, Quebec and the provinces would have had enough money to properly maintain their health care services, implement technological development tools and use forecasting tools for recruitment, training, hospital and paramedic services, and home care for an aging population, and better prepare for a potential health crisis.

There is also a wide range of community services and supports for caregivers, the homeless, psychological support and suicide prevention that would have benefited. In short, if there is one thing that we absolutely must take away from this pandemic, it is that health is the number one priority for the public as a whole and that the government has a duty to act on the public's priorities.

Unfortunately, since 1958, all the wonderful people in health care have had to keep coming up with ways to make up for the lack of federal funding, with the help of countless volunteers who I wish to sincerely thank. These volunteers go all out to help foundations, produce telethons and organize fundraisers with spokespersons who are usually from the arts sector and are always generous. The public has also rallied to compensate for the many shortfalls that have multiplied all these years. This has all served as a stopgap to counter the inertia, denial and indifference shown by the federal government since 1958, no matter which party has been in power, I would add.

The Bloc Québécois represents Quebec's social democracy, offering hope for an education system and universal public health system that are worthy of a G7 country.

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Quebec and Canadian taxpayers get up in the morning and go to work wanting to participate in society because they believe in it. They believe that it is the right thing to do. If we make them feel like their efforts are worthless, that their taxes and money are not worth anything; if, the more they are taxed and after years of taking their lumps and staying the course, they see that their efforts are in vain because they met their obligations, but the government did not do the same, then we end up in the situation we are in now: an impasse.

● (1910)

Not everyone is out in the streets. Not everyone sees themselves in this muddled mood with mixed messages and demands, but many are at home deeply disappointed about the current situation and the federal government's crisis management, simply because federal money is not getting to the right place in the right way. They are losing confidence, quietly disengaging and becoming cynical. Is that a shame? Yes. Is it surprising? I hope not.

Of course not everything is black or white, but there is no denying that the impoverishment, the fragility, of our health care system is directly linked to the fact that the federal government is not paying its fair share to Quebec and the provinces. There is very clear evidence of cause and effect.

I would add that the reason we have to keep maintaining, then easing, and then reimposing health restrictions is not just because a handful of individuals refuse to get vaccinated, despite overwhelming evidence of the benefits of vaccines. It is also because our health care systems are unable to absorb the unexpected number of patients created by the pandemic.

With vaccination rates close to 90%, we might have expected to be getting out of the pandemic or at least have the end in sight. However, we are missing two essential, critical ingredients: a government willing to participate actively and fairly in the global vaccination effort, and robust and well-funded provincial and Quebec health care systems. Right now, we have a health care system that is broken.

Even though the vast majority of people are not out in the streets protesting right now, it does not mean that they are satisfied. People are fed up, but they still hold out hope for something better.

To those who are disillusioned and worried, to neglected and injured seniors, I say this: As long as I am standing here in the House, I will never stop defending the French language, their values, and their interests, and supporting their plans and their brilliant ideas.

My father used to say that there is nothing harder than to wake up someone who is not sleeping. If the federal government wants to spend \$2.5 billion to provide rapid tests to Quebec and the provinces, fine. However, if it is still using this fragmented and unsustainable support to justify refusing to increase health transfers to 35%, I would say that it has totally forgotten the whole point of politics, which is to serve.

I would add that the best Valentine's Day gift we could give the public right now would be to agree to have the government commit to paying Quebec and the provinces their fair share of health care funding. If the government ends up refusing to meet its obligations,

I would say that there is nothing harder than to wake up someone who is not sleeping.

● (1915)

[*English*]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Madam Speaker, we will have to agree to disagree with the Bloc on the whole issue of health payments. I believe the federal government contributes its fair share, and we continue to contribute in different ways.

Having said that, I am glad Bloc members seem to want to support the bill, but along with their friends in the Conservative Party, they are not recognizing the sense of urgency for the legislation. In the past, the Bloc would have recognized the urgency given the very nature of rapid tests. Why would the Bloc not support the importance of getting this bill through in a timely fashion by supporting the closure aspect of the motion today?

[*Translation*]

**Mrs. Caroline Desbiens:** Actually, I think the parliamentary secretary and I do not have the same concept of what urgent means.

It is not urgent to fund rapid tests. What is really urgent is—

**The Assistant Deputy Speaker (Mrs. Carol Hughes):** I will stop the clock, because we do not seem to have interpretation. I also saw that the image froze for a moment.

I invite the hon. member to repeat what she said.

**Mrs. Caroline Desbiens:** Madam Speaker, I would like to say again to my colleague, the parliamentary secretary, that we do not have the same concept of what urgent means. Of course it is urgent to support the purchase of rapid tests, since public health authorities have assured us that they are necessary and effective and that we must use them.

However, what is urgent for us in the Bloc Québécois are health transfers and the need for a robust health care system. It is urgent because our health care system is broken. We cannot wait any longer. This is even more urgent than funding the purchase of rapid tests to buy time, which is what the government is doing on a regular basis these days.

[*English*]

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Madam Speaker, there has been a lot of discussion around the role of the provincial government and the role of the federal government, and then, of course, there is the role of municipalities as well.

Specifically, when it comes to rapid tests, I know the Province of Alberta was forced to procure tests at a significant expense because the federal government simply did not have the supply to keep up with the demand at the time. It appears that this bill is spending significant dollars to endeavour to address a problem that was really significant a number of months ago, but certainly one can call into question the relevance of that today. I am confused about how Liberals invoke closure to send the bill to the Senate, which is adjourned this week so they can debate it next week.

Does the member have comments on those points?

[*Translation*]

**Mrs. Caroline Desbiens:** Madam Speaker, I did not understand if there was a question, but I can add to my colleague's comments by saying that there is no rush for rapid tests. It is not a matter of minutes or days.

A visit to hospitals throughout Quebec and the provinces will show that there are emergencies. They are caused by a shortage of staff, money and available beds. Solving this problem is very urgent, because patients are waiting right now in hospital hallways.

• (1920)

**Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ):** Madam Speaker, congratulations to my colleague on her speech. She really underscored the urgent need to agree to the premiers' demands and properly fund the public health care system in Quebec and the provinces.

Can she explain why it is so important to the Bloc Québécois that we go through the whole legislative process for Bill C-10 even though the Bloc supports the bill?

**Mrs. Caroline Desbiens:** Madam Speaker, I thank my colleague for her constructive question.

This is about democracy. We need to take the time it takes. We cannot shut down debate on a whim. We in the Bloc Québécois are in favour of debate.

We are in favour of these tests, but it is important to go through the parliamentary process.

[*English*]

**Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of National Revenue, Lib.):** Madam Speaker, I will be sharing my time with the member for York Centre.

I am very proud tonight to rise and speak on behalf of our side to Bill C-10, an act respecting certain measures related to COVID-19. I am thankful for giving the bill the attention and priority that is required.

As members are aware, we have committed through this bill to continue our support of provinces and territories, workplace and not-for-profit organizations in managing the pandemic. In particular, the bill seeks to make rapid tests readily available for the purposes of early detection of COVID-19 positive cases and mitigating the transmission of the virus. I will first speak about regulatory approval of tests.

Since the start of the pandemic, Health Canada has put in place rapid, innovative and agile measures through interim orders to ensure prompt access to medical devices and to respond to the needs of Canadians. Canada has one of the most highly regarded regulatory frameworks for medical devices in the world. Health Canada's consistent approach throughout the pandemic has ensured that testing devices available in Canada have been high performing and reliable.

Health Canada has made it a priority to review applications for COVID-19 devices that meet an urgent public health need in Canada. Manufacturers of these devices must provide sufficient data to support the intended use, including the sensitivity established

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for the specific test. Tests that do not meet high standards of sensitivity values are not authorized for use, and Canada is one of the few countries with minimal post-market issues, including recalls.

As of the beginning of February, in fact, Health Canada has authorized 107 testing devices, including 10 self-tests and 27 tests that can be used in a point-of-care setting. Working with our public health partners, we have identified testing technologies that are the highest priority for evaluation at this time. Additionally, based on the information available to date, the authorized tests continue to be effective in detecting variants. Canada is also taking a proactive role by contacting manufacturers of self-tests that have been authorized in other jurisdictions and inviting them to submit applications for approval in Canada, and more self-testing applications are currently under evaluation by Health Canada.

To advance regulatory approval of new COVID-19 tests, the regulator has approved over 100 clinical trials for COVID-19 products, many of which benefited from flexible approaches, ultimately helping to identify promising COVID-19 therapies sooner. In addition, it has leveraged its rapport with international regulators to share information on emerging technologies in the context of the rapid evolution of the virus while aligning and collaborating on regulatory and policy approaches. As new tests become available and approved for use in Canada, Health Canada works with provincial and territorial officials to acquire and distribute them.

There is also something to be said about biomanufacturing in this country. In order to secure a better supply of testing devices, it is essential that Canada increase its domestic biomanufacturing capacity. Investments in biomanufacturing capacity will reduce our reliance on imported products, strengthen our domestic industrial capacity and increase the resilience of our nation for years to come.

Budget 2021 made the government's commitment to the biomanufacturing sector clear with a \$2.2-billion investment over the next seven years. The regulator is doing its part to support this as it recognizes that the strength of our regulatory system is an important consideration for companies looking to establish a Canadian presence. In fact, as of January 14 of this year, the Government of Canada purchased 30 million rapid tests from Artron Laboratories in Burnaby, British Columbia. These tests have been procured to fulfill immediate, emerging and long-term requirements.

Rapid test delivery is also very important. Rapid tests are proving to be another useful tool in our current response to the omicron variant. Thanks to a \$3-billion investment through the safe restart agreement, public health units have extensive access to PCR tests and contact tracing resources, but rapid tests provide a further layer of protection by expanding testing into a broader range of environments, making testing even more accessible to Canadians and curbing more quickly the spread of COVID-19.

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• (1925)

I want to share the latest news on our pledge to deliver rapid tests free of charge to provinces and territories. The Government of Canada has negotiated with eight manufacturers to secure rapid antigen tests for the provinces and territories for the coming months. The Government of Canada has been buying and providing COVID-19 rapid tests free of charge to provinces and territories since October 2020 in line with its authorization of the first COVID-19 rapid test.

While the demand for COVID-19 rapid tests has increased significantly, the government has kept pace, being a reliable partner to provinces and territories, and that will continue. Since the start of the pandemic, we have procured 490 million tests, in fact.

In conclusion, testing is a critical part of Canada's response to the COVID-19 pandemic and how we adjust to everyday life. It allows us to identify outbreaks more quickly, isolate those who are sick, initiate contact tracing and support public health decisions at all levels of government. Equitable access to tests by all Canadians would help to limit the ongoing transmission of the omicron variant. It would help us to rebuild our economy and our lives. It would enable Canadians to know more quickly whether they are infected and to make choices that protect them and our communities.

As potential future waves of this pandemic come and go, we need to be able to weather the storm by using all the resources at our disposal. I trust that all hon. members of this House will agree that equitable access to testing would further protect all Canadians and help us through this pandemic. As a country we need the additional funding of \$2.5 billion that Bill C-10 would provide to procure additional tests, and with members' support, we could make sure that every Canadian is in fact supported. We could unite on this point and unite in our common goal of being able to protect our health and to be able to rebuild our nation.

I will conclude by thanking health workers in my home community of London. I do not think that can be said enough. There will be disagreements in this House, and there are disagreements in this House, but one thing I hope we can unite on is recognizing the incredible contributions that they have made. Doctors, nurses and health workers of all kinds since the beginning of this pandemic have stood by members of our communities. London is a health care community and our identity in so many ways is based on that. We have world-class hospitals in our city.

Those constituents who continue to serve in hospitals, who continue to stand by my constituents, I cannot thank them enough. They know that this bill is very important, because while rapid tests are not a panacea as some think, they are a very important tool in combatting the virus. We know that from the health experts who have advised the government on the necessity of precisely this bill. That is why it is so important that we pass this. I hope we can pass it unanimously.

• (1930)

**Mr. Damien Kurek (Battle River—Crowfoot, CPC):** Mr. Speaker, I have made a number of observations, both in my speech and in a few of the questions and comments. This would have been a great conversation to have had in September of last year. Unfortunately, the Liberal Prime Minister made a very clear and direct

choice to ignore what I think was in the best interests of Canadians and plunged the country into an election during the fourth wave of what is a pandemic.

Specifically, we are talking about rapid tests. There is widespread agreement about that being an important tool in the tool belt in the fight against COVID-19. I am very curious if the member has any thoughts on how, after the Minister of Health criticized Conservatives for asking questions about standardizing border testing, arrival testing with other like-minded jurisdictions, he seemed to indicate the other day that the government would in fact be moving in that direction.

Could the member answer for his health minister's hypocrisy on that matter?

**Mr. Peter Fragiskatos:** Mr. Speaker, first of all, words like “hypocrisy” have to be used very carefully, if at all, in this House. I think it is important to maintain basic decorum. I do not know the member very well, but I would hope he would live up to the honour of the office that he holds.

The health minister is doing exactly as we would hope. He is looking at the science and listening to the health experts. On the specific matter of what is happening at the border, our policy evolves. It evolves because as the pandemic evolves, so too does policy. That is something that has been clear throughout the pandemic. At every step the government has consulted with health experts before putting policy in place.

I wish that some in this House would believe in science, listen to it and listen to the health experts. We would be in much more agreement if that were the case.

**Mr. Richard Cannings (South Okanagan—West Kootenay, NDP):** Mr. Speaker, I would like to thank the member for mentioning health care workers. As we all know, they have been at the forefront, the pointy end of the stick, as far as COVID goes in terms of both their physical health and mental health risks.

Another sector that has really been impacted by COVID is tourism. Two years after COVID began, the government still is not getting the supports right for many tourism operators. Independent contractors of any sort, including independent travel advisers, are not able to access any supports. New businesses that started up just as COVID was starting up are still unable to access the supports that all of their competitors have.

I am wondering this. Can the member comment on why the government seems to be blind to all of these needs?

**Mr. Peter Fragiskatos:** Mr. Speaker, I thank the member for his service. I do not know him that well, but I have always known him to be someone who cares very sincerely about the work and who has done a great deal for his constituents.



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On this matter, we will disagree a bit. If we look at what the federal government has done since the onset of the pandemic, it responded very swiftly. It made historic efforts to put in place policy to deal with what is, I think we can all agree, the most difficult situation that has faced this country since the Second World War. Whether it is tourism operators or small or large businesses, we will continue to be there for Canadians as we have been throughout the pandemic, putting in place a number of measures, economic and otherwise, to meet the challenges head-on.

In my own community of London, we have been there whether for tourism operators or others. There is more we can do, of course, and we can look at that, but when it is all said and done, historians will have a lot to say on what has happened, and we will have favourable judgments in the years to come.

• (1935)

**Ms. Ya'ara Saks (Parliamentary Secretary to the Minister of Families, Children and Social Development, Lib.):** Mr. Speaker, I am pleased to rise today to speak about Bill C-10, an act respecting certain measures related to COVID-19, and how the federal government is working to ensure that Canada continues to have a sufficient supply of COVID-19 rapid tests.

I would like to thank my colleague, the member for London North Centre, for his previous comments. I have heard colleagues throughout the House speak tonight about many other issues. However, I would like to focus my comments this evening on the bill itself, which is known as Bill C-10.

Unfortunately, COVID continues to have a significant impact on the lives of Canadians and remains an unparalleled threat to the health, social and economic well-being of Canadians. As public health restrictions ease in some jurisdictions, testing and the availability of rapid tests will take on an even higher level of importance in our fight against COVID-19.

Ensuring that all Canadians have what they need to be safe during this critical time is a responsibility that our government takes very seriously. Since the outset of the pandemic, the Government of Canada has worked closely with provinces and territories, taking a team Canada approach to responding to the pandemic. I would like to begin my remarks today by briefly highlighting some of the key initiatives our government has taken thus far to protect Canadians and to help our country recover.

From the very beginning of the pandemic, the Government of Canada was committed to working closely with all levels of government to put the health and safety of Canadians first. The safe restart agreement was a significant element of this team Canada approach. It led to the direct transfer of \$3 billion to provinces and territories to enhance testing, contact tracing and data management, with additional monies made available by the Government of Canada to procure COVID-19 PCR tests. Thanks to the funding from the safe restart agreement, health units across Canada have been able to better identify who was infected, where that person was infected and how much the virus was circulating in communities.

As the pandemic has changed, so has the need for testing. Today, rapid tests are a more important tool in the government's arsenal

than ever before. Our government has worked tirelessly, as we have throughout the past two years, in collaboration with provinces and territories to expedite the delivery of rapid tests from coast to coast to coast.

Rapid tests are safe. They are effective. They are easy to administer, and they provide quick results. Their availability empowers Canadians to make informed decisions to protect their health and the health of their loved ones and to avoid spreading the virus further. Since the onset of the COVID-19 pandemic, all levels of government have collaborated with experts to ensure they have the best evidence, and the best science, to make informed decisions on COVID-19 testing and screening.

In November, 2020, the Minister of Health formally established the COVID-19 testing and screening expert advisory panel. The panel provided science and policy advice to help inform decisions on innovative approaches to COVID-19 testing and screening, including advice on the best use of tests, strategies for different settings, and emerging technologies, again following the science.

The panel consisted of highly respected professionals with a broad range of expertise in areas such as health policy, infectious diseases and the implementation of public health measures. Over the course of nine months, the expert panel published five reports, including, "Priority strategies to optimize self-testing in Canada", which was published in August, 2021. This report provided the foundation by which provinces and territories expanded their testing programs.

Combatting COVID-19 is about collaboration between the Public Health Agency of Canada and Health Canada, complemented by the work of an expert advisory panel. This collaboration includes the release of updated pan-Canadian COVID-19 testing and screening guidance, and a white paper on testing for COVID-19 in vaccinated populations. These references underscore the importance of continued testing, especially to protect vulnerable populations, and the need for all jurisdictions to sustain COVID-19 rapid test stockpiles for surge testing to minimize and respond quickly to outbreaks.

Getting Canadians through this pandemic did not only require collaboration among all levels of government, but also required innovative partnerships with the private sector. That is why the government also established innovative partnerships with the establishment of an industry advisory round table on COVID-19 testing, screening, tracing and data management with members from large, critical industries.

This collaboration led to the launch of the Creative Destruction Lab Rapid Screening Consortium: a non-profit organization located at the University of Toronto, initially comprising 12 companies with national operations. The consortium aimed to develop a system capable of conducting COVID-19 screening that could produce results within 15 minutes. Let us think about that: in only 15 minutes, we could have an answer to protect our loved ones.

*Government Orders*

• (1940)

In April, 2021, through the safe restart agreement, Health Canada funded the consortium to expand its program to support the rollout of rapid screening pilots for asymptomatic employees across Canada. As of January 26, 2022, Creative Destruction Lab Rapid Screening Consortium had already onboarded over 2,000 organizations from coast to coast to coast, including school boards, child care centres, long-term care facilities and an array of businesses such as airlines, couriers, banks, mines and retail settings. It was essentially every part of Canada that it could get to.

Additionally, the Canadian Red Cross has been an important partner, providing surge support to provinces and territories for direct patient care. Complementing the work of the consortium, the government partnered with the Canadian Red Cross to support testing and screening in the non-profit sector. In 2021, approximately 300,000 tests were provided to the Canadian Red Cross for this initiative. Through this innovative partnership, 234 non-profit organizations across the country have launched testing programs, receiving support, guidance and test kits directly from the Red Cross. Over 1.6 million tests have been distributed so far through this initiative.

I would like to talk about our northern, remote and isolated communities program. In response to the COVID-19 pandemic, and in the spirit of truth and reconciliation, the northern, remote and isolated communities initiative was established in early 2020 to ensure equitable access to health care for people living in northern, remote and isolated, NRI, communities across Canada. This initiative prioritizes distribution of point-of-care diagnostic testing supplies, including molecular tests, to communities and to the homes of many first nations, Métis and Inuit peoples. Led by the Public Health Agency of Canada's National Microbiology Laboratory, and in collaboration with Indigenous Services Canada, the program has included training for the installation and use of COVID-19 tests.

To date, the National Microbiology Laboratory has provided more than 230 training sessions for non-health-care professionals to implement point-of-care testing in NRI communities. As of January 16, 2022, over and above the supply provided to provinces and territories, a total of 651 testing instruments and 1,196,039 tests had been deployed to support testing in more than 300 NRI communities.

In conclusion, we have done much as a country to fight this pandemic, and Canadians should feel encouraged by the progress we have made, but it is without question that the months ahead of us will continue to be full of challenges and that we need to do even more to support our country. I ask all of my colleagues to join me and those of us on this side of the floor in supporting the adoption of this bill, so that we can continue to provide critical and timely support to provinces, territories, workplaces and Canadians through this ongoing procurement process and timely distribution of COVID-19 rapid tests that will help keep us all safe.

**Mr. Stephen Ellis (Cumberland—Colchester, CPC):** Mr. Speaker, the member opposite mentioned a lot of numbers and a lot of supports about all these tests that have been done and all these interesting organizations. It is interesting. Just because something is

numerous and noisy does not make it right, and I think that is an important thing we should all consider.

That being said, I need to make something clear. In asymptomatic people who use rapid antigen tests, the sensitivity is about 44% in some studies, which would mean massive numbers of people actually have COVID who are told they do not. The math is simple: 44% of people would say they have COVID, but there would be a whole bunch of people who we would have missed.

Again, if these things are as important as the science these Liberals keep talking about, would it not make sense to simply send this bill to the health committee to be studied before we pass it?

**Ms. Ya'ara Saks:** Mr. Speaker, the member is a physician, so I think he would appreciate the science that goes with this and understand that all of this work and all of this testing and research and discussions and consortiums and collaboration between the private and public sector and science has been the reason we have gotten this far in the pandemic in protecting Canadians. The tests help protect our loved ones. These tests are an important tool that have shown time and again how we can control the spread of COVID-19.

To remind my colleague, at the beginning of the pandemic, his side of the aisle, and this was before I was a member of the House, screamed for tests, demanded tests and wanted nothing more than for us to get more tests. At the time, the tests were not all that accurate and that is why we did the work with the consortium, with science and with researchers to improve the quality of testing in this country so that as we move forward now through omicron we have the tools and we have the capability of keeping our population safe as we start to move through this phase of the pandemic.

• (1945)

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Mr. Speaker, I know we in the House and indeed every Canadian feel like we have been running a marathon and the last thing we want to do right now is stumble at the last 100 metres. It is really important during these heightened tensions we are feeling over the last couple of weeks to remember that there are still a significant number of Canadians who are at risk from COVID-19, who have loved ones who are in the hospitals and some who are in the ICU.

I am wondering if my hon. colleague could offer some comments on that. We are not out of the woods yet with COVID-19. We may be able to see the finish line, but it is important that we stay focused to make sure that we come out on the right side of this.

**Ms. Ya'ara Saks:** Mr. Speaker, I would like to thank my hon. colleague from British Columbia. It is where much of my family lives and I miss them terribly.

*Government Orders*

I am tired. My kids are tired. Many members of the House are tired, but the truth is that our ICUs are still struggling with the numbers. We are seeing the cases stabilize a little, but the reality is that we have many Canadians who are immunocompromised, who have other vulnerabilities and who need tools to move forward safely.

A constituent in my riding is a kidney transplant recipient. He cannot go outside. He is waiting for more tests so that he can move on with his life. I hope the members of the House understand that the science and the tools that we need to move forward for Canadians include the procurement and distribution of rapid tests equitably, safely and fairly for every Canadian who needs them.

**Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC):** Mr. Speaker, it is good to be here this evening in this debate discussing our amendment.

The Conservative Party brought forward this amendment because we feel there just needs to be more time to examine the bill. There is no rush to bring it forward. It has to go through the Senate, which is not even sitting until next week. We need to be able to examine it. We need the minister to come here so that we can ask questions. I have a few minutes to give some of the reasons why we need to ask some questions. We are supportive of bringing rapid tests to Canadians but there are some serious issues that we need to address here this evening.

This is par for the course. It is freezing outside right now in Ottawa, but we may as well be playing golf for the Liberals because it is par for the course. I think back to two years ago when Conservatives brought forward concerns about what was happening in China, Italy and Iran. We brought forward these things. What were we accused of? We were accused of being racists. That is language they love to use, “You’re a racist,” and we were just bringing forward some concerns. They always seem to be behind in the game. Speaking of games, it took the NHL and the NBA to cancel their seasons before they realized they had better do something more serious.

The government likes to convince Canadians that their actions related to the pandemic are done only with their best interests in mind. That really causes me and many others to scratch our heads and wonder if it’s really in Canadians’ best interests or if it is in their close friends’ interests, their polling numbers or whether they can get gold, silver and bronze in sharing some of the benefits among those who are close to them. The facts speak for themselves. As a case in point, we had Mr. Frank Baylis, or “Frankie”. Liberals should know him. He was an MP until 2018—

• (1950)

**Ms. Elizabeth May:** Mr. Speaker, on a point of order, I am sure the hon. member would not want to misname our former colleague, Frank Baylis, who led a charge here for greater democracy in the House.

**The Speaker:** I want to thank the hon. member for getting up.

We will let the hon. member continue.

**Mr. Marc Dalton:** Mr. Speaker, MP Frank Baylis got a contract. He definitely had the inside track for ventilators, for a company that had not built them. He had never made ventilators before. It was a sole-purpose contract for \$236 million. It had never been tested or

used before. They charged twice its value compared to the competition. It is emergency funding. Therefore, let us give it to our buddies. That is what we see with the Liberals. Just ask Jody Wilson-Raybould what is going on here. It is the same old, same old on that side.

What other sorts of things would cause us maybe to want to look a bit more into their expenditures? How about the WE scandal? What exactly was the WE scandal? Get an organization working with children and do you know what? Maybe a million dollars approximately was given to the Prime Minister’s brother, mother and family for speaking fees. What did they get? They got a three-quarters of a billion-dollar contract for something—

**The Speaker:** The hon. Minister of Northern Affairs.

**Hon. Dan Vandal:** Mr. Speaker, what the member is talking about has nothing to do with the topic at hand of securing rapid tests for Canadians. I know in my province of Manitoba rapid tests are severely needed. Manitobans need them, so could the hon. member get back to the topic at hand?

**The Speaker:** I have been surprised before when I believe members are off on a tangent and suddenly they bring their argument. I am sure the hon. member will make sense and come into his argument. I will just remind him, though, to try to be as relevant as possible when he is debating the topic at hand.

I will let the hon. member continue.

**Mr. Marc Dalton:** Mr. Speaker, I believe this is absolutely relevant. We are talking about \$2.5 billion of money. What is \$2.5 billion? What is \$1.2 trillion of deficit that we have doubled under the Liberals? What does that mean? It is just money. It is just taxpayer money. It just puts it upon our children and their children and their children. Who cares? That is the attitude we are getting from this group.

Why am I passionate about this? It is because the Liberals are trying to ram through this bill, which we have supported. We have talked about getting rapid testing for the past year and a half. For the past year and a half, we have been bringing this forward. Now they are patting themselves on the back for getting all of these rapid tests. They are not very rapid on getting the rapid tests. It is pretty slow if they ask me.

More than just slow, it is not just the rapid tests. We need to examine this. How about vaccinations? They tell you, Mr. Speaker, that we have more vaccines per capita than others in the world. We have almost as many as there are stars in the sky.

We have vaccines, 200 million vaccines, and this does relate to the motion. It does not matter that we are paying twice as much as the Europeans or 50% more than the Americans. That is just taxpayer money. We are talking about \$2.5 billion. What are we getting for that? Do Canadians not deserve to see what is in there? The Liberals say that it is an emergency and we have to pass this forward.

*Government Orders*

Maybe there is another little emergency happening right now. The fact of the matter is that we had a vote today on getting mandates lifted, and the Liberals want to shift the dial. Premier Ford was announcing that the province was lifting restrictions and their response was to ask, “What should we do?” Let us have an emergency meeting right now, tonight, Sunday night, and bring in the emergency measures act, and for good measure let us also do this bill.

Things have been serious for a while, but this is how this party works, supported by our friends in the NDP. This is serious and Canadians have a right to know.

When the pandemic began, we had daily calls with staff and it was a running joke after a while. We would give some suggestions to the public affairs people who answer the questions and give it to the end of the month. On the other side the ministers would say that it was a good idea and they would just incorporate it, whether it was a 10% wage subsidy at the beginning, increased to 75%, or a whole host of measures. The impression that we on this side get is absolute wastefulness on that side. They say it is the taxpayers but whatever.

We have doubled the amount of debt in Canadian history just in the past while here. There comes a time for accountability. There comes a time for constraint. There comes a time for thoughtfulness, and we are not seeing it over there.

I remember watching what was happening here over the past couple of years and wondering who we are being run by. Who is economically running this? Is this a group of high school students? I am sorry to high school students. I am a high school teacher by profession. However, this is ridiculous. Maybe they should not be sending these cheques to foreign addresses. Going back to high school students, maybe they should not be giving tens of thousands of dollars to students who have made maybe \$5,000. Maybe a bit of thoughtfulness would have been helpful for Canadians, because the Liberals are putting us into bondage.

This is an important bill.

I would also say this on vaccinations. I will tell them where they can put the rapid tests to good use. They can maybe open up to some people they have excluded from Canada. They have made them lepers. Who are these lepers? They are the people who are unvaccinated, who happen to be, according to the Liberals' report, about 20% or maybe more of the population. Maybe people could use them so they could travel. That was the Conservative position. How about letting people travel?

● (1955)

In British Columbia and Canada right now, 20% of households have had COVID in the past month and a half. We are talking about millions of people. It is all over. It is endemic.

They are saying to forget about testing and treat it like you have a flu or a cold. They are saying to stay at home. I know hundreds of people who have had COVID. I had COVID three weeks ago, and my wife did also, so it is real. I know people who have died from it. I am not saying we do not need rapid tests. I am just saying that we

need to show a little more thoughtfulness and respect for Canadian taxpayers.

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I must say that was entertaining. When we follow the debate of the Conservatives today, we have to wonder where they are on the issue of tests.

We have some members who stand up to ridicule it. It is almost as if they do not believe rapid tests play a valuable role at all in society. They are asking why we are spending this money. Then there are other members who stand up to say they are going to vote in favour of the legislation.

I guess the question to ask the member is whether he will be voting in favour of the legislation. Is he against the legislation? Where is the Conservative Party today, Mr. Trump? Oh, I meant that for the member.

● (2000)

**Mr. Marc Dalton:** Mr. Speaker, honestly, we are with Canadians. We are concerned about their health. We want to see them wherever they are at. We want them to have their own free choices. It is “my body, my choice” as far as vaccinations go. It is not to treat them like they are idiots or like they are white supremacists. They are not. They are Canadians.

**Mr. Kelly McCauley:** Mr. Speaker, I rise on a point of order. While we might have fun volleying back and forth with the member for Winnipeg North, his addressing my colleague as Mr. Trump was offensive.

He knows full well that was not a mistake. He did it on purpose. I ask that he stand and apologize to the member and to the House.

**Mr. Kevin Lamoureux:** Mr. Speaker, I withdraw the comment and I apologize.

**The Speaker:** It being 8 p.m., pursuant to an order made earlier today, it is my duty to interrupt the proceedings to put forthwith every question necessary to dispose of Government Business No. 8 now before the House.

The question is on the amendment.

If a member of a recognized party wishes to request a recorded division or that the amendment be adopted on division, I would invite them to rise and indicate it to the Chair.

**Mr. Kevin Lamoureux:** Mr. Speaker, we request a recorded vote.

**The Speaker:** Call in the members.

● (2045)

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

*(Division No. 25)*

YEAS

Members

Aboultaif  
Albas  
Arnold  
Barlow

Aitchison  
Allison  
Baldinelli  
Barrett

*Government Orders*

Barsalou-Duval  
 Benzen  
 Bergeron  
 Bérubé  
 Blanchet  
 Block  
 Brassard  
 Brunelle-Duceppe  
 Caputo  
 Chabot  
 Champoux  
 Cooper  
 Dancho  
 DeBellefeuille  
 d'Entremont  
 Desilets  
 Dowdall  
 Duncan (Stormont—Dundas—South Glengarry)  
 Epp  
 Fast  
 Findlay  
 Gallant  
 Gaudreau  
 Genuis  
 Gladu  
 Goodridge  
 Gray  
 Hoback  
 Kelly  
 Kmiec  
 Kramp-Neuman  
 Kusie  
 Lantsman  
 Lawrence  
 Lemire  
 Lewis (Haldimand—Norfolk)  
 Lloyd  
 MacKenzie  
 Martel  
 McCauley (Edmonton West)  
 Melillo  
 Moore  
 Morrison  
 Muys  
 Normandin  
 Patzer  
 Pausé  
 Perron  
 Poilievre  
 Redekopp  
 Rempel Garner  
 Roberts  
 Ruff  
 Scheer  
 Seebach  
 Shipley  
 Sinclair-Desgagné  
 Soroka  
 Ste-Marie  
 Strahl  
 Thériault  
 Thomas  
 Tolmie  
 Uppal  
 Vecchio  
 Vien  
 Vignola  
 Vis  
 Warkentin  
 Webber  
 Williamson

Beaulieu  
 Bergen  
 Berthold  
 Bezan  
 Blanchette-Joncas  
 Bragdon  
 Brock  
 Calkins  
 Carrie  
 Chambers  
 Chong  
 Dalton  
 Davidson  
 Deltell  
 Desbiens  
 Doherty  
 Dreeshen  
 Ellis  
 Falk (Provencher)  
 Ferreri  
 Fortin  
 Garon  
 Généreux  
 Gill  
 Godin  
 Gourde  
 Hallan  
 Jeneroux  
 Kitchen  
 Kram  
 Kurek  
 Lake  
 Larouche  
 Lehoux  
 Lewis (Essex)  
 Liepert  
 Lobb  
 Maguire  
 Mazier  
 McLean  
 Michaud  
 Morantz  
 Motz  
 Nater  
 O'Toole  
 Paul-Hus  
 Perkins  
 Plamondon  
 Rayes  
 Reid  
 Richards  
 Rood  
 Savard-Tremblay  
 Schmale  
 Shields  
 Simard  
 Small  
 Steinley  
 Stewart  
 Stubbs  
 Therrien  
 Tochor  
 Trudel  
 Van Popta  
 Vidal  
 Viersen  
 Villemure  
 Wagantall  
 Waugh  
 Williams  
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Aldag  
 Ali  
 Angus  
 Arya  
 Atwin  
 Badawey  
 Baker  
 Battiste  
 Bendayan  
 Bibeau  
 Blaikie  
 Blaney  
 Boissonnault  
 Bradford  
 Cannings  
 Casey  
 Chahal  
 Chen  
 Collins (Hamilton East—Stoney Creek)  
 Cormier  
 Dabrusin  
 Davies  
 Dhaliwal  
 Diab  
 Drouin  
 Duclos  
 Duncan (Etobicoke North)  
 Ehsassi  
 Erskine-Smith  
 Fisher  
 Fortier  
 Fraser  
 Fry  
 Garneau  
 Gazan  
 Gould  
 Guilbeault  
 Hanley  
 Hepfner  
 Housefather  
 Hussen  
 Iacono  
 Ien  
 Johns  
 Jowhari  
 Kayabaga  
 Khalid  
 Koutrakis  
 Kwan  
 Lambropoulos  
 Lamoureux  
 Lattanzio  
 Leboutillier  
 Long  
 Louis (Kitchener—Conestoga)  
 MacDonald (Malpeque)  
 MacKinnon (Gatineau)  
 Martinez Ferrada  
 Mathysen  
 May (Saainch—Gulf Islands)  
 McGuinty  
 McKinnon (Coquitlam—Port Coquitlam)  
 McPherson  
 Mendicino  
 Miller  
 Morrissey  
 Naqvi  
 Noormohamed  
 Oliphant  
 Petitpas Taylor

## NAYS

## Members

Alghabra  
 Anandasangaree  
 Arseneault  
 Ashton  
 Bachrach  
 Bains  
 Barron  
 Beech  
 Bennett  
 Bittle  
 Blair  
 Blois  
 Boulterice  
 Brière  
 Carr  
 Chagger  
 Champagne  
 Chiang  
 Collins (Victoria)  
 Coteau  
 Damoff  
 Desjarlais  
 Dhillon  
 Dong  
 Dubourg  
 Duguid  
 Dzerowicz  
 El-Khoury  
 Fergus  
 Fonseca  
 Fragiskatos  
 Freeland  
 Gaheer  
 Garrison  
 Gerretsen  
 Green  
 Hajdu  
 Hardie  
 Holland  
 Hughes  
 Hutchings  
 Idlout  
 Jaczek  
 Joly  
 Julian  
 Kelloway  
 Khara  
 Kusmierczyk  
 Lalonde  
 Lametti  
 Lapointe  
 LeBlanc  
 Lightbound  
 Longfield  
 MacAulay (Cardigan)  
 MacGregor  
 Maloney  
 Masse  
 May (Cambridge)  
 MacDonald (Avalon)  
 McKay  
 McLeod  
 Mendès  
 Miao  
 Morrice  
 Murray  
 Ng  
 O'Connell  
 O'Regan  
 Powlowski

*Government Orders*

Qualtrough	Robillard
Rodriguez	Rogers
Romanado	Sahota
Sajjan	Saks
Samson	Sarai
Scarpaleggia	Serré
Sgro	Shanahan
Sheehan	Sidhu (Brampton East)
Sidhu (Brampton South)	Sorbara
Spengemann	St-Onge
Sudds	Tassi
Taylor Roy	Thompson
Trudeau	Turnbull
Valdez	Van Bynen
van Koeverden	Vandal
Vandenbeld	Virani
Vuong	Weiler
Wilkinson	Yip
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Zuberi— 179	

## PAIRED

Nil

**The Speaker:** I declare the amendment defeated.

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Mr. Speaker, there have been discussions among the parties, and if you seek it, I believe you will find unanimous consent to adopt the following motion. I move:

That, notwithstanding any standing order, special order or usual practice of the House, Government Business No. 8 standing on the Order Paper in the name of the Leader of the Government in the House of Commons, be amended:

- in paragraph (c), by deleting all the words after the words “recorded division is requested” and substituting the following, “it shall be deferred to the next sitting day at the expiry of the time provided for Oral Questions, and the House shall then adjourn to the next sitting day”; and
- by deleting paragraph (g).

**The Speaker:** All those opposed to the hon. member moving the motion will please say nay. Hearing no dissenting voice, it is agreed.

[*Translation*]

The House has heard the terms of the motion. All those opposed to the motion will please say nay.

(Amendment agreed to)

• (2050)

**The Speaker:** The next question is on the main motion, as amended.

If a member of a recognized party present in the House wishes to request a recorded division or that the motion, as amended, be adopted on division, I would invite them to rise and indicate it to the Chair.

[*English*]

**Mr. John Brassard:** Mr. Speaker, we request a recorded division.

• (2105)

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

*(Division No. 26)*

## YEAS

## Members

Aldag	Alghabra
Ali	Anandasangaree
Angus	Arseneault
Arya	Atwin
Bachrach	Badawey
Bains	Baker
Barron	Barsalou-Duval
Battiste	Beaulieu
Beech	Bendayan
Bennett	Bergeron
Bérubé	Bibeau
Bittle	Blaikie
Blair	Blaney
Blois	Boissonnault
Boulerice	Bradford
Brière	Brunelle-Duceppe
Cannings	Carr
Casey	Chabot
Chagger	Chahal
Champagne	Champoux
Chatel	Chen
Chiang	Collins (Hamilton East—Stoney Creek)
Collins (Victoria)	Cormier
Coteau	Dabrusin
Damoff	Davies
DeBellefeuille	Desbiens
Desilets	Desjarlais
Dhaliwal	Dhillon
Diab	Dong
Drouin	Dubourg
Duclos	Duguid
Duncan (Etobicoke North)	Dzerowicz
Ehsassi	El-Khoury
Erskine-Smith	Fergus
Fillmore	Fisher
Fonseca	Fortier
Fortin	Fragiskatos
Fraser	Freeland
Fry	Gaheer
Garneau	Garon
Garrison	Gaudreau
Gazan	Gerretsen
Gill	Gould
Green	Guilbeault
Hajdu	Hanley
Hardie	Hepfner
Holland	Housefather
Hughes	Hussen
Hutchings	Iacono
Idlout	Ien
Jaczek	Johns
Joly	Jowhari
Julian	Kayabaga
Kelloway	Khalid
Khera	Koutrakis
Kusmierczyk	Kwan
Lalonde	Lambropoulos
Lametti	Lamoureux
Lapointe	Larouche
Lattanzio	LeBlanc
Lebouthillier	Lemire
Lightbound	Long
Longfield	Louis (Kitchener—Conestoga)
MacAulay (Cardigan)	MacDonald (Malpeque)
MacGregor	MacKinnon (Gatineau)
Maloney	Martinez Ferrada
Masse	Mathysen
May (Cambridge)	May (Saanich—Gulf Islands)

*Government Orders*

McDonald (Avalon)	McGuinty	Maguire	Martel
McKay	McKinnon (Coquitlam—Port Coquitlam)	Mazier	McCauley (Edmonton West)
McLeod	McPherson	McLean	Melillo
Mendès	Mendicino	Moore	Morantz
Miao	Michaud	Morrison	Motz
Miller	Morrice	Muys	Nater
Morrissey	Murray	O'Toole	Patzner
Naqvi	Ng	Paul-Hus	Perkins
Noormohamed	Normandin	Poilievre	Rayes
O'Connell	Oliphant	Redekopp	Reid
O'Regan	Pauzé	Rempel Garner	Richards
Perron	Petitpas Taylor	Roberts	Rood
Powlowski	Qualtrough	Ruff	Scheer
Robillard	Rodriguez	Schmale	Seeback
Rogers	Romanado	Shields	Shiple
Sahota	Sajjan	Small	Soroka
Saks	Samson	Steinley	Stewart
Sarai	Scarpaleggia	Strahl	Stubbs
Schiefke	Serré	Thomas	Tochor
Sgro	Shanahan	Tolmie	Uppal
Sheehan	Sidhu (Brampton East)	Van Popta	Vecchio
Sidhu (Brampton South)	Simard	Vidal	Vien
Sorbara	Spengemann	Viersen	Vis
Ste-Marie	St-Onge	Wagantall	Warkentin
Sudds	Tassi	Waugh	Webber
Taylor Roy	Thériault	Williams	Williamson
Therrien	Thompson	Zimmer— 119	
Trudeau	Trudel		
Turnbull	Valdez		
Van Bynen	van Koevorden		
Vandal	Vandenbeld		
Vignola	Villemure		
Virani	Vuong		
Weiler	Wilkinson		
Yip	Zahid		
Zarrillo	Zuberi— 208		

## NAYS

## Members

Aboultaif	Aitchison
Albas	Allison
Arnold	Baldinelli
Barlow	Barrett
Benzen	Bergen
Berthold	Bezan
Block	Bragdon
Brassard	Brock
Calkins	Caputo
Carrie	Chambers
Chong	Cooper
Dalton	Dancho
Davidson	Deltell
d'Entremont	Doherty
Dowdall	Dreeshen
Duncan (Stormont—Dundas—South Glengarry)	Ellis
Epp	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Ferreri	Findlay
Gallant	Généreux
Genuis	Gladu
Godin	Goodridge
Gourde	Gray
Hallan	Hoback
Jeneroux	Kelly
Kitchen	Kmieciak
Kram	Kramp-Neuman
Kurek	Kusie
Lake	Lantsman
Lawrence	Lehoux
Lewis (Essex)	Lewis (Haldimand—Norfolk)
Liepert	Lloyd
Lobb	MacKenzie

## PAIRED

Nil

**The Speaker:** I declare the motion, as amended, carried.[*Translation*]

Pursuant to order made earlier today, the House will now proceed to the consideration of the bill at second reading.

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**AN ACT RESPECTING CERTAIN MEASURES RELATED TO COVID-19**

**Hon. Jean-Yves Duclos (Minister of Health, Lib.)** moved that Bill C-10, An Act respecting certain measures related to COVID-19, be read the second time and referred to a committee of the whole.

**The Speaker:** Pursuant to order made earlier today, two members of each recognized party and a member of the Green Party may each speak for not more than 20 minutes, followed by 10 minutes for questions and comments. Members may be permitted to split their time with another member.

**Hon. Jean-Yves Duclos:** Mr. Speaker, I am obviously very happy to rise this evening, during the 44th Parliament of Canada, to support Bill C-10, which would give Health Canada the legislative authority to spend up to \$2.5 billion to purchase and distribute rapid tests across the country.

This bill will help the provinces and territories meet their needs for COVID-19 rapid tests and will continue to support the national program for COVID-19 workplace screening, in addition to federal workplace testing and screening initiatives.

*Government Orders**[English]*

It is a critical time in our fight against COVID-19, and we need every tool at our disposal. Testing plays a key role in our effort to contain and mitigate the pandemic by identifying infected individuals—

**The Speaker:** I am going to interrupt the hon. minister and call for order.

Order. I want to point out to everyone that the minister is giving a speech and I want to make sure that everyone can hear what he has to say.

The hon. minister.

**Hon. Jean-Yves Duclos:** Mr. Speaker, I forgot to mention that I will be splitting my time with the member for Winnipeg North.

Testing, as we all know, plays a key role in our efforts to contain and mitigate the pandemic. Identifying infected individuals helps to prevent further person-to-person transmission of the virus.

*[Translation]*

As everyone knows, health care services are struggling to meet the demand for polymerase chain reaction, or PCR, tests, because the omicron variant has a very high infection rate. Provinces and territories across the country are now relying on rapid tests to help fill this significant gap.

Rapid tests are a screening method that can more easily and quickly detect COVID-19 in a variety of settings such as schools, workplaces and other high-risk environments including long-term care facilities and hospitals, to name a few.

Using rapid tests in new settings can help detect the spread of COVID-19 and support measures to break the chain of transmission.

*[English]*

Not everyone who has COVID-19 will show symptoms. In fact, the prevalence of asymptomatic infection is probably a significant factor in the high rate of transmission of omicron. Rapid testing allows a person to detect the virus in as little as 15 minutes, which makes it a powerful tool that Canadians can use to help curb the spread of the omicron variant.

*[Translation]*

Since the introduction of Bill C-8, which provided additional funding for the purchase and distribution of rapid tests, Canada experienced an exponential increase in the number of cases and hospitalizations. The spread of omicron also led to an abrupt increase in demand for rapid tests. This is putting pressure on global supply, where supply chains are very tight, so clearly we need to get more of these tests, and we need to do it now.

Bill C-10 will allow Health Canada to purchase and distribute hundreds of millions of rapid tests across the country and help ensure equitable access in all jurisdictions. It also builds on commitments made in last December's economic and fiscal update, which included an additional \$1.7 billion in funding for the procurement and distribution of rapid tests across the country.

*[English]*

Bill C-10 would also allow Health Canada and the Public Health Agency of Canada to continue supporting provinces and territories by securing the rapid tests that they need to keep Canadians safe and healthy, including through expanded school and workplace testing programs.

*[Translation]*

Finally, Bill C-10 would allow us to continue supporting businesses of all sizes by providing rapid tests for workplace screening programs through direct delivery and partners such as chambers of commerce and pharmacies.

Throughout the pandemic, the Canadian government has worked closely with its provincial and territorial partners to ensure they have the tools they need to manage outbreaks and ensure the safety and health of everyone.

- (2110)

*[English]*

The federal government started buying and providing rapid tests free of charge to the provinces and territories in October 2020. The Government of Canada delivered more than 35 million rapid tests to provinces and territories in December 2021, and 140 million additional tests were delivered to Canada in January alone.

*[Translation]*

The Government of Canada also supports the Canadian Red Cross in its delivery efforts.

Companies with 200 employees or more, including federally regulated companies, can receive rapid tests free of charge directly from the Government of Canada. Small and medium-sized businesses and other organizations can also receive and have access to rapid tests through one of the Canadian government's delivery partners.

The Canadian government has spent the past two years enhancing its ability to respond quickly and efficiently to the many challenges associated with the pandemic.

*[English]*

Working with the provinces, territories and other partners, we are delivering the tools we need to protect Canadians in our health care system from the most serious outcomes of COVID-19.

*[Translation]*

As my colleagues know, this year started out with a marked increase in the number of COVID-19 cases when there was a surge in the omicron variant in Canada and around the world.



*Government Orders*

Recent modelling has shown that the increase in omicron infections has probably peaked. However, the number of daily admissions to hospitals and intensive care units is still high and many hospitals in Canada are under intense pressure.

Therefore, we must continue to do everything we can to limit the spread of COVID-19 and its variants.

[*English*]

In the short term, that means vaccines, boosters and strong adherence to public health guidelines.

[*Translation*]

Because nearly three million eligible Canadians have yet to get a first or second dose of the primary series and many other Canadians are also eligible for a booster, we want to improve our individual and collective protection with the COVID-19 vaccines. This will help us keep fighting the omicron wave and any potential new waves and variants.

[*English*]

Looking ahead, Canada will need to continue to tackle future waves, which may or may not be smaller than the omicron surge depending on how the virus evolves.

[*Translation*]

Screening tests, combined with individual public health measures and vaccination, play an important role in protecting Canadians and reducing the risk of outbreaks, swiftly identifying and isolating cases, and limiting the spread of COVID-19 and its variants of concern.

We are all tired after living with the COVID-19 pandemic for the past two years and the most recent omicron wave. We all want to know when the pandemic will be over, but we cannot simply snap our fingers and decide that COVID-19 is over.

We are at a critical juncture in the pandemic. We must do the right thing and act responsibly, and we need to do it now. We know that rapid tests will help us slow the spread of omicron. They will also help manage outbreaks and, ultimately, they will help keep Canadians safe and healthy.

That is why I urge all members of the House to support Bill C-10.

[*English*]

**Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC):** Mr. Speaker, it is always a pleasure to rise on behalf of the citizens of Kamloops—Thompson—Cariboo. I would be remiss if I did not wish my wife Odette, my better half, a very happy Valentine's Day.

To get to the more germane issue and the minister's speech, about five weeks ago, I took the minister to have stated that vaccinations should be considered mandatory by some provinces. I want to ask whether the minister still holds the view that I perceived him to have and whether this legislation impacts that view.

**Hon. Jean-Yves Duclos:** Mr. Speaker, maybe I should extend the same kind words to my own better half. I wish her a very happy Valentine's Day, but I doubt she will be watching us tonight. If our

better halves are watching us tonight, and do not have other more important things to do, then a happy Valentine's Day to all of them.

On the issue of vaccination, obviously we know how important vaccinations are for getting through this crisis, and we know that vaccination mandates have worked in Canada. Some 99% of public servants have made the right choice and got the vaccines. They are protecting not only their own health, but also the health of their loved ones, including their better halves most likely, and the health of their colleagues at work and elsewhere.

• (2115)

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, I would also like to wish my lovely wife Sheryl Palm a happy Valentine's Day, since I do not want to be left out in this. She is my sweetheart.

We have known from the beginning of the pandemic that testing and tracing are critical components of dealing with it, and I think that is still true today. We know that the authorization for \$2.5 billion would purchase about 400 million tests because that is the information I got when I asked the minister's staff at a briefing.

Dr. David Juncker, department chair of biomedical engineering at McGill University, estimates that with the omicron variant, Canada could require 600 million to 700 million tests a month and then two tests per person every week once the wave subsides.

Does the minister think that 400 million tests are going to be anywhere near enough? If not, how many tests do Canadians need for the rest of 2022 to deal with this virus?

**Hon. Jean-Yves Duclos:** Mr. Speaker, that is a great question, and I will answer it in two ways. First, obviously these are large numbers of tests, and we hope the House will support this so we will be able to start delivering them directly to Canadians either through the networks and partnerships I mentioned earlier or through the provinces and territories. These large numbers of tests have been added to the 140 million from January and the several million in 2020-21. That being said, it is entirely correct for me to monitor this situation and keep working with our partners in the provinces and territories to see how to equip them to protect the health and safety of Canadians as we move forward.

[*Translation*]

**Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ):** Mr. Speaker, I would like to wish all members a happy Valentine's Day, and I hope they will have a bit of time to celebrate later tonight.

*Government Orders*

I would like to ask the minister a question. First of all, in his speech, he talked about working closely with Quebec and the provinces and territories to find solutions and get through the pandemic. However, they unanimously stated that one of the measures that should be taken is to increase health transfers. We are saying yes to rapid tests and ad hoc support, but I would like the minister to explain his thinking, since all of the provinces have come up with a winning solution.

**Hon. Jean-Yves Duclos:** Mr. Speaker, I have so many things that I would like to say about the winning solutions my colleague just mentioned, which are so important.

Vaccines were extremely important and have been very successful. There were also the 35 million rapid tests distributed to Quebec alone in January, not to mention all of the others that will be sent.

There are treatments like Paxlovid. Canada has already received 30,000 courses of this treatment, and it is one of the first countries in the world to get it. Thousands of courses of this treatment have been distributed to Quebec and the other provinces and territories free of charge.

There is also the \$63 billion that was invested over the past few months on top of the Canada health transfer.

[*English*]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, I want to start off by acknowledging our fine work. We often make reference to the Minister of Health, the Minister of Procurement and the Minister of Finance and Deputy Prime Minister. However, it goes without saying and is important to state that the civil servants working for those respective ministers have done an outstanding job of ensuring that Canada stays on top of what has been an incredibly important file.

There are two aspects of it I want to highlight, one of which I am going to focus my attention on. One is the vaccines and the manner in which Canada was able to get them. They are the most important tool in combatting the pandemic, and we are arguably second to no other country in the world in terms of performance. I want to thank those individuals who ultimately made that happen, whether within departments or in the distribution once the vaccines arrived in Canada. They were getting them out to our provinces, territories, indigenous communities and so forth.

The second aspect is what this bill is all about. This bill, Bill C-10, as the minister has so well explained to members, is about the importance of this particular tool, rapid testing. I thought what I would do is provide some thoughts in regard to the comments I heard earlier today in debate, in particular coming from the Conservative opposition party.

One of the concerns the Conservatives constantly raised was the issue of why it took the government so long. They said they have been hammering for the government to have these rapid tests for years now, so I think we should recognize the uptake and usage of the rapid tests. If we take a look back to November of last year, for example, through the Government of Canada, we were able to build up stockpiles of rapid tests that were distributed in our provinces and territories. In some provinces very few were actually used.

From a federal government's perspective, we were able to meet the demand. We did not have the provinces and territories saying they wanted to get more to add to their stockpiles.

Then something unique happened. One of my colleagues talked about it earlier, and I know this sentiment is shared among my caucus colleagues: We became tired of the pandemic. Unfortunately, we are not the ones who determine when the pandemic goes away. We need to continue to have faith in science and faith in our health care experts. As much as I want to see it go away, I cannot wish it away.

What we saw was the omicron variant come in like a storm. When it came in, the uptake of and demand for rapid tests quadrupled and, in some cases, went up tenfold. However, through the efforts of civil servants and others, we were able to acquire, as the Minister of Health has said, close to 140 million additional rapid tests for the month of January alone. Taking into consideration the population of our country, I believe as a government we were prepared for a variation of the coronavirus.

If we think about what Bill C-10 is all about, it is about rapid tests. That is why this is so urgent. However, it is only the New Democrats who have recognized the importance of the timing. Opposition members, whether from the Bloc or the Conservatives, have said the Senate does not meet until next week. They do not necessarily realize that there are a lot of things on the agenda that are of absolute critical importance to Canadians from coast to coast.

• (2120)

**Mr. Larry Maguire:** Name one.

**Mr. Kevin Lamoureux:** Mr. Speaker, I will name more than one for the members opposite. Today is an excellent example. Our provinces, territories, small businesses and big businesses alike are dependent on the federal government getting these rapid tests. We are supporting the people of Canada and our business community in Canada, and we are showing how we can work with provinces to make a difference.

The Conservatives and the Bloc seem to be fixated on not wanting to support the bill's speedy passage. In terms of the GIS, we can talk about the importance to seniors across this land in getting payments and the legislation coming up this week. It needs to pass too. Remember, there is a break week the following week.

We have an emergency in our nation. Hundreds of millions of dollars in trade is being threatened at our international border. That is another issue that needs to be brought to the floor of the House of Commons. We have a Bloc opposition day coming up this week. We have two short days also. The urgency is there. It is very real and it is important. It is time that we pass the legislation.

In listening to the debate today, I am a bit confused as I am sure anyone listening to the debate would be. The member for Cumberland—Colchester is a medical doctor and sits on the health committee. He talks about questioning the science and whether it is even necessary at this stage, suggesting that it is a waste. He is not alone. The member for Peterborough—Kawartha is also implying that it is a waste, calling into question the need for the rapid tests.

In fairness, they did have a member who was very clear. The opposition House leader said he recognizes the importance and he is going to be voting in favour of the legislation. I suspect the Conservatives will rethink their position and their speeches today. I would hope it would be unanimous in this House. Even the Bloc recognizes the importance of this legislation being passed. I would like to think that the Conservatives would also be supporting it.

People need to read some of the speeches and listen to what members of the Conservative Party are saying about rapid testing. We wonder why there is confusion and misinformation out there in our communities. It is there because of the mixed messaging coming from the official opposition here in Canada.

We have consistently, in the last couple of months, brought forward legislation to deal with rapid tests. First, it was Bill C-8 with \$1.7 billion and today with Bill C-10 it is \$2.5 billion. If we do not spend that money or if we do not make the commitment to get those rapid tests, we are telling provinces and territories they are going to have to do it. They will not be able to get the same bulk-buying power we can get as a national government. We already have the contacts and the network. Then we will work with provinces and territories to ensure we are able to meet those demands.

• (2125)

That is why this legislation is important. That is why I would recommend that all Conservative members join the rest of the House in supporting Bill C-10.

• (2130)

**Mr. Larry Maguire (Brandon—Souris, CPC):** Mr. Speaker, I listened to my colleague's speech. He is talking about the lateness of getting the rapid tests now. When I was on the health committee, we hounded the Liberals in the House of Commons in question period for weeks, for practically the whole month of September in the fall of 2020, before the government finally said it would allow rapid tests. Then the provinces could not even buy them because the federal government had a control on them.

Now that they have that, they are getting them out late again. We did not have any at Christmas and New Year's when omicron was in a big outbreak. It reminds me of exactly what happened when the Liberals put all their eggs for vaccines in the CanSino basket in China and never even bothered to try to repurchase more vaccines for three solid months. They lost time.

Could the member for Winnipeg North, who knows these to be facts, explain why his party is now late to the party with rapid tests?

**Mr. Kevin Lamoureux:** Mr. Speaker, those are misleading facts that the member has just put on the record. I would suggest it is Conservative spin in order to confuse and mislead Canadians.

### *Government Orders*

The reality is, from what I understand, there was not one province or territory back in November of last year, just a few months ago, that was saying it was running out of rapid tests and needed more. In fact, our own home province was not even utilizing them. It was a small percentage. It was only because of omicron that the demand quadrupled and in some cases increased tenfold. The demand was created.

The federal government was there at the table when the demand was there. We had stockpiles of them and we ensured that provinces had stockpiles of them to distribute. Those are the real facts. That is the bottom line. For those who say we could have had more, we are being criticized by the Conservatives because we are allocating too much money for any more of them. They cannot say on the one hand that we should have more and then on the other hand say we cannot buy any more because they do not want the government to spend so much money.

[*Translation*]

**Mrs. Marilène Gill (Manicouagan, BQ):** Mr. Speaker, I would like to begin by thanking my colleague from Winnipeg North for his speech. I always find him very entertaining.

I would like to ask him a question.

To hear him speak, one would think that PCR tests are the greatest thing since sliced bread. He kept going on about how important it is to take action now. Meanwhile, we hear a conflicting message from the official opposition and the other opposition parties. When it comes to acting quickly, members will recall that the government called an election in the midst of the pandemic, and then it waited two months before recalling the House. Now the government is talking about PCR tests when it has not done anything about health transfers.

Could my hon. colleague provide some clarification and talk about health transfers, since they are basically the only way to get through this crisis?

[*English*]

**Mr. Kevin Lamoureux:** Mr. Speaker, during the pandemic there were many different elections across Canada, and in fact in North America with even the U.S. election. I believe that through our election there was a very clear mandate given to not only the government, but all members of this House, saying that the coronavirus was still there and we needed to continue to invest resources in the issue, which is what we are seeing today, substantial financial resources, that we needed to look at and implement mandates, and to continue to follow and listen to science and health experts. Ultimately, I believe we are on the right course.

What I am most proud of is the greatest tool: the vaccines. It is the positioning of Canadians and the uptake that has allowed us to see Canada do exceptionally well in comparison to other countries around the world. Canadians understood the importance of being double vaccinated.

*Government Orders*

In regard to the issue of financing of health care, whether it is mental health, long-term care, vaccines or the rapid tests we are debating today, the federal government has been there in a very tangible way with the expenditure of additional billions of dollars during the pandemic over and above historic amounts through equalization payments and direct payments in regard to the health care program.

I think that, as a government, over the last six years we have done exceptionally well in supporting health care. We know that health care is important to each and every Canadian from coast to coast to coast.

● (2135)

**Mr. Michael Cooper (St. Albert—Edmonton, CPC):** Mr. Speaker, I will be splitting my time with my colleague, the member for Fort McMurray—Cold Lake.

I rise this evening to speak to Bill C-10, an act respecting certain measures related to COVID-19. Specifically, what Bill C-10 does is allocate \$2.5 billion toward rapid testing.

Since the outset of the COVID-19 pandemic, Conservatives have consistently and repeatedly called on the government to make rapid testing a priority. It has now been more than two years since COVID arrived and throughout that time the government's record when it comes to rapid testing has been precisely the opposite of that. For more than two years, the government has repeatedly and consistently dropped the ball when it comes to rapid testing.

The numbers speak for themselves with respect to the government's failure when it comes to rapid testing. The government very recently made a commitment to deliver tens of millions of rapid tests to the provinces in January. It has failed regarding the promises it made to the provinces.

Take the province of Ontario, for example. The government promised the Province of Ontario 53.3 million rapid tests. It has delivered 17.6 million rapid tests. In other words, it has delivered less than a third of the commitment it made to the Province of Ontario for January.

In my home province of Alberta, the government promised 16 million rapid tests for January. It turns out it has delivered less than five million rapid tests, barely 30% of what it committed to for January.

Similarly, the Province of Manitoba has stated it has received only 2.5 million rapid tests, less than half of what the government committed to for January.

Those are the numbers. Talk about a failure.

Early on in the pandemic, business, small business owners and leaders of key sectors of the Canadian economy, including tourism and hospitality, urged the government to come forward with a comprehensive, robust rapid testing strategy to acquire and distribute rapid tests so their doors could remain open safely and they could avoid the kinds of lockdowns and restrictions that have shut down businesses and cost Canadians hundreds of thousands of jobs. What was the government's response to those calls? Very simply, the government ignored them.

Not only that, the government attacked the very people, including members on this side of the House, who were calling on it to prioritize rapid testing. In answer to a question posed by my former Conservative colleague, the then member for Cloverdale—Langley City, I can recall the Deputy Prime Minister, in this House in November 2020, saying that those who were promoting the use of rapid tests were selling snake oil. The Deputy Prime Minister and future leader of the Liberal Party of Canada was equating rapid tests to snake oil.

● (2140)

While the government was attacking those who were calling on it to come up with a plan to get rapid tests out, other countries took the opposite approach. They were procuring and distributing rapid tests. Many jurisdictions, such as Germany and such as London, England, were getting rapid testing kits out to their populations at little or no cost so that businesses could stay open. There is a long list of jurisdictions that did so successfully, but not Canada.

After more than two years of failure, now all of a sudden rapid testing is a priority for the government. All of a sudden, it has seen the light. All of a sudden, it is saying we have to ram through Bill C-10 with limited scrutiny and debate. I say, when it comes to Bill C-10, it is too little, too late. If anything, what Bill C-10 demonstrates is the complete and utter incompetence of the government and complete failure to come up with a plan with respect to rapid testing.

Speaking of incompetence and a failure to come up with a plan on the part of the government, today the Liberals, along with their NDP coalition partner, voted against a very reasonable Conservative motion simply calling on the government to come up with a plan to lift federal restrictions and mandates.

In fairness, the best that could be said of the Liberals is that they did something that they have not done in a long time, and that was to be honest. They admitted that they do not like plans, that they cannot plan, and that they have not had a plan throughout COVID. If the government did have a plan, we would not be debating Bill C-10 tonight. There would not be tens of millions of shortages with respect to rapid testing, and the \$2.5 billion that the government is requesting would have been out the door a long time ago.

This is not about a government saving the day. This is about a government that is in a state of panic and scrambling to cover up its record of failure. After more than two long years, Canadians deserve a plan from the government when it comes to lifting restrictions and mandates.

With more than 90% of Canadians vaccinated, what is it going to take the government? What is the government's exit strategy? How much longer are Canadians supposed to wait? Canadians deserve to know when it is that they can expect to take back control of their lives. They deserve an answer from the government now.

*Government Orders*

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, there is a fundamental flaw that the member has in his argument. It is quite simple. The member says that we were too late with the rapid tests, yet when the federal government provided the provinces and the territories with the rapid tests, they sat on shelves for months. They only started to be utilized in any serious number in November and December of last year. There was a huge surplus nationwide of stock. It was the variant that ultimately caused the demand.

Is the member saying that the provinces messed up, and that they should have been using the rapid tests? Is he pointing a finger at the provinces for not doing their job in using the rapid tests months and months ago?

• (2145)

**Mr. Michael Cooper:** Mr. Speaker, what I am saying is that the government has messed up. The government has failed to provide leadership when it comes to getting rapid tests out the door. The government has dropped the ball repeatedly.

Is the hon. member proud of the fact that his government delivered a third of the rapid tests that it committed to delivering to the province of Ontario? Is he proud of the fact that this government delivered fewer than a third of the rapid tests it committed to the province of Alberta? The numbers speak for themselves when it comes to this government's track record on rapid testing. It equals a total and complete failure, and the parliamentary secretary knows that.

**Ms. Lori Idlout (Nunavut, NDP):** *Uqaqtittiji*, I appreciated the Minister of Health agreeing today that we cannot fight what we cannot measure. In Nunavut, out of the 25 communities, there is only one community equipped with lab technicians. Back in November, of the said eight lab technicians, five had resigned. Also, in January, the Government of Nunavut had decided to ration its testing for COVID-19 to only health care providers in Nunavut.

Does the member for St. Albert—Edmonton not agree that Nunavut residents deserve to have access to rapid tests? *Qujan-namiik*.

**Mr. Michael Cooper:** Mr. Speaker, I want to thank my colleague for Nunavut for that question. I think she speaks to some of the serious problems that we have, in Nunavut specifically but also across the country, in terms of the lack of availability of rapid tests, which are a critical tool in managing COVID. In short, yes. I absolutely agree with her.

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Mr. Speaker, to my hon. friend for St. Albert—Edmonton, I am troubled. It is not by him alone, obviously, but by the notion that human beings, Canadians, parliamentarians and governments are in charge, and we can accurately predict what this virus is going to do next and therefore we should be able to provide a road map and timeline.

I would ask the hon. member for St. Albert—Edmonton this: Is he confident that the pandemic is over, and that restrictions should be abandoned everywhere?

**Mr. Michael Cooper:** Mr. Speaker, I thank my friend, the member for Saanich—Gulf Islands, for that question.

No, the pandemic is not over. We will be living with COVID for a long time, but we are entering a new stage. COVID is endemic, and we need to come up with ways to live with COVID. That is why governments are lifting restrictions around the world. That is why provinces are lifting restrictions, and that is why public health officials are saying that vaccine mandates and other restrictions need to either be lifted or re-evaluated. If this government was following the science, it would move forward in that regard.

**Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC):** Mr. Speaker, I will start this evening along the same lines as some of my colleagues. I wish my husband Niall a very happy Valentine's Day. I am very lucky to have him in my life, and I am sure that if he is not watching he will be following up with a clip later on. I thank my sweetheart, and I love him.

I believe that rapid tests are an important public health tool. I do not think that is a debate that I am willing to have. I am definitely not a scientist and I am not an expert, but I am a new mom. As a new mom, I was keen to seek out rapid tests when they became available in my community, and they were not easy to come by because the provinces were not getting their shipments in a timely manner, so there were some struggles. When my family did end up getting some rapid tests, we were pretty excited.

My family, like many families with young kids, came down with colds a couple of weeks ago. Having access to the rapid tests really protected our mental health because they allowed us to rule out COVID. Both my husband and I were symptomatic. We used our rapid tests, and they came up negative a few times. That allowed us to have some peace of mind as we were caring for our sick son.

Having a baby be sick for the first time is pretty scary, especially for new parents. It did not change our behaviours, and I want to make that clear. We did what we would have done had we had colds before COVID. We isolated, we stayed home, and we had friends and family bring supplies to our house to help us get through those times.

We did some things a little differently, but we were confident to treat it like a common cold. The phrase "know better, do better" came to mind in our case. Because my husband and I were both COVID-negative, we knew that likely meant that Eoghan, our little son, was also COVID-negative. When his breathing got to be a bit wheezy, we were more comfortable staying at home because we were pretty confident that it was a cold, so we treated him for a common cold. I am confident that had we not had those rapid tests available to us, we would probably have rushed to the hospital, which would have likely cost the health care system more money.

*Government Orders*

I share this as one small anecdote in a pile of stories as to why rapid testing can be a very useful tool, especially for people who are symptomatic. I am going to put this on the record, not that we necessarily need it, because everybody knows it at this point. If people are feeling sick, they should stay home. This was true 100 years ago, this was true 50 years ago and this is true today.

Having this bill pass today would not make any difference in how many rapid tests are available to Canadians tomorrow or this week, nor would it somehow end this pandemic. Parliamentary oversight in debates such as these, and having bills go through committee, are fundamental aspects of our parliamentary democracy and our democratic process as a whole. I fail to understand the urgency.

I understand that the member for Winnipeg has gotten up and shared about the busy parliamentary system. I appreciate that we have a lot of important bills that we need to discuss, and there are a lot of critical things that we want to try to get through before the end of this parliamentary week, when we go back to our constituencies for constituency week.

However, having a bill studied at committee is absolutely important, especially a bill for this amount of spending. We are talking about \$2.5 billion. That is not a small amount of money, and it is not a small amount of money to my constituents. They expect that there is accountability, especially for a sum of money this large. They also expect that they are getting the best possible legislation from parliamentarians.

I have so many questions about this legislation that I would love to know the answers to. For example, is this too much? Is this not enough? Are the tests here? Who are the suppliers of these tests? Where are they being manufactured?

• (2150)

There are so many more reasonable and rational questions that deserve to be asked and deserve to be responded to in a committee setting. While I understand that Canada is currently in a struggle space, on this side of the House we want to see at-home tests available to Canadian families, Canadian families like mine. That would put us at ease.

However, we have seen failure after failure from the Liberal government on the COVID file, whether it be closing borders, opening borders, vaccine procurement, testing capacity and at-home test procurement, just to name a very few. Forgive me for wanting to push the pause button here for the sake of my hard-working constituents.

Canadians expect Canada's Conservatives to take our role as Her Majesty's loyal opposition seriously and to serve the public by applying a critical eye to all proposals and actions of the governing party. This is not something that we do simply to be difficult or obstinate. It is the role Canadians have conferred on us. Let that sink in. We are responsible to ensure that Canadians have the very best legislation available to them and that we are looking at both the intended and unintended consequences of the legislation.

We very well might not agree on what the path forward would be, but we deserve to at least be able to have the conversations to

ensure that we have the best legislation. What I am asking for, and I would implore, is to slow things down just the smallest bit and give us an opportunity to have further study on this bill. Give us some time to hear from expert witnesses. As has been stated multiple times, the Senate does not return until Monday. We have the capacity to give this some further study.

Furthermore, this bill is retroactive to January 1, 2022. Even if this was delayed, I am not quite sure how that would impact this bill, compared with a bill that only comes into force upon proclamation.

I am imploring everyone in the House to just hit the pause button and allow some additional oversight to ensure that we are providing Canadians with the best possible legislation, because they deserve our attention and our care.

• (2155)

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Mr. Speaker, I also heard from many constituents in my province when omicron became a very grave situation at the end of December, prior to the holiday period, that the availability of rapid tests was an issue. The province had just started to give them out to citizens.

I know for a fact that many citizens went and got those tests. They stood in line in -10°C or -30°C weather to get those rapid tests because the holidays were coming and they wanted to make sure they did not infect anybody. They wanted to take the necessary precautions. They also said that they did not want to be in that kind of a situation again.

I also know that in about three weeks, in my home province, it is going to be spring break. I know that things are loosening up in my home province. People are going to want to have those rapid tests in the event that they become symptomatic. They are going to want to have them. Are we supposed to tell them we are sorry but we needed to study a piece of legislation that is literally two lines?

**Mrs. Laila Goodridge:** Mr. Speaker, I wish I had been able to have tests before Christmas. I really wish I would have. Many of my constituents and people across my province of Alberta wished they could have had them. Quite frankly, it was not always possible. I know we did not find availability for rapid tests in my home community of Fort McMurray until sometime in early January. I would have happily waited in -40°C in a line to get them, but it was not even an option.

We are not debating whether we should have stuff. What we are debating right now is simply having a little extra oversight. The bill is retroactive to January 1, 2022.

*Government Orders*

• (2200)

[*Translation*]

**Mrs. Julie Vignola (Beauport—Limoilou, BQ):** Mr. Speaker, I too heard our colleague from Kingston and the Islands answer a question earlier about why the government did not include the amounts for rapid tests in Bill C-8.

He said that it was because there was no omicron variant when Bill C-8 was drafted in December, at the time the update was done. However, we did have the delta variant and a pandemic, and we knew it was not going to be over any time soon.

Does my colleague think that there is a certain lack of predictability, a lack of vision and, in this case, a lack of medium-term perspective from the government, which is rushing us to pass a bill that will not even be looked at by the Senate until next week since the Senate is not sitting this week?

**Mrs. Laila Goodridge:** Mr. Speaker, I thank my colleague for her question.

I think she is absolutely right. When it comes to COVID-19, the Liberal Party has not been transparent enough, especially on vaccine procurement. I think she made a good point. This is just one other aspect of the problem.

[*English*]

**Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP):** Mr. Speaker, what price would the member be immediately comfortable with so that parents across Canada could have the same peace of mind that the member enjoyed to make sure that their kids are healthy?

**Mrs. Laila Goodridge:** Mr. Speaker, it is very important to state that it is not necessarily simply about the price. It is about making sure that there is a bit of oversight and that it goes to committee.

I am not against this bill and I want to make that exceptionally clear. This is an important public health tool that Canadians should have access to. The member for Nunavut very clearly outlined why rapid testing is very important in her region. I thank her for bringing that up because it is so important in many of our rural and isolated communities. It is not necessarily about the dollar figure. It is a question of having oversight.

[*Translation*]

**Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ):** Mr. Speaker, on this Valentine's Day evening, I will be sharing my time with my colleague from La Pointe-de-l'Île. I would also like to take this opportunity to give a shout-out to my partner, Yanick Thibault. We have been together for 26 years, and I thank him for sharing me with all the people of Laurentides—Labelle.

We have spent several hours today talking about Bill C-10, which provides for a one-time payment of up to \$2.5 billion to the provinces and territories for expenses incurred on or after January 1, 2022, for tests. The money is to help the provinces and Quebec absorb additional pandemic-related costs.

The government upped health transfers by \$5 billion in the previous Parliament. That included \$4 billion for urgent health care system needs and \$1 billion for the vaccination campaign. We all agree that was necessary, but that money is completely separate from re-

quests to increase the federal government's share of health care costs to 35%.

It has to be said. The Liberals will try to make themselves look good by saying that the billions of dollars they spent went directly to fixing the problems in health care. However, the Bloc Québécois is duty bound to point out that, despite the \$60 billion or so that has been injected, the Liberals have not exactly done anything out of the ordinary. This spending was necessary to deal with this pandemic, which is an exceptional situation.

I am sorry to see the government using these sums as an excuse not to increase funding and to put it off until later, possibly 2027. This does not make sense because the problems will remain after the pandemic.

I want to be very clear that our voice will be heard over and over again, speaking for the Quebec government. I will continue to illustrate that this issue is crucial to getting through the pandemic.

The federal government stands alone on this matter. We cannot forget that the Quebec government and the Bloc Québécois have called for an increase in health transfers to cover 35% of health care costs. The federal government wants to postpone the issue of funding until after the pandemic, possibly until 2027. Not only is this completely out of touch with reality, but the federal government is also the only one to think that way.

The Bloc Québécois wants a society that has a universal, public health care system worthy of a G7 country. Without that, we cannot properly deal with health care problems.

In fact, that money could bring in alternative measures for the entire nation. For those watching us at this late hour, on Valentine's Day, remember that the federal contribution went from 50% of health care costs in the 1950s and 1960s to 22% today.

The division of powers between Ottawa and the provinces in 1867, which was quite a while ago, is quite simple. In 19th-century terms, if the issue directly affected people and how they organize their society, it fell under the jurisdiction of Quebec and the provinces. This included civil laws that codify interpersonal relations, the organization of society through social, health and education programs, and also cultural issues. If an issue did not directly affect people or the internal organization of their society, it could fall under federal jurisdiction. This could be monetary policy, international trade, and general trade and industry regulations.

To compensate for the withdrawal of the federal government's investment, Quebec and the provinces had no choice but to scale back services and run the system at full capacity.

*Government Orders*

● (2205)

The system broke down. Our young people, seniors, parents, business people and health care staff will not agree to lockdown indefinitely to protect the health care system. That is exactly why we need to start rebuilding our health care system immediately.

It is unacceptable. We know more money will not fix everything overnight. However, without funding we cannot start building our ideal health care system. That includes mental health services available to everyone when they need them; good working conditions for nurses and all other health care workers; training to hire staff, who are so invaluable; and support services for people dealing with addictions. This list goes on.

Once again, the government is completely alone on this issue. All of the opposition parties and the premiers of the provinces and Quebec—and that is big—are calling for an increase in health transfers, as are the health care unions, Canada's public health authorities, the majority of medical and patient associations, and even one of the government's own MPs. That is not to mention the fact that, on February 2, a poll showed that 87% of Quebecers and Canadians were also calling for an increase in health transfers.

I urge the Prime Minister to acknowledge this consensus and to immediately meet with his counterparts, as he did today on another matter, to negotiate an increase in health transfers and get things moving. The federal government needs to stop arguing over jurisdictions. It is time to rebuild.

Since I have a little time remaining, I would also like to talk about vaccination in developing countries, because this pandemic will not end until that happens. Until all countries have adequate vaccine coverage, there will always be a risk of new, more contagious, dangerous or resistant variants.

The Bloc Québécois is calling on the federal government to take four actions to contribute to global vaccination coverage. Canada must provide logistical assistance to transport and administer doses; provide its surplus doses to developing countries on a predictable basis; support the waiving of vaccine patents; and participate in global vaccine outreach efforts to ensure that the vaccination campaign is a success around the world. It is important that people learn about the benefits of the vaccine, which is a challenge that both Quebec and the rest of Canada are facing.

In closing, I would like to take this opportunity to respond to a number of people who have contacted me recently about the Conservative motion we voted on today. The motion called on the government to table a plan by the end of the month, by February 28, that includes reopening steps. That is what the Bloc Québécois supported.

It is important to make that clear because some of the people who contacted me were misinformed. What the Bloc Québécois supported was calling on the government to govern and plan. Asking for a plan is the same as asking the government to govern, which is the least it can do. Nobody is asking the government to get rid of all public health measures by the end of the month. We are not even asking it to make an announcement on February 28 about a precise date when all public health measures will be lifted. All we want is a plan and some predictability.

● (2210)

**Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.):** Mr. Speaker, my colleague spent her 10 minutes talking about some very important subjects, but I did not hear her position on Bill C-10, so I would like to know if she will support it.

**Ms. Marie-Hélène Gaudreau:** Mr. Speaker, as I mentioned, there are several conditions for success. Of course, to make something happen, it has to be repeated. That is what I have learned from federal politics. I tell my kids that they have to do a thing a thousand and one times.

That is what we are doing. Many things are important, such as providing rapid tests and injecting one-time payments to meet a need. Those are part of it, but for the future and going forward, I will never stop calling for an increase in health transfers to 35% until that happens.

[*English*]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, I would like to congratulate my hon. colleague on her speech. I think she gave a very accurate and compelling case for why the federal government needs to increase its Canada health transfers to the provinces. I think we all, on this side of the House, in the NDP, join in that feeling that the 22% share of federal health spending in this country is not sufficient.

I know the NDP and the Bloc Québécois have, to some degree, a difference of opinion on the jurisdiction of health care in this country. We also know there are conditions in the Canada Health Act. There are five major conditions that every province has to meet in order to get that funding.

I am wondering if the member would describe to the House what kind of accountability she would have the provinces demonstrate in exchange for that money from the federal government. Does she accept that the provinces should have to at least show that they are spending the money in health care, and maybe account to the taxpayers of this country how that money is being spent, or does she think there should be absolutely none of that whatsoever?

● (2215)

[*Translation*]

**Ms. Marie-Hélène Gaudreau:** Mr. Speaker, I thank my colleague for his question.

I would say, essentially, that jurisdictions must be respected. In other words, trust the expertise of each province when it comes to what services are needed.

When we talk about health transfers, obviously they must be unconditional, because it is the provinces that have the expertise, not the federal government. The provinces have everything it takes when it comes to both education and health care.

I tell people that it is important for everyone to mind their own business. It is often when we do not have enough to do that we interfere in other people's business.



*Government Orders*

In the context of a pandemic where there are global challenges and a critical situation, I think we all need to mind our own business.

**Mrs. Marilène Gill (Manicouagan, BQ):** Mr. Speaker, I thank my colleague for his inspiring speech.

We are debating a bill. However, contrary to what my colleague from Longueuil—Charles-LeMoyne was saying, just because we are debating a bill does not mean that we cannot consider items that are not covered by the bill but that are very important to us.

I would like to put a simple question to my colleague from Laurentides—Labelle, who has been asked about jurisdictions.

Since today is Valentine's Day and I love my country, I would like to know what she thinks would happen if Quebec got to keep its own money. Would the situation be the same?

Would we be dependent upon a government that wants to spend money in any area of jurisdiction and that is not meeting the people's needs? If we had full control of our own funds, would the health care system in Quebec not work a little better?

**Ms. Marie-Hélène Gaudreau:** Mr. Speaker, I thank my colleague. I heard the words “predictability”, “expertise” and “jurisdiction”. We must trust the people who have been saying for several months that they would have done things differently. Instead of crushing and pressuring the health care system, which broke down in Quebec, I believe we could have already introduced new solutions.

In the end, with predictability and money, we would clearly have done things in a completely different way.

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Mr. Speaker, Bill C-10 establishes a one-time payment of \$2.5 billion to Quebec and the Canadian provinces for expenses incurred since January 1, 2022, in relation to testing.

We agree with that, but the main problem, and my colleague spoke at length about this before me, is that cuts to federal health transfers are compromising the health care system in Quebec and in the Canadian provinces. From our Quebec taxes that we send to the federal government, the money transferred to Quebec for health care formerly represented 50% of the funding for that sector in the 1970s. We cannot say it enough. Despite being increased a few times, like when the Bloc Québécois obtained a \$3.3-billion increase in transfers in 2007, Ottawa's share of the cost of health keeps going down. Today, the transfers represent only 22% of health spending.

Just before the election in 2011, the Bloc convinced Ottawa to catch up and to keep increasing the transfers by 6% over five years. Unfortunately, the Conservatives decided that starting in 2016, the transfers would stop keeping pace with the increasing costs and capped them at 3%. However, health care costs have been increasing by roughly 5% a year, due in part to population aging. In Quebec, where the population is aging faster than the Canadian average, we are being hit hard. That is what we call the fiscal imbalance. We are paying nearly half our taxes to Ottawa, but most of the public services are being provided by Quebec or the Canadian provinces, while the federal government does whatever it wants.

At the end of the day, Ottawa is undermining Quebec's finances, and Quebec taxpayers are paying the price and receiving fewer and fewer services. According to a study by the Conference Board of Canada, with the current transfer method, in 20 years, the federal government should rake in a \$110-billion surplus, based on this calculation method, but the provinces will run a combined deficit of \$172 billion. That is how the federal government can afford to interfere in the jurisdictions of Quebec and the provinces.

If the trend continues, federal health transfers will drop from 22% of health care expenses to 18% within a few years. It is no wonder that Quebec and the Canadian provinces are calling for the federal government to increase health transfers to cover 35% of health care spending, which would be more than \$6.5 billion for Quebec. The government's position of putting off discussing the funding issue until after the pandemic is completely out of touch with reality.

I have been a member of Parliament for the Bloc Québécois since 2016. The one thing that struck me when I came to the House of Commons was that the Canadian government is always quick to interfere in areas under the jurisdiction of Quebec and the Canadian provinces, but it does not step up when it needs to take care of its own business, in its own jurisdiction.

The federal government must not continue to use these payments as an excuse to increase its funding and interference in areas under provincial jurisdiction and put off discussing health transfers. The Bloc Québécois will continue to make the point that increased health transfers are a necessary part of getting us through this pandemic, and it will be even more difficult to rebuild and stabilize our health care systems.

The needs are urgent in my riding of La Pointe-de-l'Île. The proportion of people aged 65 and over is higher than in the rest of Montreal. Life expectancy is lower than the average. Approximately two in three people aged 65 and older in La Pointe-de-l'Île have at least one chronic illness. Lung diseases and respiratory illnesses are more common in La Pointe-de-l'Île. Quebec's health care challenges are not strictly a management issue. The refusal by the Liberals and the other federal parties to increase health transfers to 35% is a prime example of predatory federalism.

● (2220)

Quebec is the one providing health care services, and we are in the middle of a pandemic. Quebec pays close to half our taxes to Ottawa, yet provides the lion's share of the services.

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The Bloc Québécois succeeded in passing a motion to increase health transfers even though the Liberals voted against it. We know more money will not fix everything overnight, but without higher health transfers on an ongoing basis, we cannot start building the health system we want. That includes services available to everyone when they need them, good working conditions for nurses so we can retain them, training to hire more nurses and doctors, and support services for people dealing with addictions.

We cannot make these decisions and achieve this vision unless the federal government agrees to give back the money it takes from our taxes to fund the health care system. Health transfers must be restored urgently so we can breathe life back into our system.

I would also like to emphasize a key point here. While it is up to Quebec to choose the specific health services it wants to provide, respect for jurisdiction is quite simply an essential condition for respecting democracy. There are provincial jurisdictions and federal jurisdictions. If that is not respected, when people vote for a government in Quebec, that means they are voting for any old thing because we do not have the power to fulfill our commitments.

Quebeckers need to be given the right to determine their specific preferences with regard to health. The Bloc Québécois is against the federal government's centralist tendency. Ottawa is using the pandemic as an excuse to interfere in all sorts of domains, including long-term care institutions, mental health services and pharmacare. These elements are provincial responsibilities. Since Quebec and the provinces know what their people need, they should be the ones to determine how this money is allocated.

As we have pointed out, the government is completely isolated on this issue. My colleague said so earlier. All the opposition parties are calling for an increase in health transfers. All the provinces are calling for an increase in health transfers. All the premiers of the provinces and Quebec are calling on the federal government to increase health transfers. A 2020 survey found that 81% of Quebeckers want the federal government to increase its health transfers. That should be clear enough, but it is never clear enough.

We ask questions all the time and remind the Liberal members of this, and we are told again and again that funding has increased during the pandemic and so on. An increase in health funding during a pandemic is not a recurring increase. If health transfers are not increased, the federal share of health care spending will steadily decline, and our health care systems will be under enormous pressure. The provinces cannot make cuts to hospitals. We are asking once again, and we will continue asking, that the federal government increase health transfers. It is urgent.

• (2225)

[English]

**Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.):** Mr. Speaker, whether one lives in St-Pierre-Jolys in rural Manitoba or St. Boniface in the city of Winnipeg or in rural communities in Quebec or the city of Montreal, I think there is a general feeling among people in all communities that they want to see co-operation among different levels of government on the important issue of health care.

Through the Canada Health Act, there is a significant flow of federal tax dollars to support health care so that there is a sense of fairness whether people require health care service in Montreal or in Winnipeg. I am wondering if the member could indicate why he does not believe there needs to be a sense of equality and fairness in the distribution of health care services, no matter where people live in in Canada.

[Translation]

**Mr. Mario Beaulieu:** Mr. Speaker, equality is exactly what we are asking for.

When we talk about increasing health transfers to 35%, it is not only Quebec asking for this, but all the provinces.

This is not something that only Quebec is asking for, as I just said. This really illustrates the problem we have with the federal system. We have a government that constantly centralizes power and makes decisions that interfere with the decisions made by Quebec and the provinces.

• (2230)

**Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP):** Mr. Speaker, I thank my colleague from La Pointe-de-l'Île for his speech.

I obviously agree with him that our public health care system has really been devastated by the Conservatives' cuts to provincial transfers, cuts that the Liberals maintained.

However, my colleague and I do not quite agree on the impact of a universal public pharmacare program, which would not only enable the public health network to save money on drugs, but would also help workers and businesses save too.

My colleague does not agree with the FTQ, the CSN, the CSQ and the Union des consommateurs du Québec that there should be a universal public pharmacare program to ensure better coverage for everyone and reduce the cost of drugs. It would also mean savings for Quebec's health care network.

**Mr. Mario Beaulieu:** Mr. Speaker, the Bloc Québécois has said it before, and we will say it again: Quebec leads the way on prescription drug insurance.

We are not opposed to the idea of Canada as a whole taking our lead and doing likewise. However, we do not want Quebec to be penalized because we are ahead of the curve.

We agree with my colleague's proposal, as long as there is a clause that lets Quebec opt out with full compensation so we can continue to improve our own system.

**Mrs. Julie Vignola (Beauport—Limoilou, BQ):** Mr. Speaker, we are in the final hours of Valentine's Day, and Valentine's Day is all about love.

Who else but my colleague, who speaks French with such passion, energy and love, can teach the Liberals the difference between “recurring” and “sporadic”?

**Mr. Mario Beaulieu:** Mr. Speaker, I would say that we in the Bloc Québécois love Quebec enough to hope that it manages to get by after all these decisions, which basically make us less effective in our government administration.

There is only one truly sustainable solution that would free us from being at the mercy of the federal government's health transfer cuts, and that is Quebec independence. That is what I want. I am convinced it will come to this, because we have no choice, especially given that, if we want to continue to exist and develop as a people, we must have full control over our finances, our economy, our language and our culture.

In the meantime, the Bloc Québécois is the only federal party that defends and promotes the interests of Quebec as a nation and actively works to promote independence. This is our only way forward.

[*English*]

**Mr. Don Davies (Vancouver Kingsway, NDP):** Mr. Speaker, I am honoured to rise tonight to speak to this important bill. I am particularly pleased to split my time with the brilliant member for Elmwood—Transcona.

This legislation is extraordinarily straightforward and simple. It would authorize the Minister of Health to do two things: first, to make payments of up to \$2.5 billion out of the consolidated revenue fund for any expenses incurred on or after January 1, 2022, in relation to COVID-19 tests, and second, to transfer to any province or territory or to any body or person in Canada any COVID-19 tests or instruments used in relation to those tests acquired on or after April 1, 2021.

New Democrats strongly believe that we must expand access to COVID-19 testing for Canadians and do so as quickly as possible. Therefore, we of course will be supporting this legislation.

COVID-19 has underscored the crucial role of testing and surveillance in controlling infectious disease outbreaks and guiding sound public health decisions. In fact, listening to the debate over mandates and whether we should or should not have them, I think one thing we can all agree on is that testing will be a critical component of our ability to relax and ultimately relinquish those mandates because we will be able to get quick and accurate information about the outbreak of disease, as is demonstrated in every country in the world that is using these tests.

However, it is also true that Canada has suffered from severe limitations on testing capacity through wave after wave of this pandemic as a result of the federal government's repeated failure to stockpile sufficient supplies or accelerate domestic production capacity. With the emergence of the highly transmissible omicron variant, an exponential surge of COVID-19 cases has once again overwhelmed Canada's testing capacity while the federal government now scrambles to secure supplies in a highly competitive global marketplace. As a result, COVID-19 testing has become inaccessible for many Canadians from coast to coast to coast; reported case numbers underestimate the true number of infections, mak-

### *Government Orders*

ing it difficult to plan public health measures; and contact tracing efforts have been largely abandoned. Canadians may remember the tracing app that the federal government unleashed to great fanfare; it is now nowhere to be found and abandoned.

In response to shortages throughout the omicron surge, many provinces have had to restrict access to PCR testing to individuals who are at higher risk of severe illness and those in settings where the virus may spread more quickly. PCR testing, of course, is more precise than rapid antigen testing, and positive results from rapid test kits are not even reported in official COVID-19 case counts, again underestimating the prevalence of COVID in our country. However, rapid antigen tests are considered an important screening tool. Research shows that they are instrumental in preventing asymptomatic transmission of COVID-19 because they provide quick and generally reliable results. Unfortunately, rapid tests have also been very difficult for Canadians to access, particularly during the recent holiday season.

To stop and summarize here, we have a bill with two sections: one for \$2.5 billion to get rapid tests and the other to transfer them to the provinces and territories. What do my colleagues in the Conservative Party and the Bloc Québécois say? They say we need to slow this down. They say they need to study this.

There is nothing to study. We are in an emergency. We are in a pandemic. Testing and tracing are especially important for asymptomatic Canadians and are key tools in returning to normal, so when the Conservatives say they want to reduce mandates but are slowing down the delivery of rapid tests, one of the tools to help us reduce and get rid of the mandates, it is inconceivable.

Second, there is a shortage of all tests in this country, both PCR and rapid tests. Canadians know this. In every province and territory, Canadians cannot get access to the rapid tests or the PCR tests that they need. Provinces and health care systems are rationing access to tests. What is the Conservative and Bloc response? Wait, slow it down; we need to study this. Again, there is nothing to study.

• (2235)

We have an emergency, we have a shortage and we have a pandemic. We need to act and, again, the Conservative and Bloc members now oppose fast-tracking the delivery of these tests to Canadians.

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I want to talk for a moment about accountability, because that has been raised by the Conservatives. I agree that \$2.5 billion is a significant amount of money. What did the NDP do? We identified that feature to the government, and we did what every responsible opposition party should have done. We did not hold up delivering rapid tests to Canadians; instead, we negotiated accountability measures with the government. I give the government credit, and I want to thank the Liberals for this. They agreed that they will report to Parliament, every six months, the number of tests delivered, where they were delivered and when, providing accountability not only to Parliament but to Canadians. That is responsible behaviour in a minority Parliament. That is effective opposition.

We know that the \$2.5 billion will provide about 400 million tests. That sounds like a lot of tests, but it is not. Dr. David Juncker at McGill University estimates that we need 600 million to 700 million rapid tests per month, and then after omicron subsidies, we would need two tests per person every week. We are already hearing that there is another variant on the way, omicron B.1, so we know that testing is going to be a requirement in this country for months if not years ahead. We also know that Canadians need them now.

I want to chat for a moment about what I have to describe as disarray in the Conservative Party and a total contradiction. Its members say it is the party of law and order, but they are now supporting anarchy and lawbreakers in the streets. They said for a year and half that rapid tests were what we needed. They identified rapid tests as critical to Canada's COVID strategy repeatedly, in every week and every month, right up until February of this year, and they were correct to do so. They were right. However, today, when this simple bill to get rapid tests quickly to Canadians comes before us, what do they want to do? They want to delay. They do not want rapid tests to go out tonight. Instead, they take up valuable time in the House so that we have to debate that we need rapid tests for Canadians, even though for years this is exactly what they have been calling for. They want to study it, but study what?

Today, I was shocked to hear a member of the health committee, a physician, question the value of testing and the science of testing. There is no science or reputable scientist in this country that supports this view. No one has raised the issue of the validity, the necessity or the utility of telling Canadians what their COVID status is or giving them the means to have a quick test. Ironically, that fits with Conservative MPs when they were resisting mandatory vaccination to come in the House. They told us to give them tests so they could show us they were negative to come into the House. They wanted rapid tests for themselves, but stand here in the House today and tell Canadians they cannot have rapid tests and they do not need them right away because we need to study this. That is rank hypocrisy of the highest order, and it is bad public health policy.

I want to end by talking a bit about equality, something that has not been mentioned in the House.

Federal measures to increase the supply of rapid testing kits are expected to particularly benefit people who are most at risk for contracting COVID-19 with severe outcomes. This includes people over the age of 60, people with chronic medical conditions, members of racialized communities and low-income Canadians, particularly those who work in frontline positions, like the clerks working

in our stores, who come to work every single day to work with the public. The Conservatives and the Bloc tell us to hold up getting tests to those people, when they are putting their health on the line for us. Those working frontline jobs stand to benefit from reduced transmission, and they get that because of increased rapid testing, among other things.

Women are also overrepresented among the beneficiaries of this investment. We know that women comprise 53% of those aged 60 and over and 66% of those aged 90 to 95. Racialized women also stand to benefit, as they are more likely to be in essential frontline industries. In 2016, they accounted for 17% of those in health care and social assistance, compared with only 10% of overall employment.

● (2240)

I look forward to answering questions from my colleagues.

**Ms. Ya'ara Saks (Parliamentary Secretary to the Minister of Families, Children and Social Development, Lib.):** Mr. Speaker, I would like to commend my colleague on his remarks in the House this evening. It has been a very long day.

I want to talk about how we work together in the House. My colleague made a lot of really important points about the importance of science, the importance of data, the importance of a timely response and the importance of equity. I am sure my colleagues across the way would like to hear how important that really is.

In addition to the importance of rapid testing, we know we need more of it to have a sustainable supply to contend with omicron in the future. We have had much debate, and my colleagues across the way keep holding things up, including this legislation. However, they are also holding up the ability for us to collect the timely data we need from the Telus data for good project.

I would like to know if my colleague from the NDP will be supporting us in our efforts to work together to make sure we have all the science and all the data to keep Canadians safe.

**Mr. Don Davies:** Mr. Speaker, my hon. colleague raises something very important, which is that health policy in this country should and must be driven by data, science and evidence. It should not be driven by political interests or wedge issues. I was very disappointed to see members of the Liberal caucus stand up and accuse the Prime Minister of using the COVID pandemic as a partisan wedge issue. I think members of the Conservative Party, who are flirting with insurrectionists in this country, are also engaging in politicizing this pandemic. Canadians can see that, and this should have nothing to do with how we deal with it.

*Government Orders*

We need data, and I want to point out, as I said in my speech, that when we do not have enough tests, we do not get an accurate view of how many people are testing positive or negative. When we do not have that data, we cannot create the kinds of public health responses we need, or target them in the right regions or areas, to respond appropriately.

We need to get this legislation passed right away. We need to get testing and every other public health tool into the hands of Canadians as soon as possible.

• (2245)

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, I want to thank the hon. colleague from Vancouver for his great speech here tonight. One of the things folks back home are wondering about is the Liberal-NDP coalition that we seem to have in this place. I wonder if he could give his thoughts as to why he voted against our opposition day motion that we voted on earlier today.

**Mr. Don Davies:** Mr. Speaker, I am glad my hon. colleague called my speech “great”.

There are a number of reasons for this. I think I speak for all Canadians when I say that we are entirely fatigued by COVID. Everybody wants to see a return to normal as soon as possible. However, we in the NDP believe that should be based on science and data, not on politics. We saw the interim leader of the Conservative Party move a motion in the House to get rid of mandates right after she was out publicly cavorting with the convoy and the people who are calling for an insurrection in this country. They are anti-vaxxers. They are flying swastika flags and Confederate flags. It shows the Conservatives are playing politics with this matter. The truth is that we are still in a pandemic, and we need public health officials to be guiding policy in this country, not politicians who are playing politics with the pandemic.

[*Translation*]

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Mr. Speaker, I already asked the member this, but I think he told me that the NDP would support health transfers up to 50%, even.

I asked him why he often proposes programs that would infringe on the jurisdictions of Quebec and the provinces.

We are not against pharmacare or dental insurance. However, as these fall under provincial jurisdiction, we want them to be put in place by Quebec and the provinces.

Could he elaborate on that a bit?

[*English*]

**Mr. Don Davies:** Mr. Speaker, the major difference, with great respect, is that the people in the Bloc Québécois continually misconstrue the Constitution. They think health care is exclusively a provincial jurisdiction, but it is not. It is a shared jurisdiction. The Supreme Court of Canada said the federal government has the spending power, the criminal law power and other powers to enter into this area. We will not find the words “health care” in the Constitution. All that is in it is the establishment and maintenance of hospitals. That is what the provinces have. It does not say anything about dental care.

We need all levels of government working together to build the kind of health care system we need in this country. I believe the federal government should be a partner with the provinces. It is not just an issue for the provinces alone.

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Mr. Speaker, because Bill C-10 is about funding rapid tests and we have been talking a lot in the House today about the pandemic, the nature of public health measures and how long they should or should not last, I want to start by recognizing how tired everybody is of the pandemic. Whether people support lifting all public health measures right now or not, we are all feeling pretty fatigued and we would like to see our way out of this. However, it is not something we can just declare an end to by fiat. If we could do that, we would have done it a long time ago.

I do not really believe anyone is happy about the restricted lives we have all had to live over the last two years. It is something we did out of necessity before the vaccine in order to protect ourselves from infection, the consequences of being infected with COVID and the severity of it from a health point of view without vaccination. Since vaccination, we have continued to live a restricted lifestyle because transmission continues and we know we are up against a virus that is adapting even as it spreads. It is one of the reasons it is so important that we get vaccines distributed to the rest of the world. Vaccinating those in Canada or in one particular country will not be enough. These variants multiply, and given how small a planet we now inhabit with the technology of travel and everything else, variants eventually come here to roost. That is why we are not out of the woods yet.

As much as the political debate has intensified in light of recent events and some provincial governments have decided to change course, we may well end up getting different advice from federal public health officials in respect of federal mandates. However, all that Dr. Tam has said so far is that it might make sense to re-evaluate them. She has not called for lifting them. I am firmly in the camp of those who believe that this debate has to be led by public health officials, who have our best interests at heart. I know they are trying to keep up to date with the emerging science of the pandemic and are giving their best recommendations for how to reduce suffering and death as a result of COVID-19. It is our job to focus on how we support people through the economic challenges that we have to face, while the health challenges are addressed by public health officials and frontline health workers who treat those who have been infected.

### *Government Orders*

COVID-19 tests are going to be an important part of that and, indeed, it was not that long ago that it was the preferred solution by the Conservatives, who now seem to be of the view that we can lift all public health measures and be done with them. However, governments have tried that before, and we do not have to go outside the country to see that. We just have to look at Alberta as one example. In the summer, it decided to lift all public health measures, and it very quickly found itself in distress with high rates of hospitalization. It is pretty clear that when we take that approach, it does not work out in the way that we would all hope and wish for. We have an obligation as decision-makers to be sober-minded about these things, listen to what public health officials are saying and look at the evidence. That does not mean there is no room for debate, and the country is currently having a very lively debate. However, it does mean that we still have to let public health officials lead that discussion based on the best available evidence.

One of the important tools for public health officials, to the extent that they want to collect data about what is happening with COVID, is a testing regime, and rapid tests are important in that regard. It is difficult in Canada right now to access rapid tests. Even if we do not take the macro point of view of a public health official, there are a lot of Canadians out there who maybe want to go visit their mom and dad or granny and grandpa or a vulnerable family member who is immunocompromised. They want to take a rapid test before they head over there because they know that COVID is around and is easy to catch.

● (2250)

Someone may have it and not be symptomatic, so folks would like to be able to have access to tests as a best practice or an added layer of protection or reassurance in order to be able to make those visits and have some confidence that, when they visit their loved ones or their friends, they are not taking COVID-19 into their home and into their life. That is another reason, beyond the public health arguments and beyond the economic arguments in terms of testing, if we are going into a workplace, why it is important to have access to rapid tests and why this money is important.

There are some real issues around accountability with money in the Liberal government. I will spare members the list, because I certainly do not have enough time to give it all, but as the member for Vancouver Kingsway, my colleague and NDP House critic, was just highlighting, that was why when we were negotiating with the government around the swift passage of this bill, which is just a two-paragraph bill that authorizes spending for rapid tests and their distribution to the provinces, we were keen to include some better financial reporting requirements in there. That is why we got a commitment from the government to table information every six months in the House on how this money is being spent, such as how many tests and where they go. That is important. It is important, because we are talking about large sums of money. It is important, because there have been legitimate questions raised about the way the government has spent some COVID-19 funds, including around sole-source contracts. I think Canadians should get information on how this money is being spent and they should get it in a timely way.

One of the most recent reports by the Parliamentary Budget Officer highlighted the fact that the government was late in tabling its

public accounts. It didn't table them until December. Normally, in the countries of most of our allies and trading partners, that happens on a six-month timetable after the end of the fiscal year, so tabling them in December was very late. I think it is true, especially when the government is spending large sums of money, that accountability and transparency become that much more important. They do not become less important because we are spending more money; they become more important as we spend more money.

That is why I am proud that the NDP has been able to negotiate some reporting requirements around this. I look forward to trying to secure a similar reporting requirement for Bill C-8, which includes another \$1.72 billion in spending authority for rapid tests.

That was not the only thing negotiated around the passage of this bill. We in the House all know and Canadians listening may well know that the government made a choice to claw back the CERB benefits from working seniors who were on the guaranteed income supplement.

We were talking about it as New Democrats before the last election. We talked about it during the election. We have talked about it since the election. The government finally, just as a result of public pressure, felt an obligation to say something about it in the fall economic statement. They said money would be coming, but then it seemed it would not come until May. Then we heard maybe June. Then we heard maybe July. As part of the negotiations around swift passage of this bill, earlier today we were able to secure a commitment from the government that those seniors who have had their GIS clawed back would be paid no later than April 19, and for some of those in the most desperate need, that help may flow as early as mid-March.

That is a real concrete benefit for Canadians who were hurting. I have talked to seniors who have already been evicted from their homes. We have heard reports of seniors who have taken their lives because they had no sense of hope when they heard it would be so long until the GIS clawback was rectified. We have heard stories of seniors who have had to pass up on medication or are going hungry. This demanded swift action. It was something we were hoping to see the government do around Bill C-2, and we finally got it done.

To get Canadians access to more rapid tests and to get some of our most financially vulnerable seniors the help they need in order to stay in their homes or to be rehoused after being evicted all in one go I would say is a good day's work for a parliamentarian, and I am proud of that work.

● (2255)

[*Translation*]

**Mrs. Julie Vignola (Beauport—Limoilou, BQ):** Mr. Speaker, I acknowledge everything my colleague said. Yes, we need rapid tests. That being said, the Senate is not sitting until next week.

We are not talking about having endless debates and studies, but simply giving ourselves the rest of the week to discuss and ensure that we are able to propose amendments that would guarantee that the money goes to the tests and the right companies, not to the Liberals' friends.

Why this rush to pass this bill on a Monday instead of on Thursday or Friday, or not at all according to the studies—

• (2300)

**The Deputy Speaker:** The hon. member for Elmwood—Transcona.

**Mr. Daniel Blaikie:** Mr. Speaker, it is because there are other bills to be studied. If I am not mistaken, Bill C-12 addresses the guaranteed income supplement and would ensure that what happened with the GIS and CERB will not be repeated in the next taxation year. There are other priorities.

In my opinion, Bill C-10 is a fairly simple bill, and we have already approved much large expenditures by unanimous consent in the past. The NDP has received assurances that there will be a proper reporting of the expenditures under Bill C-10. That is enough for me, and we can move on to other priorities.

[English]

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Mr. Speaker, one thing I would add to the exchange between the member of the Bloc and my colleague from Elmwood—Transcona is that the Prime Minister invoked the Emergencies Act today, and that is going to require it coming before Parliament. That may take up the remainder of this week. It is quite time sensitive that we get this bill passed.

My colleague was very good at underlining just how important these are to many working families. I wonder if he would expand on the fact that while we all are very much wishing for this pandemic to be done with us, it is not finished. We are done with it, but it is certainly not done with us. What kind of peace of mind do rapid tests offer to people who often find themselves in high risk situations, having to make those calls every day, especially if they are living with vulnerable people in their households?

**Mr. Daniel Blaikie:** Mr. Speaker, at this point in the pandemic it would be hard to find people in the country who have not had the experience of doing a rapid test or knowing someone who has done a rapid test, and who have not felt some anxiety about visiting family members who they feel might be vulnerable.

These two things go well together. If people have access to rapid tests, then one of the things people could try to do to give themselves a little peace of mind and to give their friends or family members they might be visiting, who might be immunocompromised or otherwise vulnerable to COVID, that little extra peace of mind, and to feel that they are doing their part, is to take that test.

While it is true that if people are asymptomatic, those tests can certainly give false negatives but in terms of whether people ultimately have COVID or not, they do say they are pretty accurate for predicting whether people are contagious for a period of several hours after taking the test. That is where a lot of peace of mind comes from.

### Government Orders

That peace of mind can only be accessed if there is access to a test. That is why it is important to authorize these funds and to be able to get those tests out the door, so that they can find their way into the hands of Canadians.

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Mr. Speaker, in this House we listen to partisanship constantly. We listen to people yelling at each other, calling each other names and ignoring the issue on the table just in order to be partisan. The hon. member for Vancouver Kingsway made me proud tonight. He was non-partisan. He was clear. He talked about the science. He talked about the facts. He smoked out all of the partisanship and the hypocrisy.

This is an important bill, yet we hear everyone going off on tangents about everything other than a very simple bill. COVID-19, omicron or whatever form it is going to mutate into, kills people. Hundreds of thousands of Canadians have died as a result of it. They were preventable deaths. We are talking about dealing with preventing death here. We are not talking about transfer payments and whatever else people want to do as a red herring. Let us just talk about our having the power to help to save lives. Let us talk about how we do it. I want to congratulate the hon. member for Vancouver Kingsway.

When there is a pandemic, there are some very simple things to do. The first thing we have to do is find out what the vector is, what is causing it, and how it is spread. In this case, we thought originally it was spread by droplet infection. We now know it is spread by aerosol. How it is spread is important for us to understand. The second thing we need to find out is how we get vaccines against it and how, if we can, prevent people from getting it. Containing the spread is an important part of it.

The federal government has been giving out rapid tests since October 2020, for a year and five months. I am not being partisan about this. It bothers me that my Province of British Columbia was given seven million free tests by the Government of Canada and no one knows how the tests are being handed out. British Columbians keep writing to me saying they cannot get a test to save their life and do not know where to find them. At the same time, I have grandchildren in Ontario who can get rapid tests at school and bring them home.

Let us talk about saving lives here. Let us talk about dealing with a virus that does not really care what political party we belong to or what province we live in. It does not give a hoot about the Constitution. It does not care about legislation or anything. It is a virus and it knows how to do only one thing, and that is to spread and make people ill. The longer it stays with us, the more we are going to see it change, evolve and mutate into different forms. Right now, we all think of omicron, that it is easy to pick up. Omicron is actually very mild.

On the other hand, we need to talk about why we should have rapid tests and what the importance of rapid tests is in this. We have identified the vector. We have decided how it is spread. We have decided we are going to contain it. We have vaccines. We have treatments ready. The question then is what the rapid tests are going to do. We know the tests are not always very reliable, but the important thing that rapid tests do is the third part of public health protocol, and that is surveillance and tracking.

*Government Orders*

If we can find out where omicron is, or B.1 or whatever the new strain is, we are able to do not only a widespread, scattered approach, but we can look at that little town, little village, little space or little part of the city where there are more positive tests. Surveillance is a part of public health. It is a part of looking at a pandemic. They get surveillance and track it. The federal government put in a tracking mechanism, an app. Most provinces ignored it and the app became useless because nobody was tracking. Surveillance went by the board. Surveillance is key to knowing where to expend the resources and where they are going to find the virus spread so as to be able to curb it. It is scientific. It is a simple, basic method.

Therefore, it is important that we get rapid tests out to everyone as soon as possible. Yes, it helps people if they want to visit their grandma to know that they are okay and that they will not give her omicron. That is all very good, but the bottom line is it is important for surveillance and for tracking. Because we did not have an app that everybody used, there was a problem.

● (2305)

Again, I want to say that I am certainly not being partisan tonight. I am talking about Ontario having done one good thing. My daughter-in-law who lives in Ontario went out one day with her friends. They went for dinner. It was the friend's birthday, and there were three of them. When she got home, she got a message from the app in Ontario, the same federal app we are talking about, which told her she may have been in a room with and in touch with people with omicron.

The next day she went for her proper PCR test, not a rapid test. She went out. She isolated herself. She was able to take those kind of steps. This is what these protocols are for. This is why it does not matter how it is spread. It does not matter what is happening in the pandemic. These are some basic steps in epidemiology and in looking at pandemics, which began at the beginning of the 20th century when we first discovered public health, and we began to understand how to track things.

This is not a silly thing. There is nothing to study. This is real. The facts are there. This is the science that has been around since the early part of the 20th century, and we need to use it. We need to care about how we can prevent lives being lost. I am a physician. The idea that people could die from a preventable death bothers me to no end. It really does. I lose sleep at night over this. It really bothers me because it is in our power to do the right thing.

In my province of British Columbia, 92% of people have had a vaccination, so we can see that people do care. They want to do the right thing, yet we have people in the Conservative Party talking about how we should have no more vaccine mandates and no more whatever. Obviously, there is no understanding of what science is about, what public health is about, when it started, how it started, how it is tracked or how it works.

The most important thing we should be worried about is how to stop the spread and how to save lives. I support this bill. I would love for us to stop talking about everything else and just focus. Let us get this thing passed. Let us get the rapid tests going.

Hundreds of thousands are going to be done. Yes, it is money spent, but that money is important, because saving lives has got to

be the number one priority for any government, anywhere, anyhow. Any party that wants to be in government has got to think about that.

● (2310)

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, I was wondering if the hon. member could comment on the apparent NDP-Liberal coalition we have going on here and the vote we had earlier today on our opposition day motion, in which the NDP supported the Liberal government and voted against that motion.

**Hon. Hedy Fry:** Mr. Speaker, I will answer that question. However, that is an example of what I was talking about and what the hon. member from Vancouver Kingsway was talking about.

Once again, it is the politics of the thing. It is, "Oh, look at the coalition. Look at how they are getting into bed." This is science. Everywhere one goes, regardless of their political party, if they understand the science, they will agree with this. This is not about getting into bed with someone and forming coalitions. That is the kind of low-grade partisanship that actually puts people's lives on the line because it is more important to be political than to get the right things done.

[*Translation*]

**Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ):** Mr. Speaker, perhaps it is because it is very late in the day today, February 14, but I am somewhat shocked.

I am especially shocked by my colleague, who is so knowledgeable. She said that they want to save lives and prevent senseless deaths, so why did people on my street have to go through triaging because health care services were not available? It is because there was not enough money, not because they did not have access to a test. I agree with having tests.

I am just trying to understand. We heard several times that partisanship is at play, but I believe that the Bloc Québécois should not be included in that because it is the only party that is not looking for power. We are here to protect Quebec's interests, which means we will support what is good for Quebec.

I would like to hear from my colleague, who is the expert. It sounded like she was saying that with respect to the health transfers, the triaging and deaths that occurred were not part of it.

[*English*]

**Hon. Hedy Fry:** Mr. Speaker, I think this is hilarious. In the first instance, the member spoke tonight about provincial jurisdictions. The provinces are being given these rapid tests. They are being shipped to them. We are actually seeking in this bill to get them shipped directly to provinces, so provinces can distribute them.

If the hon. member cannot find them in her province, she is going to have to ask her provincial government why they have received so many hundreds of millions of tests they have not distributed yet. That has to be my answer. We cannot have it both ways.



*Government Orders*

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Mr. Speaker, I appreciated listening to the member's speech tonight. The fact that she is a physician gives her an opportunity to explain a number of things to Canadians. Of course, saving lives is key to any physician and I really appreciate her passion for that. Could she explain something?

She said omicron was less infectious, but spread more. I wonder how the member would answer this. The nature of a virus is that it wants to survive. What is the member's understanding of the role of a virus that initially comes out very strong, then eventually becomes far more contagious but less dangerous? That is what has happened here.

I would like the member to speak to the fact that emergency vaccines are required only when it is determined that there are no available early treatments to prevent people from getting to the place where they are in ICUs and on ventilators. What is her view of the importance of recognizing how a virus mutates?

I would also like to hear her view on natural immunity. Before we provide vaccines, should that not be determined and find out how many people have very strong T cells and natural immunity capability?

• (2315)

**Hon. Hedy Fry:** Mr. Speaker, I would be happy to answer that question. Viruses are unpredictable, as we have seen with this virus. Omicron wants to get to as many people as it can to spread itself. Its spread has been decreasing with vaccinations. Fewer and fewer people are getting it. Its spread therefore has become more mild mostly because a lot of people are already vaccinated and have had booster shots. Therefore, they have some degree of immunity and are not getting as sick as they could have. That is the first reason.

Omicron right now is spreading rapidly, but is milder in certain people, but we do not know whether that is only because of vaccines or whether it is the next iteration, B.1. I do not know whether that comes up. Maybe it is far more lethal and it has a lot of problems. We do not understand that, because we do not know and we cannot predict that until it happens.

The other thing is are we going to wait to see if people have natural immunity? This is a case of saying I am going to roll the dice and if someone does not have natural immunity and they happen to die from omicron because they are 80 or older and they die from it, then that was a mistake. I thought that person had immunity. The bottom line is to give—

**Mrs. Cathay Wagantall:** That is a good use of a vaccine.

**The Deputy Speaker:** Order. I know it is late at night. I know we have not been using Zoom for very long. Let us just make sure that we allow the member to answer. Then we will go back and forth as we normally do.

The hon. member for Vancouver Centre has the microphone.

**Hon. Hedy Fry:** Mr. Speaker, I just wanted to finish that thought. Vaccines do convey natural immunity. Where do people think immunity comes from? Someone gets antibodies in response to an antigen. In this case the RNA of the virus will actually cause someone to develop antibodies. Our bodies develop antibodies.

The point is there are many people who are immunocompromised. There are many people with chronic illnesses who do not how susceptible they will be. I, as a physician, am not prepared to roll the dice on whether someone has natural immunity or not. The bottom line is to try and make as many people as immune as we possibly can so we can decrease the damage done.

We still do not even know the long-term effects for people who are getting omicron. We may be getting milder forms. We do not know what is happening long term. A lot of countries are now saying there may be chronic long-term problems.

**The Deputy Speaker:** I hate to cut things off, but we have to get a few more questions in before the time runs out.

The hon. member for Peace River—Westlock.

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, it is not often we get to go twice in a debate like this, so I am appreciative of that.

The hon. member talked about the science of this. The motion we put forward last week called for the government to put forward a plan, give us some benchmarks or give us some timelines, and show us the science of when we will break out of this pandemic and when we will be able to lift the mandates.

Would the hon. member like to tell us, according to her plan, how many people would have to be vaccinated in her ideal world for the mandates to be dropped and for life to return to some semblance of normal?

**Hon. Hedy Fry:** Mr. Speaker, it is very important to know what the plan of action is. A plan of action is not one that tries to second-guess a virus, which we cannot do because it has behaved very erratically, and viruses do that.

The bottom line is to ask how many people we can prevent from getting this virus. We need to look at vaccination as a first step in a plan; the plan is vaccination. The next plan is to try to isolate people wherever possible so the spread is contained. Those are some of the things we plan.

We do not plan as a partisan issue. We plan according to what we must do when we have a pandemic, whether it be the flu at the beginning of the 20th century or the plague. A plan is based on what we know, on the science and what has been shown over generations about how to deal with viruses or bacteria, if they happen to be the source of the pandemic. That is a plan. It is a scientific plan. It is not a plan that says we are going to second-guess and say that on March 4, 2022, the virus is going to go away. One cannot tell people that because we do not know that.

*Government Orders*

Something we have seen with this virus is that it has fooled us over and over again. A plan, for me, is to follow the protocols that every good public health professional has understood from the beginning of the 20th century. What do we do, how do we do it and how do we prevent people from dying?

• (2320)

**Mr. Arnold Viersen (Peace River—Westlock, CPC):** Mr. Speaker, two weeks to flatten the curve, do we remember that being said? Two weeks to flatten the curve is what we all signed up for around here back in the spring of 2020, two years ago.

Here we are two years later and we still do not have a plan for how we are going to pull out of this pandemic. We put forward a motion last week calling on the government to provide us with a plan. We left it fairly wide open. We asked for a plan for how we would end the mandates and return to some semblance of normal.

The Liberals joined with their coalition partners, the NDP, and voted that motion down, so here we are without a plan for how to end the pandemic. We heard about the vaccines and we called for rapid tests, which is what we are talking about tonight, but here we are without a plan.

The Liberals could have voted for our motion earlier today and could have put forward a plan. We gave them a month to come up with a plan. They have essentially had two years to come up with a plan, and one of the major frustrations from people across the country is that there does not seem to be a plan. We seem to be flying by the seat of our pants.

There is also no humility in this to say that the government actually does not know. That would be an acceptable plan to give, but the government keeps saying it is following the science. Show us the science. Use the science and build a plan. Give us a percentage. We have heard things like “when 70% of the population is vaccinated”, “when 80% of the population is vaccinated” or “when 90% of the population is vaccinated”. Those are all nice targets, but that is kind of like shooting a hole in the target and then painting the bull's eye around the hole we just shot.

If we do not know what the target is, it is pretty hard to have a plan. It is hard to have an idea. As well, the goalposts keep changing. The target keeps changing. The bullet hole is there and we have painted the bull's eye around it. That is essentially where we are at with this whole COVID-19 pandemic.

It has been two years. We have seen jurisdictions around the world removing their vaccination mandates, removing their travel restrictions and opening up their sports arenas. They are watching hockey again and having a good time. Here we are in Canada behind plexiglass and masks and all of these things while other parts of the world are—

**Hon. Dan Vandal:** Mr. Speaker, on a point of order, the member has been speaking for three minutes and has not talked about rapid tests once yet. This is a debate about rapid tests. I urge the Speaker to try to get him back into the lane.

**The Deputy Speaker:** I thank the minister for that, but the member did mention rapid tests at least once in his speech so far. We have given lots of leeway in our debate tonight to all sides. I will

make sure the member keeps to the bill at hand, and I am sure this nudging will keep him there.

The hon. member for Peace River—Westlock may continue.

**Mr. Arnold Viersen:** Mr. Speaker, the fact of the matter is that we have given the government the opportunity with this motion last week for a dramatic out, a way to reduce the pressure in this country around the two years that this country has been under moving goalposts and shooting first and then drawing a bullseye on the target after the fact. Here we are today asking the government for a target before we get to the plate.

Today, the bill before us is very straightforward. It talks about getting rapid tests. We have been asking for rapid tests for over two years. We were asking for rapid tests before there was a decent vaccine on the market, before we had approvals for the vaccine. Why? There were cutting-edge Canadian companies that were showing up in this place and telling us they had a rapid test that we could use if only they could get Health Canada's approval.

I remember writing a letter asking the health minister to expedite the testing of these rapid tests so that we could use them. Why? It was so that we could maintain our border. One of the first things that we learned in a pandemic was to shut the borders and try to keep the pandemic out. What did the government do? It called shutting the border racist. Had we had rapid tests at the border, we could have tested people and significantly reduced the effects of people coming from overseas and bringing COVID-19 here. We would have been able to quarantine the sick rather than quarantining everybody. Quarantining is for the sick. It is not for the healthy.

That was one of the major frustrations that we saw, these ham-fisted practices that went on, putting people in these “rape hotels” across the country after they came in to ensure that they were not spreading COVID to other people, in worse conditions than many of the prisons in this country, worse food for sure. Forgive me when I am not willing to grant the Liberals a lot of leeway on this bill around rapid tests when we have been calling for them for a very long time.

• (2325)

**Ms. Ya'ara Saks:** Mr. Speaker, I have a point of order. I really hope that I misheard my colleague in his description of the quarantine hotels. As someone who has been helping put forward a motion on gender-based violence, if it was referred to as a “rape hotel”, I find that profoundly offensive to women not only in the House but in this country. I would ask that the member apologize.

**The Deputy Speaker:** It is not necessarily against the rules of the House to refer to certain things but maybe the member could retract the statement or maybe explain it a little. I do accept that maybe it is improper.

The hon. member for Peace River—Westlock.

**Mr. Arnold Viersen:** Mr. Speaker, I will rephrase that. I apologize for any offence I may have given.

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I will rephrase that. We placed returning visitors to Canada in places where there was no gender-based analysis done upon their return to Canada. We heard horrific stories of things that happened in those places. I am adamant that one of the things we could have used to prevent people from ending up in those quarantine hotels was rapid tests. Rapid tests were one of the ways that we could have reduced the influx of COVID into our own country, and it was one of the ways we could have managed the border. Those were things that we called for early on, very early on.

Other things that we have seen with this pandemic is the mismanagement of our PPE stockpile. After SARS there was an effort in this country to stockpile PPE. In 2017, those stockpiles were no longer funded. They were in disarray. They were not managed. There we were when 2020 came around and we had a pandemic but we did not have a stockpile of PPE. That goes to show that I do not have faith in the Liberal government's ability to manage vast numbers of these products.

The other thing that we are concerned about with this particular \$2.5-billion bill is who is going to supply these particular rapid tests. I have already talked significantly about rapid test companies that have approached my office. They probably approached every member's office in this place, showed the tests and said, "Hey, we are a Canadian company. We are a cutting-edge, health technology company in this country and we think we've developed a rapid test for COVID." That was early on in 2020. We said, "Okay, this is great. We will put it forward and promote it" and those kinds of things, yet we never saw them get approved. I do not know. They went to the United States and other jurisdictions and those same rapid tests were approved in those jurisdictions, but they were not approved in ours.

Then we saw similar things happen with vaccines. We saw the Government of Canada sign up with a company called CanSino. It spent millions of dollars on that particular project, only to abandon it later. Never mind the Baylis Medical fiasco. I am not sure if colleagues remember that one. Ventilators that were not approved by Health Canada were bought. Several thousand of them were bought by the Canadian government to be stockpiled for the pandemic. I do not begrudge that, but there was a member of Parliament named Frank Baylis who happened to be associated with Baylis Medical. Somehow that company got this multi-million dollar contract to provide ventilators to fight the pandemic. There are multiple examples of why we would have questions about the suppliers of the rapid tests. Never mind the WE scandal. In the middle of the pandemic, we had the WE scandal where the Prime Minister was trying to give his buddies nearly a billion dollars.

Here we are with a \$2.5-billion new spending bill and we have questions about who will be the suppliers. We have seen this movie played before. We have watched it. We had the WE scandal. We had the CanSino disaster. We had the Baylis Medical thing. We have seen that.

Other countries around the world, though, have had a great record with rapid tests. Germany, for example, adopted rapid tests very early on and have used them extensively.

• (2330)

Here we are at the last minute, in what are, I hope, the dying days of this pandemic, and suddenly we are rushing the bill through Parliament. We are not sending the bill to committee. We are just rushing it through Parliament, and for what? I am not exactly certain why. Is it to distract from the Liberals' disastrous vote for a plan to end the mandates? Is it because they are embarrassed about that and want to hide from it, so they put this on the table and then tell us to jump through all the hoops?

It is still Monday, the first day of the week, although it may be getting close to Tuesday, and the Liberals brought this to Parliament, out of all the things we have to be concerned about today, never mind the special Emergencies Act and things like that going on. Suddenly, after two years of asking for this, today of all days, here we are having to ram this through, and we are not using the normal means of Parliament, but a programming motion to ram this through Parliament to bring it to the Senate, which is not sitting for another week. The committee could hear it, sit down and ask questions of the government specifically, such as who the suppliers are and where the money is going. Let us get a schedule of where the \$2.5 billion is being spent and let us have a plan. Perhaps somebody on the Liberal side can explain to me why, today of all days, suddenly this bill has to be debated and programmed through and have multiple votes on it.

I would like to congratulate the clerk for her amazing ability to remember all of our names for those. Even though, because of the COVID rules, I sat in different seats today, she still managed to get my name right. I congratulate her on that.

Nonetheless, it still begs the question: Why today? What was the science that brought us to today? Fundamentally, I think rapid tests are important, were important, and would have been a real help in the fight against COVID early on.

I know that my own province of Alberta was using rapid tests. They were handed out at school and my kids took them home. We very much enjoyed having rapid tests to be able to have that peace of mind. However, there is no recording of those rapid tests. There is no data collection. They are used, and they give me and my family peace of mind, but then they go in the garbage. There is no data collection. They are an incredible tool for individuals to use, but not beyond that.

We have heard members on the other side talking about collecting the data and all these kinds of things, and that is great, but if a person is self-administering it, there really is no data collection, unless there are some digital ones that I do not know about. The ones that I have used are analog outfits that do not collect data and do not have a time-stamp on them. They are good for my own personal peace of mind, but not necessarily useful in tracking and tracing.

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It would have been useful for going to events, crossing borders and those kinds of things. They would have been extremely useful two years ago. Here again, we see that the Liberals are a day late, and seem to have another reason for bringing this forward today other than them being concerned about rapid tests, which is new-found from my perspective.

I am thankful for the opportunity to speak this evening, and I hope that I have laid out the reasons why rapid tests are important and the Liberal failure to bring forward rapid tests in a timely manner.

• (2335)

**Mr. Ken McDonald (Avalon, Lib.):** Mr. Speaker, it never ceases to amaze me, no matter what we do on COVID, when it comes to the Conservatives, if it is something that the Liberals are putting forward, they are against it. They were against the measures to help businesses. They were against the measures to help individuals. They were against the mandates. They were against doing anything related to COVID whatsoever. Now, all of a sudden, it is like they found a new religion when it comes to the rapid tests, but it is not a new religion.

When I travelled back to my riding the last time from here, I had to get a box of rapid tests at the airport. For five days in a row I was doing tests. Nobody tracked it, but it enabled me to know that it was safe for me to be out in the community after those five days of testing.

I would ask the member this: What does he have against the measures that we have taken to help people through this pandemic?

**Mr. Arnold Viersen:** Mr. Speaker, I very much appreciate the member's story about rapid tests. It is too bad we did not have them two years ago. We could have managed COVID much better. That was kind of the entire thrust of my speech.

Rapid tests would have been an immense tool to help stop the entry of COVID into our country. I am frustrated. Here we are, at this late hour in the pandemic, and finally the Liberals have had their "come to Jesus" moment and are now willing to talk about rapid tests.

[*Translation*]

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Mr. Speaker, I wanted to hear my colleague's thoughts on vaccination. What does he think about the fact that there are still thousands of people in hospital and a large number of the patients in the ICU are unvaccinated?

• (2340)

[*English*]

**Mr. Arnold Viersen:** Mr. Speaker, I think that vaccines are an important tool in the fight against COVID.

**Mr. Daniel Blaikie (Elmwood—Transcona, NDP):** Mr. Speaker, I was partly disappointed that the member did not ask me a question when I gave my speech, because he has been asking about the NDP's vote on the Conservative opposition day motion. The answer to his question is in the motion itself, which quotes Dr. Tam as saying that it might be worthwhile to re-evaluate some of the public health measures to date. The motion jumped to recommending the

end of all public health measures, and having a plan to do that. Of course, those two things are not the same.

If public health officials are prepared to re-evaluate some of the policies they have had in place to date, that is a good thing and they can do that, according to what they think are the criteria that should be used in that reassessment. However, I think it was one jump too far for the House of Commons to come to conclusions about what the outcome of those re-evaluations should be.

On the question of some financial accountability, I would say that a lot of the questions that the member is asking, with respect to the spending for rapid tests, are questions we have been asking at the finance committee, because the Liberals are also asking for money under Bill C-8. We have had some assurances about better reporting from the government. In fact, there is still an opportunity to discuss some of these issues around spending on rapid tests in the context of Bill C-8, and I do not think it is a bad thing for Parliament to sometimes do its work efficiently.

**Mr. Arnold Viersen:** Mr. Speaker, the member seems to have confirmed my suspicions of an NDP-Liberal coalition.

Nonetheless, I would go back to my analogy of shooting a hole in the target and then painting the bull's eye around it after the fact. If we do not set a target, how do we know when we have met it? We do not have a list of steps we need to take in order to end the mandates, to reopen the economy, to reopen the border, to lift the travel restrictions and to lift the testing when we travel. If we do not set those parameters before we get there, how do we know if we have actually met a target? How can we measure if we have no solid point to measure from?

**Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC):** Mr. Speaker, earlier in debate, we heard the Liberal member for London North Centre talk about biomanufacturing, how important it was, and how the government had given a \$30-million contract to a Canadian company for rapid tests. It was a company from British Columbia, I might add.

One thing we are not going to be able to do, because of the way the Liberals have rammed through this bill, is to take it to committee to actually find out about any kinds of requirements to purchase Canadian rapid tests.

It is \$2.5 billion of spending, yet there is nothing in this bill that says that Canadian companies will benefit. Does the member believe that the government is really at a loss here, when it comes to transparency and supporting Canadian businesses? It talks a good game, but unfortunately it forgets it in the fine print of its bills.

**Mr. Arnold Viersen:** Mr. Speaker, I want to commend the member for Thunder Bay—Rainy River for the bill he has put forward calling on companies to have to report their supply chains, to ensure that forced labour and slave labour are not found in Canadian supply chains.

One of the interesting things that people note and point out, and that I have been trying to promote, is that the federal government is not necessarily held to the same standard. The government has been caught flat-footed, in terms of procuring PPE and other items during the pandemic, and it is rumoured that forced labour had been used to produce those things. To the Liberals' credit, the minister has worked fairly diligently recently to correct some of those issues.

• (2345)

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Mr. Speaker, my colleague certainly described a lot of reasons for the lack of trust in the government that exists at the level it does today across the whole nation.

I want to talk about the fact that early on, Canadian companies were creating very quick, very efficient, very high-quality rapid tests in this country, yet they were given a pass. That was the time, as the member mentioned, to have rapid tests so that people did not need to miss two weeks of work and shut down our economy.

Can the member talk a little more about this being a significant reason why Canadians have lost faith and trust in the government's managing of this pandemic per se, and its inability to be transparent in its actions?

**Mr. Arnold Viersen:** Mr. Speaker, my hon. colleague could not have summed it up better. There are big trust issues in this country with our institutions and with the way the government has operated. We have heard right from the mouths of Liberal MPs how the government has used the pandemic and vaccines to divide and drive wedges between Canadians.

Rapid tests were something Conservatives called for early on. They are not a replacement for vaccines, but an alternative to things the government brought in to mandate vaccines or encourage vaccination. Rapid tests were also more widely available early on than vaccines. They took less time to build and to test, and they are not nearly as invasive as a vaccine. There would have been widespread adoption very early on and they were something we called for, but that seemed to have been ignored while the government put all of its eggs in the vaccine basket.

[Translation]

**Ms. Elizabeth May (Saanich—Gulf Islands, GP):** Mr. Speaker, I am honoured to rise late this evening to speak to Bill C-10.

[English]

I am pleased to stand today. I know the hour is late, but it still is Valentine's Day here in Ottawa. I think my husband at home is watching. I have never before stood in this place and been able to reference a husband. We have been married for less than three years, so I do want to say happy Valentine's Day to my sweetheart. I really love him a lot and I hope he will stick with me. It has not been long enough that I am really sure. No, I am sure.

I want to reflect on a very serious topic. As other members have mentioned tonight, it is hard to switch from love and romance to killer viruses, but I will. My middle name is Evans, for my great-grandmother, who died in the Spanish influenza outbreak about a hundred years ago. It left a mark on our family to this day. I was raised by a mother who was raised by a mother who lost her mother

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when she was three. It has an impact on a family, and I look at the Spanish flu outbreak and I think, it lasted two years and it killed somewhere between 25 million and 50 million on a planet which, at that time, had fewer than two billion people.

The planet has changed a lot. That outbreak managed to make its way around the world without the benefit, like right now, of the things modern society has done to increase the lethality and the longevity of viruses. We are now seven billion people and we have jet travel.

I want to look at this issue from the point of view of humanity separate from political parties, even separate from national identity. I want to look at it as humanity and an invisible parasite, and I want to say to my fellow human beings, be they Conservative, or Liberal, or Bloc, or NDP, Canadians, or New Zealanders, or Brits, there is an unhealthy degree of hubris at the moment on the part of humanity, whether someone is pro-vax or anti-mask or sure of themselves in some way or another. We are too sure of ourselves. Humanity seems to think we are in charge, that we can debate in this place at what point we decree the pandemic is over. "No more masks; they are so annoying; we are so sick of it," we say, worrying about the vaccines, saying they are not working so well anymore. Well, we can guess why they do not work so well anymore: the pandemic is operating with humanity as its petri dish.

I want to read something into the record. I do not usually do this, but this has educated me a lot about COVID. I read through the scientific papers, but this Canadian author and scientific writer, Andrew Nikiforuk, wrote a book in 2008 called *Pandemonium*, subtitled *Bird Flu, Mad Cow Disease, and Other Biological Plagues of the 21st Century*. He wrote it in 2008. I want to quote from his most recent articles that appear in an online newspaper called The Tyee, starting with one from about a year ago, January 2021.

Andrew Nikiforuk titled his article "It's Me Again, COVID. Meet the Variant". This is first-person writing from the point of view of the virus:

I explained then that I am the fire, and you are the fuel.

Many of your species believed that my presence couldn't change everything....

Meantime, I've been evolving rapidly, as only the undead can do in a sea of endless hosts.

And your white coats are now expressing—what's that splendid phrase?—"widespread concern" about my variants.

You didn't notice the first one, D614G, which took off last March.

It became the dominant strain in the world because it did a better job, as your white coats put it, "infecting upper-airway epithelial cells, and [replicating] in greater numbers" than the Wuhan strain.

Natural selection just favours the bold.

And then came B117 in England in October.

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Next arrived 501.V2 in South Africa in November.

Not to mention the mink variants in Denmark and the Netherlands. And that Brazilian variant, B1128, which just flew into Japan

There are others I daren't even tell you about. So many opportunities. So much change.

- (2350)

This is nothing personal, of course. Mutating is what the undead do. The more human cells we hijack, the more opportunities we have to replicate. And every replication is a chance to mutate and play with the genome (my genetic bits) at a rate of one or two a month.

But when 10 or 20 mutations arise, well, it can transform my character and ambitions altogether, making it easier for my kind to kill, spread faster or better evade your immune defences. And right now, I am lethal enough to spread far. So, I am concentrating on spreading faster.

The scale of this you can't comprehend. The more hosts we conquer and infect, the more mutations that occur.

And let me boast for a minute. Every thousandth of a litre of contagious fluid in a host's nose harbours something like one hundred million to one billion viral replicators.

...The me that embarked from Wuhan on our great global journey is no longer the me riding ambulances in Ireland, Denmark and France.

Learn this: You will never meet the same virus twice.

...So let me give you hosts some humble advice. Party on. Don't wash your hands. Gather in poorly ventilated places, and let me flourish and spread. Throw away those silly masks. Forget about public health and focus instead on the economy and the viral glories of global travel.

Praise politicians who go on holidays, debunk the exponential function, and design lockdowns with more holes than Swiss cheese.

Let your contact tracing systems fail. Let your leaders pretend that vaccines will solve all your problems.

Don't test. Or test badly.

Support a vaccine conspiracy.

Storm a capitol.

Or just don't believe in me.

I know that's not too much to ask. You have been a most generous and obliging host. Now just let my variants go.

Aren't we all in this together?

Remember: I am the fire, and you are the fuel.

That is what Andrew Nikiforuk wrote in *The Tyee* a year ago, so I want to know if he is feeling a bit more relaxed now about where we are with omicron.

This article appeared in December 2021. It reads:

Omicron's Here. We Invited It In

With good policy this massive fifth wave could have been avoided. Instead our leaders embraced four big myths.

The four big myths we chose to embrace, according to him, were these:

We find ourselves in this bad place because of the easy currency of bad ideas in a technological society.

These dangerous ideas—and I'm only going to deal with four—are worth reviewing again because if we don't challenge and abandon them, we will be fighting COVID for years.

He goes on to discuss the work of a U.S. virus expert called Dr. William Haseltine, a renowned expert who had this article in *Forbes* on December 17, 2021, which I recommend my colleagues look up and read, "How Omicron Evades Natural Immunity, Vaccination, And Monoclonal Antibody Treatments". He notes that Dr. Haseltine has made the point that the coronavirus has been around

for a million years at least and can infect various animals, "The next variant might well come from an infected population of mink or deer."

This is what I think we really need to think about when we think omicron is almost over and that it was really mild. Dr. Haseltine says this, and Andrew Nikiforuk quotes him:

...the seventh coronavirus to plague humans [which is COVID] "is capable of far more changes and far more variation than most ever thought possible and it will keep coming back to haunt us again and again."

Dr. Haseltine points out that there is no assurance at all, not scientifically, that omicron is mild because we are in the direction of inevitably going to milder viruses.

I will quote the article by Andrew Nikiforuk, which states:

Haseltine adds that a variant more transmissible and [more] deadly than Omicron is entirely possible given the dismal global response to the pandemic so far.

Know that when I am talking about the global response I am not politicizing this at all. We need to take care of Bill C-10. For sure we need to look at testing, but we need to pay attention to what the human petri dish globally is doing.

- (2355)

Here are Andrew Nikiforuk's four myths:

Myth 1: Vaccines will get us out of this.

...A vaccine-only policy will prolong the pandemic and exhaust our health-care systems. Only nuanced policies that focus on eliminating transmission with the strategic use of testing, improved ventilation and restraints on international travel [are all needed].

Myth 2: Pandemics are unpredictable and have nothing to do with policy or human behaviour.

Not true. Our global technosphere has provided a perfect environment for COVID to flourish. Two human behaviours in a technological society have fed and accelerated this pandemic. The first is unrestricted global travel, which guarantees the circulation of variants. The second is poor ventilation in our artificial living and working spaces....

I heard myth three today in the House in debate, so I really want to underscore that this is dangerous talk. I go back to Andrew Nikiforuk's article:

Myth 3: We can live with this virus, and it will become milder over time.

Really? How's that working for you?

...[Getting rid of the virus] matters for several key reasons. For starters there is no guarantee any new virus will evolve toward a milder state. It is a complete scientific myth.

Let me repeat Haseltine's pointed warning that we have not seen the [worst] COVID can deliver yet.

At the same time the cost of "living with the virus" is growing exponentially. The variants keep adding to those political, economic and psychological costs by increasing transmission, severity and lethality of COVID-19.

More variants equals more mutations which equals more risk for all of us. And the variants are now clearly outracing the vaccines....

Myth 4 is a really dangerous one. The article continues:

Myth 4: COVID is just a flu-like virus.

Just because a novel coronavirus may provoke flu-like symptoms doesn't make it a flu. Or even a close relative....

As many physicians have argued, it is best to think of this novel virus as an evolving thrombotic fever.

It attacks the vascular system and can destroy brain cells.  
It inflames the heart and can destabilize immune systems.  
It can even lower sperm counts and motility.

Even people with mild symptoms can suffer from chronic disabilities (fatigue and brain fog) a year after infection. To date we have no clear idea how an infection might undo a person's health a decade from now.

Please take this final line to heart, my friends:

Any politician who still dismisses or compares COVID to a flu should be forced to clean and bathe the dead.

We have choices as Canadians. We have choices as elected people. We have choices as governments and as opposition. We can focus on what needs to be done to keep us all safe. We can decide that the hubris that tells a virus it is time for it to go is laughable. In fact, sometimes I think the virus is laughing at us.

We have to be careful with each other. That includes not demonizing others, whether they are anti-mask or anti-vaccine or pro-mask or pro-vaccine. We are all in this together. It is an example of how humanity and wealthy industrialized countries can be brought to their knees from something invisible that comes out of nature and decides we are the host or, as Nikiforuk says, it is the fire and we are the fuel.

We have to do some things rapidly. We need to do a much better job. Thank goodness we are getting rapid testing through Bill C-10, but we have to use those tests. We have to use them well. We have to recognize that vaccines are not the whole answer; they are part of the answer. Testing is not the whole answer; it is part of the answer. Being sure we keep to social distancing, being sure we keep to our masks and being sure we listen to public health advice are all things we must do.

Again, this is a tough one because everyone wants the restrictions on global travel to be lifted. However, when I read what a knowledgeable person like Andrew Nikiforuk says about the difference that air and jet travel have made in the spread of this virus, we have to be careful. We have to listen to public health advice and make sure we do not give COVID any more free rides.

● (2400)

This is the enemy. The enemy is not another political party. The enemy is not a provincial leader who does not get it right. As Canadians and, let us face it, as earthlings, we have two big enemies right now, two big threats. We have the climate crisis, which is getting pushed to the side during this debate over viruses, over convoys and over protests. The climate crisis is a bigger threat to humanity than the virus, but the longer the virus is allowed to live among us, the scary idea that we can live with it is a dreadful fallacy.

We need to work together and we need to protect each other. I mean that from the bottom of my heart. There is no one in this place that I would not trust with my life. If push came to shove, there is not another MP here who would deny me help if I went to them and said I needed help. We are here for each other at a very human level.

Right now, humanity is not in the driver's seat. This virus is in the driver's seat. I wish we could say, "Here is the timetable and here is the date." The only reason I could not vote for the Conserva-

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tive motion earlier today was that it said there was a certain date when everything would have to be lifted, and here I am thinking that we are not in the driver's seat. We do not know when the next variant might come, but the more we learn about this and the more we know about it, the more we know we have to be careful and protect each other, and make sure we do not encourage the virus to spread.

[*Translation*]

It now represents a serious threat to the world and to us as human beings. We are all in the same boat. That reality is quite clear.

[*English*]

We have to take care of each other, and I think that means we have to recognize that we have only one enemy stalking us and its name is COVID-19. It is not the Conservatives, it is not the Liberals, it is not the New Democrats, it is not the Bloc Québécois and it is not the Greens. We are in this together.

I beg of you to let us pass Bill C-10 and get the tests out so we can use that tool. Let us not make the mistake of thinking that will be enough, as we do not know how long this may last. Please God, let us make better choices than we have made so far, and I include all of us in that, in order to protect ourselves, our families and the developing world, which desperately needs the vaccines. We desperately need to ensure vaccine equity and for Canada to side with South Africa and India. Let us get rid of the patent protections under the TRIPS agreement of the WTO. These are things we can do to make sure this virus, which is circling the globe and treating humanity as its petri dish, is stopped. Let us put humans together, saving each other, and stop fighting among ourselves.

● (2405)

**Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC):** Mr. Speaker, happy Valentine's Day. I want to commend you on your robe. You look very nice. I used to wear one as a mayor, but I am known better now for wearing a bathrobe.

That leads me to my question for my hon. colleague, and I do appreciate her speech. Numerous times within the speech, she mentioned air travel and global travel. I ask if she could please explain her trip to Scotland and the climate conference that was going on there. Did she make that trip? If so, could she please explain that and give me some alignment with regard to the comments in her speech?

**Ms. Elizabeth May:** Mr. Speaker, I am happy to answer the question. I struggled with the decision to go. I work hard at those events. They are not junkets. I was part of a very careful COVID protocol, which involved testing before I left and daily testing on site. The British National Health Service did an amazing job of preventing that event from being a superspreader event.

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I think we all worked hard, and it is certainly the only trip I will take internationally. The only trip I ever take internationally is to go to a climate negotiation, because the threat of the climate crisis, as I mentioned, is the only thing that eclipses COVID right now, short of a nuclear war.

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Mr. Speaker, that was an excellent speech. Everything the member said was true. It was factual.

Everyone is talking about lifting vaccine mandates and getting back to taking care of ourselves, and we have seen—

[*Translation*]

**The Deputy Speaker:** There is a point of order.

[*English*]

There are some technical difficulties. There is no translation going on.

You have it back now.

The hon. member for Vancouver Centre.

**Hon. Hedy Fry:** Mr. Speaker, I want to congratulate my colleague for her really excellent speech. It was pointed and it was factual.

The member talked about people saying that we need to learn to live with the virus. A lot of countries have been quoted as saying, “Oh, look at how this country is living with the virus.” Today there was a graph put out by some of the health authorities globally that showed that Denmark, which has been continuing to open everything and has been letting everybody roam freely and has been saying that they are going to live with the virus, now has skyrocketing numbers. The graph shows a skyrocketing that is almost vertical. That is what is happening there.

I would like to ask the member what her position is on this idea of opening up everything and living with the virus. What is her position on that?

**Ms. Elizabeth May:** Mr. Speaker, I absolutely think there could be almost nothing as dangerous as saying “let us live with the virus”. There is almost nothing as dangerous as saying it has become sort of an average flu and we can just get used to it.

Again, this is not a flu. This is a dangerous parasitic coronavirus that could get worse, and we must not do anything that gives the virus a free ride.

• (2410)

**Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP):** Mr. Speaker, I appreciate the speech by my colleague, the member for Saanich—Gulf Islands. She is a neighbour of mine. Cowichan—Malahat—Langford and Saanich—Gulf Islands are quite close to each other.

I very much appreciated her comments about how we are nowhere near to being out of the woods yet. So many Canadians still live in dreadful fear of contracting COVID-19 because of their own immune situation or that of a family member.

What I want to talk about is the part of her speech that linked this virus with worldwide air travel as well as environmental exploita-

tion. She and I participated in a debate during the last election. It was a debate on our getting further and further into the wildlife trade and trade in exotic species and the link to the novel viruses that they could emit.

I am wondering if the member has further comments on that, and how this is all linked together.

**Ms. Elizabeth May:** Mr. Speaker, absolutely, this is the case. The origins of COVID-19, as best we can determine them, had to do with trade in wild animals in a market in Wuhan. The leap between species is something that we know coronaviruses can do. The more humanity encroaches on spaces for wildlife, the greater the risk that we will see novel viruses that are more deadly.

[*Translation*]

**Ms. Anju Dhillon (Dorval—Lachine—LaSalle, Lib.):** Mr. Speaker, I thank my colleague for her speech.

[*English*]

First I would like to say that the coronavirus is in charge, and we cannot dictate to it when it ends. Could the hon. member please tell us how Bill C-10 would help?

[*Translation*]

**Ms. Elizabeth May:** Mr. Speaker, I think Bill C-10 will help us fight COVID-19 as a society. We clearly need rapid tests and that is the point of this bill.

**Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ):** Mr. Speaker, hospitals were already weakened as a result of underfunding and reduced health transfers. No matter what anyone says, the fact that the federal government covered 50% of health care spending in the 1960s and 1970s but only 22% today is what has made hospitals very fragile. Cases have to be triaged, which means that some cancer patients were unable to access care because the hospitals were full.

What does my colleague think about the fact that Quebec and the provinces are calling for health transfers to be increased to 35%? I think this is another crucial measure to help us get through the pandemic.

**Ms. Elizabeth May:** Mr. Speaker, I thank my Bloc colleague from La Pointe-de-l'Île for his question. I think he is right.

Clearly, COVID-19 has weakened the public health care system, but it was struggling long before COVID-19 came along. More investment is needed, because the virus is putting a burden on the provinces when it is the federal government's responsibility to protect our universal public health care system.

I think there is also a new threat to our universal public health system. Some provinces have decided to allow the private sector to provide certain exams and other treatments to reduce the stress on the public health care system.

We need to pay the workers in this sector better, and we need to protect our public health system. To do this, the federal government needs to give more, such as grants to the provinces to support their work, so that all Canadians and Quebecers have access to an excellent public health care system.



• (2415)

[*English*]

**Mrs. Cathay Wagantall (Yorkton—Melville, CPC):** Mr. Speaker, I thank my colleague for her comments this evening. She really respects this particular individual and the research and literature he has produced, so I have a question for her regarding that.

I want to bring to the member's attention something that concerns me. It is a red flag. There are many highly reputable, recognized, published and award-winning members of our society, such as scientists, epidemiologists, professors and researchers, who have high reputations until they challenge the science. I think challenging it is really important to ensure that we are getting good information. Canadians are concerned about that.

What would the member say about the fact that the highest medical professional in South Africa indicated that omicron should be allowed to spread, to some degree, to build natural immunity and strength within humanity?

**Ms. Elizabeth May:** Mr. Speaker, it is good to see my hon. colleague from Yorkton—Melville, and I look forward to seeing her in person again.

I do not think we can gamble with a virus this dangerous based on the opinion of a minority of scientists. I do not doubt there are people who are reputable. I have seen them and I have read their literature. If I could find peer-reviewed studies published in renowned medical journals that would confront the basics of what I shared with the member and the House today, I would love to be wrong.

This is dangerous, and I do not think we can gamble with the health of the entire planet. We need to get vaccines to developing

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countries. We need testing, tracing and social distancing. We need to maintain our public health protocols as best we can and work to eliminate the virus. We cannot live with it. It feeds on us.

**The Deputy Speaker:** We are out of time for questions and comments. Are there any other members who wish to speak to this? I hear no one.

Is the House ready for the question?

**Some hon. members:** Question.

**The Deputy Speaker:** The question is on the motion.

If a member of a recognized party present in the House wishes to request a recorded division or that the motion be adopted on division, I would invite them to rise and indicate it to the Chair.

The hon. member for Winnipeg North.

**Mr. Kevin Lamoureux:** Mr. Speaker, we ask that there be a recorded vote, please.

**The Deputy Speaker:** Pursuant to an order made earlier today, the division stands deferred until Tuesday, February 15, at the expiry of the time provided for Oral Questions.

[*Translation*]

Accordingly, pursuant to order made earlier today, the House stands adjourned until Tuesday, February 15, at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 12:19 a.m.)

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