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Speaker: The Honourable Anthony Rota



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HOUSE OF COMMONS

Monday, February 13, 2023

The House met at 11 a.m.

Prayer

• (1105)

[*English*]

BUSINESS OF THE HOUSE

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Mr. Speaker, there have been discussions among the parties and if you seek it, I believe you will find unanimous consent for the following motion:

That, notwithstanding any standing order, special order or usual practice of the House, Bill C-39, An Act to amend the Criminal Code (medical assistance in dying), be disposed as follows:

- (a) the bill be ordered for consideration at the second reading stage later today and Wednesday, February 15, 2023;
- (b) later today and Wednesday, the House shall continue to sit beyond the ordinary hour of daily adjournment for the purpose of considering the bill;
- (c) after 6:30 p.m. today and Wednesday, February 15, 2023, no quorum calls, dilatory motions or requests for unanimous consent shall be received by the Chair;
- (d) today, when no member rises to speak or at 11:59 p.m., whichever is earlier, the debate be deemed adjourned and the House deemed adjourned until the next sitting day, and that the debate pursuant to Standing Order 38 not take place; and
- (e) on Wednesday, February 15, 2023, no later than 11:59 p.m., or when no member rises to speak, whichever is earlier, the bill be deemed read a second time and referred to a committee of the whole, deemed considered in committee of the whole, deemed reported without amendment, deemed concurred in at report stage and deemed read a third time and passed; after which the House be deemed adjourned until the next sitting day, and that the debate pursuant to Standing Order 38 not take place; and

that the Standing Committee on Justice and Human Rights be instructed to consider the subject matter of the bill on Tuesday, February 14, 2023 and shall have the first priority for the use of House resources for committee meetings.

The Speaker: All those opposed to the hon. member's moving the motion will please say nay. It is agreed.

The House has heard the terms of the motion. All those opposed to the motion will please say nay.

(Motion agreed to)

PRIVATE MEMBERS' BUSINESS

[*English*]

INCOME TAX ACT

The House proceeded to the consideration of Bill C-241, An Act to amend the Income Tax Act (deduction of travel expenses for tradespersons), as reported (without amendment) from the committee.

The Speaker: There being no motions at report stage, the House will now proceed, without debate, to the putting of the question of the motion to concur in the bill at report stage.

Mr. Chris Lewis (Essex, CPC) moved that the bill be concurred in.

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

An hon. member: On division.

(Motion agreed to)

Mr. Chris Lewis moved that the bill be read a third time and passed.

He said: Mr. Speaker, what a great way to start a Monday morning. The House has just allowed me to speak to something that is very near and dear to my heart. I spent a lot of time, blood, sweat and tears on this. It has been a journey. I think it was back in March when I first spoke to Bill C-241, my private member's bill.

I want to thank the folks of Essex who have allowed me the opportunity to stand in the House and represent them—

[*Translation*]

The Speaker: I must interrupt the hon. member. There are problems with the interpretation.

I am told that it is now fixed.

The hon. member for Essex may continue his speech.

Private Members' Business

[English]

Mr. Chris Lewis: Mr. Speaker, in all sincerity, every day when I step into the House, it is like stepping onto the ice in the seventh game of the Stanley Cup series. I just want to thank the folks of Essex. I want to, once again, thank Tomi Hulkkonen from the Carpenters Union and Karl Lovett from IBEW for helping me script the bill and for giving me guidance and understanding of what it really means in support for our skilled trades folks.

I also want to take the opportunity to thank the member for Lambton—Kent—Middlesex, who seconded this bill and who will be speaking to it later on.

Before I dive into the bill, my dearest condolences to the Gaffan family back in Kingsville. Jim Gaffan was the mayor of Kingsville for a long time. He passed away just a couple of weeks ago. He was a staple in the community as a local barber. If people needed to know something, they would go to Gaffan's Barber Shop. Mr. Gaffan was a man whom I very much looked up to. He was a man of the people, and I hope to at least bring some of his happiness forward. Again, my condolences to his family.

Bill C-241 is an act to amend the Income Tax Act with respect to deduction of travel expenses for tradespersons. As I have said before, I like to call it the “fair travelling tradespersons bill”. It went to committee. I understand we did not break a record, but I believe it to be true that we were very close to breaking one. Today, I get 15 minutes to speak, but in committee it passed in 17 minutes. Therefore, if I draw this out for two more minutes, somehow we probably would have broken a record.

The reason is that there were no amendments to the bill. This is such a simple bill. The only frustrating thing about this is that because it is so simple, because it is the right thing to do and because it has the support of the majority of the House, I am talking 15 more minutes, 15 more minutes that we are not looking out for our skilled tradespersons.

I was caught at the Billy Bishop Airport for an extended four hours on Thursday night on the way home. I ran into a young man named Colin. He lives in the Windsor area and travels to southern Alberta for work because he can make a lot more money in the skilled trades to feed his family back in Windsor. I asked him how long he had been gone for. He said it had been 30 days and he was excited to get home to see his young daughter. I said, “Wow, you had to work for 30 days.” He said, no, that he worked for 10 days, then he was off for two, then he worked for 10 days and was off again for two days.

I realized it is a long way to travel, but I asked him if he was able to get home to see his daughter. He would have loved to have gotten home to see his daughter, but he could not afford the cost of the flights. When he would go home after 30 days, the money for that flight was money that would pay for her diapers, her pabulum, her medicines like Tylenol. He said that Facetime was as good as I got.

If that real story does not tear at the heartstrings of each and every member of the House and to understand why Bill C-241 would be so impactful for our skilled tradespersons who travel across the country to build our infrastructure, quite frankly, I do not know what would.

If that story does not get the House, maybe this one will. I was again at Billy Bishop Airport around October or November of last year. I ran into a gentleman named Andrew. He works in the mines in Timmins. He asked me for a picture with him. I do not know why. My wife does not even want pictures with me. I had a good conversation with this gentleman. He does not have a family but he has a girlfriend. He actually Facetimed his girlfriend while I was there and introduced me as her member of Parliament. I did not think too much about it. Shame on me

● (1110)

When I arrived at Billy Bishop Airport to fly back to the House for the first week, a young woman came up to me and said my name. I asked her how she was. She wanted to thank me for my private member's bill, which she hoped would go through. She then asked me if I knew who she was. I told her she looked familiar but I was not too sure. That is when she told me she was Andrew's girlfriend and that she was on her way to Timmins. I remembered that I had taken a picture with him. I asked her if Andrew could not get home and she said that it would cost him too much so she decided to go see him.

These are the real stories of the ones who we expect to build our roads and energy system, to turn our economy and get that engine moving again to make our country green. They are the very ones who sacrifice so much, but we forget about their loved ones. If we want to really incentivize our skilled trades, it is as simple as giving them the opportunity to be back with their loved ones.

We continue to talk about the lack of homes or the shortage of them across our country. We know that the cost of a house is out of this world, but that is purely because we do not have enough. I am quite sure that all 338 members of the House have heard this time and again from their business owners, that if we gave them more people, they would put out twice as much product. Quite frankly, they do not have the people.

We are far past the stigma of being in the skilled trades. We now understand that it is not only okay to be a plumber, a boiler maker, an ironworker or an electrical worker but it is a fantastic living that brings home a lot of money for families and puts tons of food on the tables of Canadian families. Now that we are past that the next question is how we get those people to the jobs. How do we give the support to those folks to get them to those jobs?

Right before Christmas, I travelled to Nova Scotia. I met with people from CANS, the Construction Association of Nova Scotia. They said to me that to build roads and hospitals, all these projects, they needed people. They said that for the first time Nova Scotia was not exporting its folks; it needed to import skilled trades. I hear this across the country. They said that my private member's bill, Bill C-241, which is not mine but the people's bill, would get people to the right place at the right time.

I think about Windsor. I think about the Gordie Howe International Bridge and the amazing workforce that is building that bridge. At the same time, a \$5-billion battery plant is being built in Windsor. As such, when I met with representatives of the IBEW in Windsor, they said that they would need thousands of people in Windsor to build this plant, let alone the bridge.

The point is that this is as simple as doing what each and every one of us talks about all the time: building our economy, building our infrastructure and being fair.

• (1115)

Recently, I met with representatives from WEST, which I had never heard of before. It does some pretty unique and amazing work based in Windsor. It trains mostly young women, a lot of them immigrants, on skilled trades. By the way, it is the only organization of its kind in Canada. I asked where they go once they are trained, and they said that they try to find them a job locally. I said it cannot be hard to find them a job locally. They said it is certainly not hard to find them a job locally, but many of them have roots and family in other parts of Canada that they want to go to, so if the job is here, they cannot be with their family. Kudos to WEST for doing what it is doing and recognizing the potential of our immigrants, specifically women.

I really want to stay bipartisan here, because I believe that through working together in the House we can do something really special and unique. I want to thank the Bloc Québécois and the New Democratic Party at committee for supporting this bill going forward.

I realize that there has been a tax deduction for mobility expenses by the Liberal Party for \$4,000. I have heard that time and time again, and it is a great start. However, as I mentioned before, a businessperson can jump on a plane in Windsor and fly back and forth to Calgary, Vancouver or St. John's, Newfoundland as many times as they want and write off those expenses, such as hotels, meals and travel. To suggest that a skilled tradesperson can write off only \$4,000 of travel expenses for maybe a couple of months' worth of work is putting a price on the heads of those in our skilled trades that is totally unacceptable and certainly does not go far enough.

In closing, this is a common-sense bill for the hard-working, common people. It has been a year-long journey, as I mentioned at the beginning of my speech, and I now realize the number of people whose lives and families would be impacted by this bill. It is so far-reaching and so unique. Other parties have introduced very similar legislation in the past, and now is the time to finally get it done. Let us bring it home. Let us expedite this process so that we can get the proper folks at the proper place fairly.

I will end this speech the way I ended my last one, because I truly believe it in my heart of hearts: If it is good enough for members of Parliament to write off their travel expenses, their apartments and their meals, then it better darn well be good enough for our skilled trades folks.

• (1120)

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

Private Members' Business

Mr. Speaker, I am sure the member knows that there was a very similar budget item in the budget implementation act of 2022, where measures very similar to what he is proposing in the bill were addressed. I am wondering if he can tell us how the bill differs from what was in the budget implementation act.

Mr. Chris Lewis: Mr. Speaker, it differs in a couple of ways. If we look at the kilometres and the distance some have to travel, I believe that in the budget implementation act it is 150 kilometres, but in this bill it would be 120 kilometres. More than that, what I ended my speech with was quite simply that \$4,000 puts a price on the heads of those in the skilled trades. This bill has no limit, so the more they work, the more money our skilled trades are putting back into our economy, and we are not handcuffing these same folks from going to work.

[*Translation*]

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, I thank the member for Essex for his work. He has introduced a really interesting bill, and, as he pointed out in his speech, the Bloc Québécois has decided to support it.

I want to acknowledge his work in particular because it is not often that the Conservatives side with workers. I think it is important to highlight it when it does happen.

Other than this idea of helping our tradespeople with their travel expenses, I would like to know whether the Conservatives have any other ideas to help workers. It is important that the legislation we pass help those who need defending in Parliament, the ordinary people. We need to help working people, not big business and those who are lining their pockets and are already privileged in our society.

I would like to know what ideas the Conservatives are going to come up with next to support the people that we need to support, those who are not the privileged.

[*English*]

Mr. Chris Lewis: Mr. Speaker, I thank my hon. colleague for his support. I remember him speaking to this bill back in March.

In terms of fresh ideas, if I was so lucky as to have another private member's bill, with the next one I would make darn sure that the folks coming in from overseas, like Finland, who have these skilled trades and who are literally stuck in our system, are allowed into Canada to join our skilled labour force. That is one idea. We have lots of folks from other countries who have been stuck in the system for years. Let us give the support to our immigration folks and get these skilled trades into Canada. That would be the next one.

Private Members' Business

• (1125)

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, we are grateful to see this bill come forward. Of course, as the member knows, New Democrats have been fighting this injustice that targets tradespeople and apprentices on deducting their travel expenses for many years. In fact, we have tabled this bill five times. This is a no-brainer. I am surprised that the member did not tell Colin, whom he met at the airport, that the Conservatives actually voted against this bill when it came up for a vote in 2013.

Why have the Conservatives suddenly had a change of heart? Now they support those in the trades and apprentices in ensuring that they get fair treatment when it comes to tax deductions when travelling over 120 kilometres. Why has it taken them so long and why did they not support the bill when Chris Charlton tabled it and it was voted on in 2013?

Mr. Chris Lewis: Mr. Speaker, obviously I was not here in 2013, so I will not speak to that. What I will speak to is keeping my promise to Colin. I take no shame in not telling something to Colin. When this gets passed in this House, I will tell Colin that this House worked for him, to go home and hold his daughter.

Mr. Randy Hoback (Prince Albert, CPC): Mr. Speaker, I think this is such a great motion. There are so many times when we come to the House of Commons and listen to a lot of speeches that have zero impact for the people on the ground back in the riding. This is one example where it actually does have an impact back in the riding.

Can the member tell me how tradespeople in Saskatchewan will benefit from this type of legislation?

Mr. Chris Lewis: Mr. Speaker, it is not only in Saskatchewan that people will benefit. Ironically, I was born in Regina, Saskatchewan, so it is near and dear to my heart. Coal-fired plants are being shut down in the Regina area and these skilled labour folks are going to need a home. In the event they decide they cannot get to another job right in Saskatchewan, they can get across the country from coast to coast to coast with their travel expenses paid. It gives them another opportunity, a great opportunity.

[Translation]

Ms. Rachel Bendayan (Parliamentary Secretary to the Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, I appreciate the opportunity to participate in this debate on Bill C-241.

As my hon. colleagues know, this bill would amend the Income Tax Act to allow tradespeople to deduct travel expenses if their job site is far from their place of residence.

Our government is already well aware that the health of the Canadian economy depends on the ability of rapidly growing sectors and businesses to attract the workers they need to grow and succeed. That is why we have already created a new labour mobility deduction in budget 2022. Canadians will be able to file their income tax returns for 2022 starting next week.

[English]

As of next week, when they do file their tax returns, Canadians will be eligible, for the first time, for a new deduction of up

to \$4,000 in eligible travel and temporary relocation expenses through our labour mobility tax deduction for tradespeople.

Our government shares the very same goal as the member for Essex. The labour mobility deduction that is now in place by this government is carefully and effectively targeted at achieving its objective. It provides greater clarity than Bill C-241 on the definition of core concepts as well. For example, Bill C-241 does not define “travelling expenses” or “construction activity”. It also uses the term “tax credit”. I have looked, but I have not seen that as a defined term in our tax laws.

The bill would also introduce fairness issues between tradespersons and indentured apprentices and other employees. That is because it would provide the former with tax recognition for long-distance commuting, while considering it a non-deductible, personal expense for the latter group of people.

The bill also requires no minimum period for relocation, places no limit on the number of trips or the amount of expenses that could be deducted in a year, and makes no allowance for trips that might span multiple tax years. Unlike Bill C-241, the labour mobility tax deduction for tradespeople that our government put in place includes safeguards that contain its scope and cost and ensure that it provides fair and targeted support where it is needed most.

The Parliamentary Budget Officer has estimated the incremental cost of Bill C-241, taking into account the fact that an existing deduction is already in place for the same purpose. The PBO's analysis reflects the fact that if Bill C-241 is passed, taxpayers will have to choose between the two options. This would result in substantially similar deductions being available to taxpayers for the same purpose and, in turn, would likely result in administrative challenges for the Canada Revenue Agency and confusion for tax filers, particularly given that the 2022 tax filing season will begin soon, as I mentioned at the outset.

Bill C-241 has no cap and a slightly different threshold for distance, and the PBO estimated only a small incremental increase in support as a result of this new measure, but this would actually come at a prohibitive expense in terms of introducing ambiguity and confusion for tax filers and administrators.

At the same time, by delivering targeted and effective support to help offset labour mobility expenses, our labour mobility tax credit is building on other important measures. Let me take everyone through them very quickly.

Private Members' Business

The moving expenses deduction, for example, recognizes costs incurred by workers who permanently move their ordinary place of residence at least 40 kilometres closer to their place of business or employment. There is also the special and remote work sites tax exemption, which allows employers to provide board and lodging benefits to employees on a tax-free basis at these work sites. There is also the Canada employment credit, which recognizes work-related expenses in a general way. For the 2022 tax year, this employment credit provides a tax credit on employment income of up to \$1,300.

• (1130)

[*Translation*]

In budget 2021, we also took targeted measures to support apprentices by allowing them to acquire work experience and to make sure that employers can choose from a pool of skilled workers.

In the same budget, we allocated \$470 million over three years, starting in 2021-22, to Employment and Social Development Canada to establish a new apprenticeship service.

This service helps 55,000 first-year apprentices in the red seal construction and manufacturing trades access opportunities for small and medium-size businesses. Employers can receive up to \$5,000 for first-year apprenticeship opportunities to pay initial costs, including wages and training costs.

Moreover, to promote diversity in construction and manufacturing trades, this incentive is doubled to \$10,000 for employers who hire under-represented individuals, including women, racialized Canadians and persons living with disabilities.

To prepare skilled workers to enter the job market, the Government of Canada spends approximately \$90 million a year to provide 60,000 grants to support apprentices.

[*English*]

In conclusion, the labour mobility tax deduction achieves the objectives of Bill C-241 without its risks or shortcomings, and there is really no need to take my word for it. One need only listen to Canada's Building Trades Unions, CBTU, which stated, "Budget 2022 included a historic win for Canada's skilled trades workers with the inclusion of the Labour Mobility Tax Deduction for Tradespeople." It also said, "Canada's Building Trades Unions is proud of securing tax fairness for skilled trades workers through the Labour Mobility Tax Deduction for Tradespeople (LMD)."

With that goal achieved, Bill C-241 is not only problematic but also redundant. I would therefore encourage the House to withhold its support for this bill in favour of allowing the labour mobility tax deduction to support Canadian tradespeople and apprentices as they begin to file their taxes in the coming weeks.

• (1135)

[*Translation*]

Mr. Xavier Barsalou-Duval (Pierre-Boucher—Les Patriotes—Verchères, BQ): Mr. Speaker, although I had the opportunity to do so earlier, I would like to begin by once again congratulating the hon. member for Essex for Bill C-241. This bill was worth introducing and debating in the House, and I think it is important,

since it will give us an opportunity to discuss the reality of tradespeople, a reality we do not discuss enough in the House.

We address all sorts of theoretical questions in the House. We talk about families struggling to make ends meet, and it is important that we do. We also talk about the ultra-rich. However, we do not talk enough about tradespeople, the middle-class, the people who work so hard to build our country.

I will therefore take this opportunity to speak in more detail about a tradesperson I know well and who was born on July 15, 1941, in Hochelaga, Montreal. He was one of seven children, so he had six brothers and sisters. He did not grow up in Hochelaga, but in Pont-Viau, Laval, because his father managed to get a job at Frito-Lay. Chips lovers will recognize the name.

His father was a labourer and had seven mouths to feed in addition to his wife's and his own. That requires a lot of work. At the time, working-class families were large, and this was a family of nine. Families lived in small apartments, with one, two or three bedrooms. Ultimately, they took what they could get. Children did not have their own room: there was a room for the girls and a room for the boys. There were a lot of people in each bedroom.

This skilled tradesperson got married later on, on June 30, 1962. Let us get back to the issue before us, skilled trades. He began practising his trade in 1956 at the age of 15, and worked hard on construction sites. He and his wife had four children, only three of whom reached adulthood. He found time outside his work hours to take care of his children and to be a hockey and baseball coach. He worked for more than 40 years on construction sites as a skilled tradesperson before retiring in 1997. He then continued to work as a plumber for more than 10 years.

The person I am talking about is my grandfather. I was well aware of his situation, since he was still a tradesperson when I was a child. When I went to his house, even if I was not supposed to, I would go into his garage, a real treasure trove. It was incredible to see all the tools and equipment he had. I also remember the smell of oil and iron. It was amazing.

My grandfather worked on many large construction sites. The Conservatives are going to like this: He worked on the many gas pipelines built in the 1950s, 1960s and 1970s. He also worked in the petrochemical facilities in Montreal East. At the time, we needed advanced technology and facilities to be able to put gas in our cars. He worked on a number of hospital construction projects across Quebec, and built high-rise housing units on Île-des-Sœurs.

Private Members' Business

He also worked on a major construction site that had an impact on Quebec, and many people remember it in both a positive and a negative way. It was Montreal's Olympic Stadium, a huge project that cost a lot of money and took us a lot of years to pay for. However, it was a symbol of pride at the time, since we were hosting the Olympic Games in Quebec, in Montreal, which was an extraordinary feat. My grandfather worked on the Olympic Stadium as a skilled tradesperson.

He also worked on the Port of Montreal facilities, which, with the growth of Montreal, always had to be expanded. Workers were needed to build the infrastructure and make sure it would withstand the passage of time. He also worked at the Saint-Jean-sur-Richelieu military base.

I listed a few projects to show that tradespeople work all over the place on any number of projects. These are assets and infrastructures that will remain standing for a long time, and people will be able to use them and rely on them even after I am dead.

Plumbers and other skilled tradespersons do not have it easy in their day-to-day work life. For instance, they have to move large and heavy pipes made of various materials such as concrete, steel, iron or copper. PVC pipe is more common these days, although that has not always been the case. It took strong arms to carry them. We are not talking about three-foot pipes, either. They were really something. Tradespersons have to move things like pipes, toilets and sinks. Anyone who has ever carried a toilet or sink knows how heavy they are.

These people do physically hard work and they generally work outside. Think of the people who build high-rise apartments. Workers on construction sites sometimes work inside, but they often work outside, sometimes at -40°C. The work still has to be done, even if it is freezing cold. Workers get used to it, and they work hard.

• (1140)

They do not just work in winter. There is also summer. When it is 30°C or more and they are working indoors, in an enclosed space, with the boilers running, and they need to run pipes and the welding machine adds even more heat, that is even worse. The workers have to put up with that kind of heat while they work, and it is not easy.

Welding in a heat wave is not the easiest thing to do. We do not say it often enough, but sometimes there are problems on the construction site. Maybe the engineer made a mistake with the blueprints, or some delinquent snuck overnight and had fun taking apart half of what was built. Then workers have to redo the work that took them weeks to do in the first place.

Another aspect of the plumber's trade is that they bring their own tools to the site. Sometimes the tools are stolen, so they have to buy new ones. That is an expensive proposition. To do good work, they need high-quality specialized tools.

Take, for example, replacing old pipes. The pipes in our houses transport water, and the pipes that run from our toilets and showers contain hair and feces. When a pipe is removed, what is inside may

come out the ends. Sometimes, workers go home smelling bad, with traces of pee and poo on their clothes.

The job is not always a pleasant one. Sometimes, workers need to work in four feet of water or in spaces so tight it is difficult to crawl through. Pipes need to be changed even if there are insects and rats down there.

The working conditions are not always ideal, but the job is really important, and it makes a difference. It is work that needs to be done, and it is vital to every structure.

Every time we turn on the tap, water comes out because a plumber was there before us. Every time we go to the bathroom, we can do so comfortably because a plumber was there before us.

Sometimes there are time constraints, and workers have to work overtime. They do not necessarily work a 40-hour week. Sometimes they work 72 hours in a row because the work needs to be done. They work, they are tired, they do not see their children. They leave early in the morning when it is still dark out and the children are still in bed.

That is the reality of tradespeople. They come home filthy in the evening, with dirt under their fingernails, and they still smell even after they have washed two or three times. They cut themselves, burn themselves and suffer workplace accidents, but they still have to work, so they get over it. Sometimes, they damage their health.

My grandfather is a hero in my eyes. He is a tradesperson. He helped build Quebec. Now others are following in our forebears' footsteps. They are building the Quebec of tomorrow.

Bill C-241 is for these people. I think that the people who built Quebec would have been happy to see such a bill. They would have felt valued. They would have felt that there are members of Parliament who are listening to them and asking what they can do to help them in their work and their lives, based on their reality, so that their difficult and demanding work might be better compensated, valued and recognized. Just talking about it in the House today is a major step, and for that, I would like to thank the hon. member for Essex.

Obviously there are all sorts of considerations at play. Earlier I mentioned all of the construction sites my grandfather worked on. Most of them were in the greater Montreal area.

I also have another grandfather who was a lineman and who worked on almost all the hydro dams in Quebec. He worked hard, in cold weather and sometimes difficult conditions, deep in the woods.

These people built Quebec, and I am very proud of them. We need to talk about them and stand behind them.

That is why the Bloc Québécois will support Bill C-241. Business people taking the jet or driving a Mercedes or a Cadillac should not be the only ones entitled to deduct their travel expenses. I think that ordinary workers who commute far from home for work, who work hard and earn their paycheque, should also be eligible for and entitled to deductions.

We stand behind our workers, and I thank the member for Essex again for his bill.

● (1145)

[English]

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, it is indeed a pleasure to join the House today from Hamilton Centre in support of this bill at third reading. I extend my sincere congratulations to the hon. member for Essex. We had quite some time joking around about the fact that he got to be an honorary New Democrat while presenting this private member's bill, Bill C-241. I think he even promised to wear an orange tie, although I am not quite sure that I have seen that in the House, but I have done my best today.

I wanted to make sure that as New Democrats we get a chance to set the record straight today. This bill has been proposed five times since 2006. The then hon. member Chris Charlton for Hamilton Mountain introduced this bill in 2006, 2008 and 2013. In fact, she had introduced Bill C-201 in 2013, which was crushed by a Conservative majority. I will give the hon. member for Essex the benefit, because I know from his remarks that he was not elected in 2013. However, I will note that the Conservative leader, the hon. member for Carleton, voted against it.

We, as New Democrats, continued to fight alongside the building trades, and in 2021 this was introduced by my dear friend, the always honourable Scott Duvall from Hamilton Mountain, and of course myself. In 2021, one of my first orders of business, and a promise I made to our Hamilton-Brantford Building Trades Council and all of its affiliates, was that I would pick it up and run with it in Bill C-222.

As pointed out by the previous Liberal member, there is only a small difference between what the government has introduced and what this bill provides with respect to distance. Members may recall in the previous reading that this was an issue I brought up. It was clear that in our bill, Bill C-222, we had suggested that the 120-kilometre radius was too far. It would have excluded too many people, particularly those who had to commute through hours of traffic in the GTA. In our bill it was 80 kilometres. If the Parliamentary Budget Officer had run those numbers, he would have seen that more people could have taken advantage of the deduction in our proposal. One of my regrets is that it was not carried through during its time at committee.

I acknowledge and give credit where it is due to the organized labour of Ontario. These are the Building and Construction Trades Council of Ontario, Canada's Building Trades Unions, the Hamilton—Brantford Building & Construction Trades Council, the people I worked with and the people we are all familiar with, such as the recently retired Pat Dillon here in Ontario. Throughout his entire 20-year career he worked on this. He was dogmatic across all parties that it was something that had to happen because of the gen-

Private Members' Business

eral fairness imbued in the bill and the differences identified among the corporate, the Bay Street and the management classes of the country. They got to travel around the world and deduct all of that. That privilege is not extended by the CRA to those who actually build wealth and generate true value in this economy, which is the working class.

I want to make a correction, and will do so even perhaps to my own embarrassment, but it certainly needs to be said in the House. It has been said many times that MPs get to write off their travel. That is not true. An MP's travel is covered by our members' budgets, so it is a very different scenario. I hope that we would ensure that what is good enough for us would be good enough for the working class.

I call again for the same spirit from our new-found socialist Conservative friends who are looking to extend these rights and privileges to the working class. Keep that energy up when it comes to things like dental care and pharmacare. These are things that we, as members of Parliament, have the privilege of receiving and some of us for our entire lives. Let us be clear. There are members in the House who speak about work and working class issues in a completely abstract way, because they have never actually worked in the private sector. That is a fact.

● (1150)

While I do not know the history of my friend from Essex, I am grateful that in his trips to the airport he was able to engage in a dialectical materialism with the working class. It identified that the real-world conditions of the working class and the contradictions of the class considerations provide a general unfairness in how we treat our blue-collar workers compared to the white-collar management class in this country. A person, such as a real estate lawyer or a developer, can fly across the country and write all of that off. However, the worker who actually builds that wealth and who constructs the actual material does not get the same consideration. It is indeed one of the inherent contradictions of our tax code and our general economy.

To go further, to talk about the exploitation of the building trades workers, the hon. member for Essex brought up the notion of affordability in housing. This is an issue that comes up in my community when I am talking to folks about the issues of their housing costs and how far away their ability is, through their wages, to purchase the things they make. This is indeed a perversion of the capitalism and the impacts of capitalism in this country that divorces the working class from the end product of their labour. It is an alienation of the working class. It is an estrangement of labour.

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In the example I used, the building a house metaphor, while the cost of building the house varies between provinces and because of factors like materials, currently the housing construction costs range between \$120 to \$250 per square foot. If we were to average this out, it would be about \$185 per square foot or approximately \$370,000 to build a 2,000 square foot home in Canada. That is twice as much, and sometimes three times as much, as the average market cost. StatsCan listed the average Canadian house price in 2022 at approximately \$704,000.

The average salary I could find of a union carpenter is about \$70,000. That means it is 10 times as much, or 10 years' worth of work, for the person who builds the house to be able to purchase the house. The surplus value of their labour goes to people who have never swung a hammer in their entire lives. It goes to the banking class, the Bay Street class, the developer class and those who go to Doug Ford's family weddings and pay to increase their access to construction within provinces like Ontario. The money and the obscene profits that are made never make their way to the working class of this country.

It is the ultra-elite and the well-connected, those who have political ties, those who would seek to keep wages low and recall the Bank of Canada calling to keep the wages of workers low while the costs continue to run amok. It is shareholders, private investors in the investing class in this country, who are the ones taking the surplus value of workers' wages. It is not because workers are fighting for higher wages.

Under this economic system of private ownership, society only has two classes. These are the property class, or those who have access to capital, and everybody else. The workers are suffering from not only impoverishment but also from exploitation and estrangement from their work. That is why this very meagre private member's bill, Bill C-241, is literally the least we can do in the House to acknowledge that there is a general unfairness in our tax system.

I hope the hon. members from the Conservative Party, who crushed this bill some 10 years ago, who now have found their way in supporting this private member's bill, will keep that same energy up and understand it is the working class of this country who creates the value. That is who we should be prioritizing in the policies of the House.

• (1155)

The Deputy Speaker: The member for Lambton—Kent—Middlesex is rising on a point of order.

Ms. Lianne Rood: Mr. Speaker, while I think my colleague from Hamilton Centre would like to admit he wants to say that the member for Essex is in the NDP, he is a proud Conservative. However, I believe he said he would wear an orange tie to the vote.

The Deputy Speaker: That is not a point of order, but it is a point well taken.

The hon. member for Lambton—Kent—Middlesex.

Ms. Lianne Rood (Lambton—Kent—Middlesex, CPC): Mr. Speaker, skilled trades are a key component of Canada's workforce and are vital to the strength of Canada's economy. Skilled tradespeople are critical in maintaining essential sectors, like our health,

water, electrical and food systems. They literally build bridges and critical infrastructure.

The demand for skilled tradespeople is high. It is expected to remain high over the next decade or more as Canada's economy recovers from eight years of the Liberal government. For far too long, many blue-collar private sector workers have found themselves to be an afterthought of politicians in Ottawa.

Our country is facing a shortage in over 300 skilled trades, and the numbers are showing that this will only get worse. Each job that is unfulfilled is an uncollected paycheque that could help a family get ahead.

By 2028, Canada will need to have over 700,000 new tradespeople in place. Some of the challenges that we face today are very different from the challenges we will face in the future and are different from what our leaders faced decades ago. We will have new problems and we will need new solutions.

Action must be taken to address the concerns regarding the shortage of skilled tradespeople, which is far beyond the scope of the bill that we are discussing here today, just as action must be taken to fix the concerns of those who proudly work in the trades today.

That is why we are supporting Bill C-241. Every step to promote trades and make the environment less cumbersome and more appealing to new entrants is a step in the right direction. We must support Canada's workers and the unions that represent them. The inability to do so would hold back local businesses from growing. It would delay roads, public transit and schools. It would make it harder to improve the health care system and would contribute even more to the rising cost of living that families are battling every day.

After generations of being left behind by the government, it is time to earn trust and build the bridges that will get the bridges built.

During the last election campaign, many residents in my riding spoke to me about the importance of supporting Canadian skilled tradespeople. One simple way that we can do that is by allowing travel expenses to be tax deductible.

Why is this a good first step? The answer is very simple. Many of our skilled tradespeople live and work in rural and remote communities. One of my colleagues has made the suggestion of making the range 120 kilometres because, for some people in my riding, it can take them an hour and a half just to get from their home to the shop to get their trucks. Given that my riding is over 5,000 square kilometres, I can say it is actually a very conservative estimate of how long an individual may have to travel to get to work.

In fact, I spoke with one person who worked as a welder in Arkona, which is a small town in a fairly central agricultural community. They told me it was routine for them to get up at 4 a.m., drive an hour from their home to the shop to load up their truck and prep their crew. They drive another hour and a half south to the morning job site, and then drive an hour northeast for the afternoon. After a long and tiring day, they would drive another hour back home to repeat a similar schedule six days a week.

We are talking about support in this bill for those who work some of Canada's toughest jobs and who are the most essential workers.

Let me put this in perspective compared to other professions where people can receive tax deductions for travel for their jobs.

The Dewalt or Milwaukee white-collar tool salesperson, who has to travel to remote areas to sell the tools to the building trades workers, will get a government-paid tax credit for their travel. However, the blue-collar IBEW electrician or the UA pipefitter, who has to travel to the same remote job site to put in long hours working and using those same tools, does not get any tax relief from the government for their travel.

Tradespeople work very hard to support their families and have to put forward significant out-of-pocket expenses to be able to perform and remain competitive. The government needs to do more to support our nation's working men and women. Those are the men and women whose jobs are making them have to shower at the end of the day, who are raising families and who are building the future of Canada.

Inflation and the cost of living have taken their toll on tradespeople just as much as, if not more than, they have for nearly every Canadian. Let us take a quick look at the price of gas for someone, like that welder, who travels 400 kilometres in a day.

The average price of gas is around \$1.40 per litre right now. Like most tradespeople in rural Canada, they drive a truck. For those members across the floor who have urban ridings, driving a truck is absolutely necessary for rural tradespeople. It is actually an essential tool for the performance of jobs, especially in our rural areas, not something that can be easily phased out to suit the agenda of the finance minister's friends in the WEF.

● (1200)

This person's truck has roughly a 700-kilometre range, so they need to buy gas twice a week or more. With a 120-litre tank, they are paying over \$250 a week or more in gas, and about \$16 of that is carbon tax. I think it quickly becomes clear to what a great extent a travel deduction will amount to large savings that will keep these tradespeople in business. If only we could remove some of the other non-essential impediments.

A similar travel deduction is already available for corporations and self-employed workers in other industries. Passing Bill C-241 would equalize the playing field and incentivize tradespeople to take contracts farther from home, which would be beneficial for smaller communities that have trouble attracting skilled labour. More tradespeople travelling would help generate more spending, which is especially beneficial for smaller and remote communities.

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Many tradespeople travel long distances for work, and I am talking about leaving their homes and flying somewhere, sometimes even to another province, across the country or to northern areas to get to a job site. Often they are gone from their families for long periods of time, sometimes even months at a time. I cannot imagine being away for months at a time without being able to see loved ones.

Those of us sitting in the chamber know what it is like to leave our families to come to work for just a week. Imagine leaving our families for weeks. I know I would miss my family if I were gone for weeks, and I know from talking to some of these workers over the last number of weeks that it is a hardship on them. It is a struggle for their families to be apart. Sacrificing time with their kids, spouses or partners in order to try to provide good incomes to support their families can be very difficult, but they make sacrifices every day.

Imagine someone being responsible for paying their own transportation, accommodation and meals to get to a job site, while having to travel with their own tools. There is no other option to receive a tax credit to help offset any of these travel costs. Workers are more likely to take jobs closer to home, and not necessarily in their trades, when they are not compensated.

Travelling as a tradesperson is extremely hard on families. A tradesperson would be able to use some of their tax credit to fly home to see their family, for instance for a long weekend, or even fly their spouse and family to be with them for a period of time in the town where their job site is. Imagine the economic spinoff of that in those small towns.

This bill is not controversial. This bill would help keep families together. It is a pro-worker, pro-jobs, pro-paycheque and pro-worker-mobility bill, all of which is needed to keep Canada going. I am pleased to see that this drive is being acknowledged and even supported by other parties in the chamber.

Despite our differences, I think we all want to keep Canada going and we all want to do what is best to support our Canadian workers. We want to encourage young people to follow their passions, enrol in skilled trades and move beyond the tired mentality that the only way to succeed in life is to acquire multiple degrees.

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Do members know that a Red Seal certified tradesperson makes over \$68,000 a year? With years of experience, depending on available jobs, they can make well over \$300,000 a year. That is comparable to or even exceeds what is expected from a university master's degree. Unfortunately, only one in 10 high school students is considering a career in trades. Something needs to change, and I look forward to a productive discussion about what can be done to make improvements.

Starting with the bill we are debating today, Bill C-241, I have heard, from the NDP side, some suggestions that the travel distance be lowered to 80 kilometres. From the Liberal benches, the ask has been made to have the bill include greater deductions for tools and equipment. I have heard a number from the Bloc say they will take the bill as is and support it.

All of this is fantastic, not only for workers but also for my colleague, who I know has been very open and transparent in his excitement. I will echo his excitement on behalf of my constituents. This bill would have a tremendous impact on tradespeople and their families. Let us roll up our sleeves, get it done and bring it home.

• (1205)

The Deputy Speaker: The time provided for the consideration of Private Members' Business has now expired, and the order is dropped to the bottom of the order of precedence on the Order Paper.

GOVERNMENT ORDERS

[English]

CRIMINAL CODE

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.) moved that Bill C-39, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

He said: Mr. Speaker, I rise today to speak to Bill C-39, an act to amend an act to amend the Criminal Code regarding medical assistance in dying. This bill would extend the exclusion of eligibility for receiving medical assistance in dying, or MAID, in circumstances where the sole underlying medical condition for MAID is a mental illness. The main objective of this bill is to ensure the safe assessment and provision of MAID in all circumstances where a mental illness forms the basis for a request for MAID.

An extension of the exclusion of MAID eligibility in these circumstances would help ensure health care system readiness by, among other things, allowing more time for the dissemination and uptake of key resources by the medical and nursing communities, including MAID assessors and providers. It would also give the federal government more time to meaningfully consider the report of the Special Joint Committee on Medical Assistance in Dying, or AMAD, which is expected this week.

My remarks today will focus on the legislative history of MAID in this country. I want to be clear that medical assistance in dying is a right, as affirmed by the Supreme Court.

[Translation]

In its 2015 *Carter v. Canada* decision, the Supreme Court of Canada ruled that the sections of the Criminal Code prohibiting physicians from assisting in the consensual death of another person were unconstitutional. In response, in 2016, our government tabled former Bill C-14, an act to amend the Criminal Code and to make related amendments to other acts regarding medical assistance in dying.

The basic purpose of the bill was to give Canadians nearing the end of life who are experiencing intolerable and unbearable suffering the option to obtain medical assistance in dying. The bill was passed two months later, when medical assistance in dying, or MAID, became legal in Canada for people whose natural death was reasonably foreseeable. It included procedural safeguards in order to ensure that the person's request for medical assistance in dying was free and informed, and to protect the most vulnerable.

In 2019, in *Truchon v. the Attorney General of Canada*, the Quebec Superior Court ruled that it was unconstitutional to restrict the availability of MAID to individuals whose natural death was reasonably foreseeable. One year later, in response, we introduced a second bill on medical assistance in dying, the former Bill C-7, an act to amend the Criminal Code regarding medical assistance in dying.

[English]

Former Bill C-7 expanded eligibility to receive MAID to persons whose natural death was not reasonably foreseeable. It did so by creating a separate, more stringent set of procedural safeguards that must be satisfied before MAID can be provided. The government proposed, and Parliament supported, these stringent procedural safeguards in recognition of the increased complexities of making MAID available to people who are not otherwise in an end-of-life scenario.

Some of these additional safeguards include a minimum 90-day period for assessing eligibility, during which careful consideration is given to the nature of the person's suffering and whether there is treatment or alternative means available to relieve that suffering. This safeguard effectively prohibits a practitioner from determining that a person is eligible to receive MAID in fewer than 90 days.

Another additional safeguard is the requirement that one of the practitioners assessing eligibility for MAID has expertise in the underlying condition causing the person's suffering or that they must consult with a practitioner who does. The assessing practitioners must also ensure that the person be informed of the alternative means available to address their suffering, such as counselling services, mental health and disability support services, community services and palliative care. It is not enough just to discuss treatment alternatives. They must ensure the person has been offered consultations with relevant professionals who provide those services or care. In addition, both practitioners must agree that the person gave serious consideration to treatment options and alternatives.

● (1210)

[*Translation*]

The former Bill C-7 extended eligibility to medical assistance in dying to people whose death is not reasonably foreseeable. However, it temporarily excluded mental illness on its own as a ground for eligibility to MAID. In other words, the bill excluded from eligibility for medical assistance in dying cases where a person's sole underlying medical condition is a mental illness. That temporary exclusion from eligibility stems from the recognition that, in those cases, requests for medical assistance in dying were complex and required further review.

In the meantime, the Expert Panel on MAID and Mental Illness conducted an independent review of the protocols, guidance and safeguards recommended in cases where a mental illness is the ground for a request for medical assistance in dying. The expert panel's final report was tabled in Parliament on May 13, 2022.

The Special Joint Committee on Medical Assistance in Dying also completed its parliamentary review of the provisions of the Criminal Code relating to medical assistance in dying and their application, as well as other related issues, including mental health. We eagerly look forward to the special joint committee's final report, expected on Friday, February 17.

I would also like to highlight the excellent work of the expert panel, ably led by Dr. Mona Gupta.

[*English*]

This temporary period of ineligibility was set in law to last two years. It will expire on March 17 unless this legal requirement is amended by law. This bill would do just that, and proposes to extend this period of ineligibility for one year, until March 17, 2024.

As I stated at the outset of my remarks, this extension is needed to ensure the safe assessment and provision of MAID in circumstances where a mental illness forms the sole basis of a request for MAID. It is clear that the assessment and provision of MAID in circumstances where a mental illness is the sole ground for requesting MAID raises particular complexities, including difficulties with assessing whether the mental illness is in fact irremediable and the potential impact of suicidal ideation on such requests.

That is why, when some Canadians, experts and members of the medical community called on the federal government to extend the temporary period of ineligibility to make sure the system was

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ready, we listened. We listened, we examined the situation carefully and we determined that more time was needed to get this right.

[*Translation*]

As for the state of readiness of the health care system, I would like to take a moment to highlight the great progress that has been made toward the safe delivery of MAID in those circumstances. For example, standards of practice are being developed for the assessment of complex requests for medical assistance in dying, including requests where mental illness is the sole underlying medical condition. Those standards of practice will be adapted or adopted by clinical regulatory bodies and by clinicians in the provinces and territories. These standards are being developed and will be completed in March 2023.

In addition, since October 2021, the Canadian Association of MAiD Assessors and Providers, or CAMAP, has been developing an accredited study program for health professionals. Once completed, that program will include seven training modules on various topics related to the assessment and delivery of medical assistance in dying, including on how to assess requests for medical assistance in dying, assess capacity and vulnerability, and manage complex and chronic situations. That program should be finalized and ready to be implemented next fall.

This progress was achieved through our government's leadership and collaboration with the health system's partners, such as the provincial and territorial governments, professional health organizations, our government's regulatory agencies, clinicians and organizations such as CAMAP.

The Regulations for the Monitoring of Medical Assistance in Dying, which set out the requirements for the presentation of reports on MAID, came into force in November 2018.

● (1215)

These regulations were recently revised to significantly improve the collection of data and reporting on MAID. More specifically, the regulations now provide for the collection of data on race, indigenous identity and any disability of the person. The revised regulations came into force in January 2023, and the information about activities related to medical assistance in dying in 2023 will be published in 2024 in Health Canada's annual MAID report.

I think we can all agree that substantial progress has been made. However, in my opinion, a little more time is needed to ensure the safe assessment and provision of MAID in all cases where a mental illness is the sole basis for a request for MAID.

*Government Orders**[English]*

I want to be clear that mental illness can cause the same level of suffering that physical illness can cause. We are aware that there are persons who are suffering intolerably as a result of their mental illnesses who were waiting to become eligible to receive MAID in March 2023. We recognize that these persons will be disappointed by an extension of ineligibility, and we sympathize with them. I want to emphasize that I believe this extension is necessary to ensure the safe provision of MAID in all cases where a mental illness forms the basis of the request for MAID. We need this extension to ensure that any changes we make are done in a prudent and measured way.

I want to turn now to the more technical part of Bill C-39 and briefly explain how the bill proposes to extend the mental illness exclusion. As I stated earlier in my remarks, former Bill C-7 expanded MAID eligibility to persons whose natural death was not reasonably foreseeable. It also included a provision that temporarily excluded eligibility in circumstances where a mental illness formed the basis of the request for MAID. Bill C-39 would delay the repeal of the mental illness exclusion. This would mean that the period of ineligibility for receiving MAID, in circumstances where the only medical condition identified in support of the request for MAID is a mental illness, would remain in place for an extra year, until March 17, 2024.

I want to reiterate that we need more time before eligibility is expanded in this matter. We need more time to ensure the readiness of the health care system, and more time to consider meaningfully and to potentially act on AMAD's recommendations. This is why I urge members to swiftly support the passage of this bill. It is imperative that it be enacted before March 17. If it is not, MAID will become lawful automatically in these circumstances. It is essential that this bill receive royal assent so that this does not happen before we are confident that MAID can be provided safely in these circumstances. I trust that all colleagues in this place will want to make that happen.

The safety of Canadians must come first. That is why we are taking the additional time necessary to get this right. Protecting the safety and security of vulnerable people and supporting individual autonomy and freedom of choice are central to Canada's MAID regime. We all know that MAID is a very complex personal issue, so it is not surprising that there is a lot of debate. It should go without saying that seeking MAID is a decision that one does not make lightly. I know from speaking with members of the medical community that they take both their critical role in the process and their professional duties toward patients extremely seriously. I trust that medical professionals have their patients' interests at heart, and this sometimes involves supporting their patients' wishes for a planned, dignified ending that is free of suffering.

Once again, I strongly believe that an extension of the exclusion of MAID eligibility in this circumstance is necessary to ensure the health care system's readiness and to give the government more time to meaningfully consider and to potentially implement the AMAD recommendations. I remind the House that those recommendations are expected just one month before the current mental illness exclusion is set to expire. Therefore, I implore all members to support this bill.

● (1220)

Hon. Rob Moore (Fundy Royal, CPC): Mr. Speaker, today we are seeing an admission of a process that was far too rushed. Just two years ago, the Minister of Justice appeared at a justice committee one morning and said that there was not a consensus on how to move forward with expanding medical assistance in dying to those whose sole underlying condition is mental illness. However, later that day, after the Senate had amended the legislation to include mental illness, the minister suddenly said in the House that he was confident there was a consensus. The minister's own charter analysis of Bill C-7 said that those whose underlying condition is mental illness needed to be protected.

Therefore, we see evidence now that 70% of Canadians are opposed to this expansion. We know that many Liberal members are voicing their concerns. Will the minister consider delaying this expansion indefinitely, so that those who are suffering with mental illness, such as our veterans with PTSD, are protected?

Hon. David Lametti: Mr. Speaker, I thank the hon. member for his work on this file.

What is different now, two years later, is that we have done a great deal of work. The expert committee, led by Dr. Mona Gupta, thinks we are ready to move forward with the protocol it has developed, as do a number of professionals and professional bodies across Canada, but there is not unanimity. That is why we are proposing a one-year extension so we, along with medical professionals and Canadians, can internalize what the next step will be.

Let me point out that we all have a duty as parliamentarians to not participate in exaggeration or misinformation. What this bill would not do would be to allow a person suffering from depression or anxiety to immediately get MAID. This is for a small fraction of individuals who are suffering intolerably from long-standing mental disorders under long-standing care of medical professionals and who want another option. That is what this is about. It is not about people who are contemplating suicide.

[Translation]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, in a debate as sensitive as this, we would expect every parliamentarian in the House of Commons to lend some dignity to this debate and demonstrate a strong sense of responsibility.

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Last week, in the middle of question period, on the topic of mental disorders being the sole underlying medical condition, the official leader of the opposition said to the Prime Minister something to the effect that there were people suffering who were destitute, living in poverty and struggling with depression, and that all this government had to offer them was medical assistance in dying.

I would like my colleague to share his thoughts on these types of comments that, in my opinion, will prevent us from having a calm and productive debate not only from a theoretical perspective, but also with respect to the situation with the bill and what it really covers. In short, we are talking here about misinformation.

Hon. David Lametti: Mr. Speaker, I thank my colleague for his question and comment.

The criteria for receiving medical assistance in dying in situations where the person is not at the end of life are very strict and rigorous, particularly when it comes to the subject we are considering today and in cases where mental illness is the only factor.

A person cannot automatically get medical assistance in dying just by requesting it. It is much more serious than that. Our practitioners, the medical community and those who provide medical assistance in dying take their responsibilities very seriously.

With regard to the comment made by the leader of the official opposition, I completely agree with my colleague. That shows a rather jaded attitude toward a subject that is very complex and morally difficult for many people. We therefore have to be respectful about it, even in our discussions.

• (1225)

[*English*]

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, like the minister, I have been here since 2015, so I have seen the entire legislative journey of medical assistance in dying, and I have also been the NDP's member on the special joint committee, both in the last Parliament and this one.

Back when Bill C-14 was passed, there was a requirement in that act for a statutory review of the legislation. We did have Bill C-7, and the government did accept the Senate amendment, even though it was contrary to its own charter statement on the matter. It was only after that that we established the special joint committee, which was then delayed by the 2021 election and did not get up and going until May of last year.

In the context of that, I think the Liberals have, in some instances, put the cart before the horse before we have had the appropriate review, but I would also like to hear his comments because there is a crisis in funding for mental health in this country. We have had the Canadian Mental Health Association talk about this. I would like to hear from the justice minister that his government can make a commitment to bring mental health care funding up on par with that of physical care. There is a real crisis, not only in my community, but also in communities from coast to coast to coast. I think that is going to be an important component of this conversation.

Hon. David Lametti: Mr. Speaker, I thank the hon. member for his work on the special committee, and we look forward to the rec-

ommendations of the special committee. One of the reasons to have a delay is precisely to take what that special committee might recommend better into account.

Mental illness is an illness, and I strongly support initiatives to better resource the *encadrement*, the support we are giving to people suffering from mental illness. It is something that our government has recognized.

We put \$5 billion into the system a number of years ago. However, when we did that for mental illness, we found that we could not guarantee that the provinces would actually spend that money on mental illness. In the current set of negotiations between the Minister of Health and his counterparts, as well as the Prime Minister and his counterparts, we are trying to build some accountability into that system, but we definitely do agree with the need to invest in greater mental health resources, particularly in this case. We want people to be able to live a dignified life with the supports they need to accomplish that.

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, some have opined that the extension sought today is potentially for re-debating the issue of mental health as a sole and underlying condition for MAID. I am wondering if the minister could outline why that is not the case.

Hon. David Lametti: Mr. Speaker, we passed the law in 2019. Part of the parliamentary process was the interactions between the House and the Senate. We came to a compromise at the end of that process with the Senate to include mental illness as a sole criterion with a two-year delay.

We felt at the time that this could be done in two years. COVID intervened and an election intervened, but we do feel that a great deal of work has been done, in particular, by the expert committee. However, in order for everyone to internalize those recommendations, and for faculties of medicine, provincial and territorial bodies, and expert groups to build out the didactic materials, we need another year, but this is only a year extension. Of course, this would also give us time to look at what the special committee reports on this particular area, as well as evaluate other suggestions it makes.

• (1230)

Mr. Frank Caputo (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, it is always a pleasure to rise on behalf of the people of Kamloops—Thompson—Cariboo.

I wish to recognize the life of Danilo Covaceuszach. I just saw his obituary in the Kamloops This Week. May eternal light shine upon him.

In reference to that last answer from the Minister of Justice, it really is incumbent, in my view, that the Minister of Justice listen to the people of Canada, and people in my riding have been asking that the minister reconsider this. His answer to the parliamentary secretary says to me that he is not prepared to do so. This is amidst the charter statement from his own department saying that this has inherent risks and complexity. Given that, is he saying unequivocally before the House that there is not going to be any reconsideration of this before the next year?

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Hon. David Lametti: Mr. Speaker, I thank the hon. member for his work as a critic and his work on committee.

We are in a far different place than we were two years ago. We have now done a great deal of the work, particularly at the federal level, on mental illness as the sole criterion for seeking MAID. As I said, a number of leading experts feel that we would have been ready next month to have moved forward. We are trying to be prudent and to allow others to internalize the learning that has been developed over the last two years.

I mentioned before, and I will repeat it again, that this is a small fraction of people who are in the non-end-of-life scenario. Indeed, the people in the non-end-of-life scenario generally are a small fraction of those who seek MAID. It is not the case that somebody will simply be able to get MAID by going to their doctor and saying that they are contemplating suicide. That is not the case, and we are misleading Canadians if that is what we say.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, I rise to speak on Bill C-39, a legislation that imposes a new arbitrary deadline of March 2024 in place of the Liberal government's arbitrary deadline of March 2023 whereby persons with a sole underlying mental health disorder would be eligible for MAID.

I support Bill C-39 only because it is better than the alternative, namely that in one short month from now, on March 17, MAID would be available to persons with a sole underlying mental health disorder. This would be an absolute disaster and certainly result in vulnerable persons prematurely ending their lives, when otherwise, they could have gone on to recover and lead healthy and happy lives.

Rather than imposing a new arbitrary deadline that is not grounded on science and evidence, what the Liberal government should be doing is abandoning this radical, reckless and dangerous expansion of MAID altogether. This is why I wholeheartedly support Bill C-314, which was introduced last Friday by my friend and colleague, the member for Abbotsford, and would do exactly that.

One would expect that before deciding to expand MAID in cases of mental illness, a responsible government would take the time to study the issue thoroughly and consult widely with experts. After all, we are talking about life and death. We are talking about a significant expansion that would impact a vulnerable group of Canadians.

However, the Liberal government is not responsible, and that is not what happened. This is why the government finds itself in the mess it is in today with this rushed, 11th-hour legislation to delay the expansion.

Instead, the Minister of Justice accepted a radical Senate amendment to Bill C-7, which established an arbitrary sunset clause. That set in motion this expansion of MAID in cases of mental illness, effective in March of 2023. To provide some context, Bill C-7 was a response to the Truchon decision; its purpose was to remove a critical safeguard, namely that death be reasonably foreseeable before someone is eligible for MAID. It was a terrible piece of legislation that the government should have appealed but did not.

As bad as the bill was, when it was studied at the justice committee, of which I was a member at the time, nowhere in the bill was there any mention of expanding MAID in cases of mental illness. The justice committee did not hear evidence on that point. Indeed, when the minister came to committee, he said that there were inherent risks and complexities with expanding MAID in cases of mental illness, and therefore, it would be inappropriate to do so.

The bill went over to the Senate, and all of a sudden, the minister unilaterally accepted the amendment. Then what did the Liberals do? After little more than a day of debate, they shut down debate on a bill that had drastically changed in scope and rammed through the legislation for this expansion of MAID in cases of mental illness.

● (1235)

There was no meaningful study and absolutely no consultation with experts, including psychiatrists; persons struggling with mental illness; or these person's advocates. There was nothing. In short, the justice minister made the decision to go ahead with this significant expansion and then said the issue would be studied later. Hence, there was the establishment of an expert panel that was appointed after the government had already made the decision to go ahead. One would think that if an expert panel were going to be appointed, it would be appointed before deciding. However, that is not what happened with the justice minister and Liberal government.

We saw a special joint committee established after the fact. Talk about getting it backward, putting blind ideology and hubris ahead of science and evidence, and showing a total disregard for the concerns and lives of Canadians struggling with mental illness. Had the Minister of Justice and the Liberal government done their homework at the outset, they would have learned very quickly that this expansion of MAID cannot be implemented safely.

I serve as a co-vice-chair on the Special Joint Committee on Medical Assistance in Dying. As early as the spring, the committee heard from multiple witnesses, including representatives of the mental health community, and most importantly with respect to some of the clinical issues, leading psychiatrists. The body of evidence showing that this cannot proceed safely was overwhelming. One of the key reasons cited for this was that in the case of mental illness, it is difficult, if not impossible, to predict irremediability. In other words, in the case of mental illness, it is difficult or impossible to determine whether someone can recover and become healthy. This is a serious problem.

Let us look at some of the evidence that was available to the minister in the spring. Dr. John Maher, a clinical psychiatrist and medical ethicist who appeared before the committee, said, "Psychiatrists don't know and can't know who will get better and live decades of good life. Brain diseases are not liver diseases."

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Dr. Brian Mishara, a clinical psychiatrist and professor at the Université du Québec à Montréal, told the committee, “I’m a scientist. The latest Cochrane Review of research on the ability to find some indicator of the future course of a mental illness, either treated or untreated, concluded that we have no specific scientific ways of doing this.”

Even the government’s expert panel conceded the difficulty in predicting irremediability. At page 9 of the expert panel report, the panel observed, “The evolution of many mental disorders, like some other chronic conditions, is difficult to predict for a given individual. There is limited knowledge about the long-term prognosis for many conditions, and it is difficult, if not impossible, for clinicians to make accurate predictions about the future for an individual patient.” The government’s own expert panel said that it is difficult, if not impossible, to predict irremediability.

● (1240)

If one cannot predict irremediability, persons who could go on to lead healthy and happy lives may have their lives prematurely ended. This is a problem that the government cannot avoid and that has not been resolved. Let me remind this House that, under the law, one must have an irremediable condition in order to be eligible for MAID. However, here we have leading experts and psychiatrists, including the government’s expert panel, saying that it is difficult, if not impossible, to predict irremediability.

According to the psychiatrists who appeared before the special joint committee, what that means is that medical assessments in cases of mental illness for MAID are going to be decided on the basis of “hunches and guesswork that could be wildly inaccurate.” Those are the words of Dr. Mark Sinyor, a professor of psychiatry at the University of Toronto, who appeared before the special joint committee. These words were echoed by other psychiatrists who appeared before our committee.

The expert panel did not use such language, but it essentially conceded the point in its report because it was unable to come up with any objective standard by which to measure whether a patient’s condition in the case of mental illness is irremediable. Instead, the expert panel ridiculously and recklessly said that it was going to wash its hands clean of this and that it was going to give a big green light and say it can all be done on a case-by-case basis. There would be no objective standard whatsoever; all would be guesswork and subjective assessment.

At the special joint committee on the issue of predicting irremediability in the context of mental illness, Dr. Mark Sinyor said that physicians undertaking a patient assessment “could be making an error 2% of the time or 95% of the time.” A 95% error rate is the risk on a matter of life and death, on a procedure that is irreversible and results in the termination of someone’s life. For persons who are struggling with mental illness, this is the government’s solution. The minister just stood in this place and said, “Damn the evidence. Damn the facts. We are going full steam ahead”.

I cannot think of a more reckless approach than the one the Liberal government has taken on an issue of profound importance to so many Canadians. It is not just the issue of irremediability, although given that this cannot be resolved, it should be the end of the matter. In addition, psychiatrists and other experts at the special joint

committee emphasized that in the case of mental illness, it is very difficult to distinguish between a request motivated by suicidality versus one made rationally. In fact, suicidality is a symptom of mental illness, and indeed, 90% of persons who end their lives by suicide have a diagnosable mental disorder.

● (1245)

To illustrate how radical the government is, I note that when the Ontario Medical Association surveyed Ontario psychiatrists in 2021, 91% said they opposed the expansion of MAID for mental illness under Bill C-7. About 2% expressed support. Some 91% were against, 2% were in support and the rest were undecided. This speaks to how reckless, how radical, how extreme and how out of touch the government is on the question of expanding MAID in the case of mental illness.

In the face of the overwhelming evidence that we heard at committee, we issued an interim dissenting report calling on the Liberals to put a halt to this radical and reckless expansion. The minister ignored our interim dissenting report. He ignored the experts. He ignored the evidence. It appears he is so blinded by ideology that it is impossible for him to see what is in plain sight: This cannot be done safely.

In December, when it was evident that the minister was not listening, the Association of Chairs of Psychiatry in Canada, which includes the heads of psychiatry at all 17 medical schools, said to put a halt to this expansion. However, the minister still was not prepared to act. Indeed, it was not until the day after Parliament rose for Christmas that he had a late afternoon press conference where he made some vague commitment to introducing legislation in which there would be some type of extension. Then, with only 17 sitting days left before the expiration of the sunset clause, the minister finally saw fit to introduce this bill. I think this very clearly illustrates the shambolic approach with which the government has handled this issue.

We now have legislation, but what does this legislation do? As I noted at the outset of my speech, it provides for a new arbitrary deadline, even though issues of irremediability, suicidality and capacity to consent have remained unresolved for the past two years. There is absolutely no evidence that those issues are going to be resolved a year from now.

What we have is nothing more than an arbitrary deadline, and a year from now, we are going to find ourselves in exactly the same place. Let us be clear. When we speak about suicidality, irremediability and capacity to consent, these are not issues to be brushed under the rug. These are serious legal and clinical issues that are fundamental to determining whether this can go forward.

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In closing, whether this expansion takes place a month from now or a year from now, it will be an absolute disaster and will result in persons struggling with mental illness having their lives wrongfully terminated. It is time for the government to get its head out of the sand, stop being blinded by extreme ideology, follow the science, follow the evidence and scrap this ill-conceived expansion.

• (1250)

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, at the outset, let me say how fundamentally different a view I have of the committee hearings and of the many experts who came forward and testified at the special joint committee, which is set to release its report on Friday.

I note that the member mentioned the expert panel. On one side he says it is supporting his position, and on the other side he is saying it is proposing to go ahead with MAID for those with mental health issues as the sole underlying condition. I do not think he can have it both ways.

Ultimately, the expert panel has recommended that we move forward. We have consulted with an enormous number of individuals and organizations. We have heard from them at committee, and I think it is very clear that we should be going forward. However, there is a need for prudence and a need to ensure there is a little more time available for experts to be ready with the right training.

I ask the member why he is being misleading in his debate regarding the many people who came forward and gave us a different perspective than his at committee.

Mr. Michael Cooper: Mr. Speaker, I am not misleading anyone. If anyone is misleading, it is the parliamentary secretary, with the greatest of respect to him.

I am not having it both ways. He mis-characterized what I said with respect to the expert panel. I said that the expert panel acknowledged what other experts who appeared before the committee acknowledged, which is that irremediability is difficult if not impossible to determine. Then, the expert panel washed its hands of coming up with recommendations on how this could be implemented safely. It offered no objective criteria. It said it could be done on a case-by-case basis.

My point with respect to the expert panel is how flawed of a report it was. The government's own expert panel said to go ahead with this, but if we read the fine print, it provided plenty of reasons why the government should not go ahead with it, not by not extending it, but by scrapping it altogether.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, as a Conservative, my colleague from St. Albert—Edmonton has never made so many references to science. I understand that he is passionate about this, but he is claiming that the report of the expert panel says things that it does not, particularly with regard to ending one's life prematurely in the case of mental illness.

The only way for a person to end their life prematurely is by attempting or committing suicide. A person who is suicidal will never be given medical assistance in dying based on the assessment of

one or even two experts. Feeling suicidal is a reversible condition. A suicidal state is reversible, and the condition for obtaining medical assistance in dying is the irreversibility of the mental disorder. The expert panel report states on page 13 that “the incurability of a mental disorder cannot be established in the absence of multiple attempts at interventions with therapeutic aims.”

A person who attempts suicide and comes under pediatric care as a result will have to be monitored. They will probably never have access to medical assistance in dying on the grounds of a suicidal disorder. Eligibility must be established over a period of years, not in a crisis situation. The individual will also have to prove that they have tried every form of treatment and have never refused treatment that could have treated the condition.

This is a sensitive subject, so people should be careful what they say. I hope my colleague will see reason. Those across the aisle are not the only ones vulnerable to blinding ideology

• (1255)

[*English*]

Mr. Michael Cooper: Mr. Speaker, I want to thank the member for Montcalm, who serves on the special joint committee and is a very thoughtful member on it.

At the end of the day, the member is arguing that somehow expanding MAID in cases of mental illness could be appropriate, but what he is demonstrating is exactly the opposite. He is highlighting why it would be inappropriate, given the fact that suicidality is a symptom of mental illness and given the fact that 90% of persons who commit suicide suffer from a diagnosable mental disorder. I think that all underscores the fact that this is not acceptable.

Expanding MAID for mental illness is not an appropriate treatment. It is not an appropriate solution for mental illness. What the government should be doing, instead of offering the mentally ill death, is offering the mentally ill hope, support and the care they deserve.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, I have served on the special joint committee both in the previous Parliament and in this one. It was a lengthy amount of work, and certainly there was some very difficult testimony to go through.

I do not want to cover the same ground that previous members have asked questions on, so maybe I will change tack.

My friend, the member for Courtenay—Alberni, is our mental health and addictions critic, and he has constantly asked the government to bring mental health care funding up to parity with physical health care, understanding that there is in fact a real crisis. When I look at the conditions in ridings like mine, where we see the opioid crisis and the way it has been ravaging communities, there is so much underlying trauma and so many undiagnosed mental health disorders that are not being addressed.

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I would like to invite the member to comment on that. In the midst of this very difficult conversation, and I agree that Bill C-39 is a necessity, we have to take this opportunity in time to make sure that our system is appropriately resourced and funded so that we are getting to Canadians who are falling through the cracks.

Mr. Michael Cooper: Mr. Speaker, the member for Cowichan—Malahat—Langford has contributed thoughtfully to the special joint committee.

In answer to his question, I note that during the 2021 election campaign, the Prime Minister claimed that mental health was a priority of the government. He committed to a \$4.5-billion mental health transfer, but none of that money has gone out the door. There is no mental health transfer.

Instead of providing support and help, the government has been almost singularly focused on offering death, on offering MAID to persons who are struggling with mental health. It speaks to how misplaced the priorities of the government are. It also speaks to the fact that once again, like so much of what the Prime Minister says, his words are nothing more than empty words.

• (1300)

Mr. John Barlow (Foothills, CPC): Mr. Speaker, I want to thank my colleague from St. Albert—Edmonton for the incredible work he did on the committee. I was able to sub in a couple of times and was certainly impressed with his advocacy.

One thing that has arisen lately is the government's officials offering MAID to our veterans. I have a constituent who is one of those veterans and is an advocate. This was very upsetting.

I want to get the member's opinion on the slippery slope this legislation is on and the message it is sending to vulnerable Canadians, like those who have mental health issues. What kind of message is this legislation sending to those vulnerable Canadians?

Mr. Michael Cooper: Mr. Speaker, the message it is sending to persons who are struggling with mental illness is that their life is not important and that we are going to offer them death instead of help and support.

The member raises the issue of veterans who are offered MAID completely inappropriately and, frankly, in contravention of the Criminal Code. The Minister of Veterans Affairs, when he came to the veterans affairs committee, said that it had happened once or twice and that he had undertaken a thorough review. We now know that is not true and that it has happened multiple times. It speaks more broadly to how the government has mishandled MAID in so many different ways.

[*Translation*]

Mr. John Nater: Mr. Speaker, pursuant to Standing Order 43(2) (a), I would like to inform the House that the remaining Conservative Party speaking slots will be divided in two.

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I would like to begin by providing some background on Bill C-39, which is not rocket science, when it comes down to it. Then I would like to talk about the philosophical foundation for dying with dignity, as well as the context and whether or not medical assistance in dying should be extended to patients whose sole underlying medical con-

dition is a mental disorder. I would also like to talk about mental illness generally in our societies and the experts' report before finally concluding my speech.

The context is rather simple. This is not about rehashing the entire debate. We are studying Bill C-39, which simply defers the provision in Bill C-7 that would have ended the two-year exclusion for mental disorders on March 17, 2023.

Following consultations, the government has decided to extend this exclusion clause for one year, which means that on March 17, 2024, mental disorders, or rather individuals whose sole underlying medical condition is a mental disorder, would be eligible for MAID, subject to the conditions, limits, guidelines, standards of practice, safeguards and precautionary principles outlined in the expert report.

Before voting, I invite all parliamentarians in the House to read the report of the expert panel. It contains precautionary principles that do not lend credence to last week's comments by, for example, the leader of the official opposition. It really puts into perspective the ideology underlying the comments by my colleague from St. Albert—Edmonton. Let me dive right into this matter.

Why is there such a delay? The reason is that we believe things should be done properly by the medical world. When a mental disorder is the sole basis for a request for MAID, how prepared are those working in this field across the country to ensure that MAID is adequately and safely delivered in light of the safeguards?

More providers and seasoned assessors will be needed. I should note that the experts did say that assessing whether a person with a mental disorder has the capacity to choose MAID is something they are already doing. Often a person may have cancer and also suffer from a mental disorder. It is not the sole underlying medical condition, and they still need to establish the person's capacity to decide for themselves. Again, in response to the oversimplification by my colleague from St. Albert—Edmonton, first a person needs to want MAID, and then they need to meet the criteria.

As far as mental disorders are concerned, to meet the criteria, this is not going to happen overnight or anytime soon. It is going to take decades before anyone can have access. It is going to take time for the whole range of necessary treatments and possible therapies to be tested without the condition that the person demonstrate that they cannot bear any more and that their pain cannot be relieved. That is a long way from people living in poverty, who are depressed and who might have access to medical assistance in dying. We are far from it.

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That being said, what are we talking about? When we talk about medical assistance in dying, I know that everyone in the House wants to do the right thing. Everyone has the best of intentions and wants to look after the best interests of patients and people who are suffering. However, being compassionate does not square with undermining human dignity. Human dignity is grounded in the capacity for self-determination.

● (1305)

Those are the philosophical premises. The law grants any individual with a biomedical condition the right to self-determination. Nothing can be done without the patient's free and informed consent. To that end, the role of the state is not to decide what that patient, who is the one suffering, needs. Rather, the state must ensure the conditions needed for them to exercise free will, so that patients can make a free and informed decision.

Historically, it was difficult to fight medical paternalism. At one time, people who had reached the terminal phase of an incurable disease did not have the right to die. The right to die was acquired, and it was called palliative care. Life was artificially prolonged, and people died from clinical trials or new therapies rather than dying a peaceful death in palliative care. However, palliative care is not a substitute for medical assistance in dying.

I find it strange that my colleague thinks it is unacceptable to grant access to medical assistance in dying to someone whose soul is suffering, and that he even opposes any form of medical assistance in dying, even when people are at the end of their life. He is opposed. At some point, if people are opposed, they need to explain why.

Why does the law recognize people's right to bodily autonomy throughout their lifetime but take it away from them at the most intimate moment of their lives? The government or our neighbour is not the one dying, so on what basis is the government giving itself the authority to decide for us at the most intimate moment of our lives?

These are the ethical and philosophical grounds and principles behind our position. Just because someone has a mental disorder does not mean that they should also be subject to social discrimination and stigma. Even though mental illness is now considered to be an actual illness, mental health is still not on the same footing as physical health. Mental illness results in discrimination and stigma.

Should we be telling people who have to deal with such discrimination and stigma that they will also never be given the right to MAID, even if they have been suffering from a mental illness and have had schizophrenia, for example, for 25 or 30 years? On what grounds are we refusing them that right? That is the basis of the expert panel's report. Do we give that right to someone with a mental disorder who is suffering, who has tried everything, whose problems are far from over and who says that they cannot go on?

There are people out there who have an ache in their soul, and unfortunately, we lose them when they attempt suicide. It is really no better. We absolutely must fight against suicide because it is one decision that cannot be undone.

In the report, the experts set out several precautionary measures. They talk about structural vulnerabilities like poverty. On page 11 of the report, the experts state the following: "In the course of assessing a request for MAiD—regardless of the requester's diagnoses—a clinician must carefully consider whether the person's circumstances are a function of systemic inequality", and, if so, this should be addressed.

With respect to suicidal ideation, experts offer us another precautionary measure. It is not enough for a person to request MAID to have access to it.

● (1310)

The report states: "In any situation where suicidality is a concern, the clinician must adopt three complementary perspectives: consider a person's capacity to give informed consent or refusal of care, determine whether suicide prevention interventions—including involuntary ones—should be activated, and offer other types of interventions which may be helpful to the person".

What is this claim about people who are depressed being able to request MAID? Members need to stop talking nonsense. That is not what the expert panel's report says. It says that incurability can be established over the course of several years. The patient must have exhausted all available therapies and treatments. However, that does not include overly aggressive therapy.

What does the member for St. Albert—Edmonton think should happen? When a person with a psychiatric disorder says that they reached their breaking point years ago, should psychiatric science insist that there is a treatment out there and that it is going to find it? That is what I mean by overly aggressive therapy.

Overly aggressive treatment may exist for all types of illness. Who gets to decide when it is too much? The Supreme Court and the Superior Court of Quebec have told us that it is up to the patient to decide. That is important, because the member for St. Albert—Edmonton keeps saying that we are cutting lives short, ending lives prematurely.

In reality, the opposite is true. Everyone wants to live as long as possible. People who are on what we call the second track, whose natural death is not reasonably foreseeable, want to live as long as possible. What they do not want is to be denied help when they reach their breaking point. If we do not give them access to MAID, they will find their own way to avoid ending up in that situation, because it is currently illegal for them, and they will end their lives prematurely. They will commit suicide.

The ruling that some contend should have been appealed to the Supreme Court states that there is an infringement on the right to life. The Conservatives' position infringes on the right to life because it forces people to end their lives prematurely rather than waiting for the moment of death, which sometimes is in one or two years. As proof, there is the case of Ms. Gladu. She did not go ahead with MAID, but she was relieved to know that she had that option. She did not commit suicide; she died naturally.

However, if her suffering became intolerable, she knew that she could access MAID because our compassionate and empathetic society would take care of her and ensure that she had a peaceful and dignified death. This meant that she could have the death that she did. Many people say that they choose to end their lives because they are not certain that they will be taken care of.

Is there anything more devastating than a suicide? That is a societal failure. We cannot be complacent about suicide attempts, about people feeling suicidal. In the health care system, mental illness, which is an illness like any other, absolutely must have all the necessary resources.

● (1315)

I just want to say a few words about the governments' ability to pay for the health care needs of the patients I am talking about, given the feds' post-pandemic offer. Governments have to deliver care to these people with irreversible illnesses, but they will not be getting money to do so. Over the next 10 years, they will barely be able to cover indexing on chronically insufficient funding. The federal government's share will go up from 22% to 24%. I hope government members are not too proud of that, especially considering that, during the third wave, people told us the system was in critical condition. The pandemic had destabilized it to the point that it would take 10 years to recover from the pandemic's side effects on patients without COVID. Right in the middle of the third wave, the Prime Minister said it would all be dealt with after the pandemic. We were told an agreement was imminent. I figured that they would come close to the \$28 billion everyone expected, that they would give the governments of Quebec and the provinces the predictable funding they needed to rebuild their systems, take care of people over the next 10 years and finally recover from the pandemic.

I have heard the Conservatives say they will honour that small percentage. Of all the G7 countries, Canada still has the best borrowing capacity. If debt is unavoidable, what better justification for it than taking care of our people and restoring and rebuilding our health care systems?

I hear people say that individuals who have had an incurable mental disorder for years should not be given access to MAID on account of structural vulnerabilities. According to the expert report, however, two independent psychiatrists would have to be consulted. Not only would two independent psychiatrists be required, but we also have to consider recommendation 16. So far, I have been talking about recommendation 10, but my colleagues should hold on to their hats, because recommendation 16 states that, unlike for other kinds of MAID, when mental disorders are involved, there would be something called "prospective" oversight. This is different from retrospective oversight, as required by Quebec's commission on end-of-life care, which requires a justification every time MAID takes place. No, this does not happen after, but rather before, in real time.

This prospective oversight needs to be established in each jurisdiction, which is precisely what the delay will be used for. This additional safeguard needs to be established in controversial cases. According to the expert report, when an individual's capacity can-

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not be properly assessed, MAID is not provided, period. It is not complicated. There will be no slippery slope.

If there is a slippery slope, there is the Criminal Code, the courts, the police. Evil people do not belong in the health care system. They would be fired. If they do harm, they can be taken to court. To my knowledge, the provisions allow action to be taken.

My esteemed colleague seems to assume that everyone in health care is necessarily evil, which is absurd. The slippery slope is based solely on health care workers having evil intentions. However, to work in that field, people have to demonstrate skills proving the opposite. Consequently, all the precautionary measures and principles in this report are sufficient, in my opinion.

What needs to be done now is to ensure that people get training. Not all Quebec psychiatrists have read the report. If they listen to interviews given by the member for St. Albert—Edmonton, they will wonder what is happening with their profession.

We must be able to see things realistically and proportionately, provide training, and ensure that we implement a law that will be both accessible and equitable throughout the country. We must avoid situations where an institution that does not want to provide MAID prevents someone from accessing it, if it is their choice and they meet all the criteria.

● (1320)

This is still a dangerous situation. It is happening in Quebec, and the college of physicians warned last week that, in a simple case of MAID for a terminal patient, some doctors did not want to refer the patient to another doctor who was willing to provide it.

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I thank the member for Montcalm for his speech.

[*English*]

I have to say that it has been a pleasure working with him over the last several months at the AMAD committee. He is an exceptionally thoughtful individual and I have learned a great deal from him.

Based on his numerous years of experience with MAID, and this particular issue of mental health as the sole underlying condition, could he outline for us, in a very short way, why he thinks there is a need to extend the deadline for the implementation of this provision?

[*Translation*]

Mr. Luc Thériault: Mr. Speaker, I want to start by saying that before I dove into this subject, read the expert panel's report multiple times and asked endless questions, I was among the unconvinced.

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Second, because we cannot cut corners on this issue, the entire community of professionals in mental health care, mental wellness and mental illness needs to be informed and trained. It will require an adequate number of service providers and assessors. It will require guidelines. Each of the regulatory bodies from coast to coast will need to establish standards of practice for their members, so as to ensure safe, effective and adequate implementation.

• (1325)

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, I am really upset this morning. Let me explain. In 2017, my father passed away after a very difficult life. Many people here know his story. He struggled with ALS for 20 years. I was there with him during the five years he was in palliative care. At the time, he told me, “Don’t worry. I have a respirator. I had an extra eight years of life and now I know that I can choose what to do with the rest of it. I have control over my life.”

My father had the right to medical assistance in dying before 2017, but he did not want it. He chose to refuse treatment. There were consultations and discussions and they gave him hope. Humans want to live. Perhaps some people in the House are lucky enough to have never experienced this type of situation.

My colleague mentioned all of the precautionary measures that are in place. He said that we need another year to make sure that we are doing things right. I would like him to tell us whether we can hope that, after this additional year, our Conservative colleagues will come to understand that humans are worthy of life and that, in the end, it should be their decision.

Mr. Luc Thériault: Mr. Speaker, I do not want to get into petty politics. I am not saying that my colleague’s question is at that level, but I do not want to get into that.

What I want to say, however, is that we can see the shortcut that my Conservative colleagues sometimes take when they speak. They act like MAID is the only choice, but that is not true. A person can die a natural death without any problems. MAID is only morally acceptable if, and only if, it is voluntary, period.

I want all my colleagues to feel well supported in dying, because that is what palliative care actually is: support for people who are dying. I hope that as each of them lies on their deathbed, they are able to wake up one morning and feel completely at peace and ready to go, rather than lingering in agony. I hope they will be able to benefit from MAID. That is the best we can hope for for any human being: to depart this life in peace.

[*English*]

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, let me just say from the outset what a pleasure it was to serve on the special joint committee with the member for Montcalm, both in the last Parliament and in this one. I always appreciated his very thoughtful interventions and I could tell that he always came to committee quite well prepared.

The member and I have been here since 2015. He will remember that in the original bill, Bill C-14, there was a statutory requirement for a five-year review. We know that Bill C-7 was introduced before that review happened and that the government decided to accept a Senate amendment before it had a chance to establish a spe-

cial joint committee. That process, that timeline, underlines why Bill C-39 is necessary now.

I wonder if my hon. colleague would just reflect on what has led us to this point and why Bill C-39 is necessary, and for this House to pass it quickly, because of the impending deadline and the fact that we do need to have some space to make sure we are getting these standards right. It is extremely important.

[*Translation*]

Mr. Luc Thériault: Mr. Speaker, I will have to say it: The government was not a good student. It dragged its feet for too long. It established the Special Joint Committee on Medical Assistance in Dying far too late.

When Bill C-7 was passed, the government committed to reviewing the act. We did more than review the act, because we looked at other facets. What the special joint committee did was review the existing act.

However, there was an unnecessary election in the meantime, and that caused delays. Our work was constantly disrupted by ultimatums from the court or by our own inability to meet the deadlines we ourselves had set. That is unfortunate.

I sincerely believe that, once the expert panel tabled its report, after doing the job properly, we needed to take the time to set up all the infrastructure necessary to get past the level of a house of horrors in terms of mental disorders and MAID.

• (1330)

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, I think it is very important to have choice. However, without palliative care, there really is no choice. The government has not done its part to continue putting palliative care measures in place.

What is the situation in Quebec?

Mr. Luc Thériault: Mr. Speaker, all the data we have shows that people who are at the end of life have received palliative care. However, there are palliative care units that refuse to take someone into that unit because they allegedly requested medical assistance in dying. I find that unacceptable.

I feel that palliative care is a stepping stone to dying with dignity. As part of the process, someone may request medical assistance in dying. That must be respected. Not everyone can manage to endure their pain and live an existence that makes them suffer to the end.

I do not think the choice is ours; it belongs to the person. There is no reason why the government should not accept a patient's decision, their free choice. They must make an informed decision that is not subject to change, as we heard from some witnesses in committee. We were told that when some physicians had a patient before them requesting medical assistance in dying, they would force them to change their mind so that they would not ask for it and receive only palliative care.

Imagine the opposite scenario. That would make the news everywhere for months.

* * *

PRIVILEGE

TECHNICAL DIFFICULTIES WITH INTERPRETATION SERVICES

Mrs. Claude DeBellefeuille (Salaberry—Suroît, BQ): Mr. Speaker, I would like to speak to the question of privilege raised on Wednesday, February 8 by the hon. member for Regina—Qu'Appelle concerning freedom from obstruction and technical difficulties related to the interpretation service and to the comments made by the member for Mégantic—L'Érable, which dealt more specifically with technical difficulties in parliamentary committee work.

The Bloc Québécois agrees with the House leader of the Conservative caucus that the parliamentary privilege of his caucus was indeed breached because of the technical problems that occurred and that prevented the interpretation of members' remarks during the last caucus meeting of the official opposition.

We want to acknowledge the remarkable work that the interpreters do and the support they provide to members of Parliament during parliamentary proceedings. The interpretation service is essential to the proper functioning of Parliament.

As the member for Regina—Qu'Appelle pointed out, subsection 4(2) of the Official Languages Act requires that “Facilities shall be made available for the simultaneous interpretation of the debates and other proceedings of Parliament from one official language into the other.”

The Bloc Québécois would like to thank the interpreters who interpret every day. I would like to point out that most of the interpretation is done from English to French, so it is all the more important to ensure the right of francophone members to participate in parliamentary proceedings in their language, which is also the language of the majority of their constituents.

The second part of the intervention by the member for Regina—Qu'Appelle concerned the problems caused by the technical arrangements for caucus meetings. He rightly referred to pages 111 and 112 of the *House of Commons Procedure and Practice*, which state, “A member may also be obstructed or interfered with in the performance of his or her parliamentary functions by non-physical means.”

A little later, he added:

It is impossible to codify all incidents which might be interpreted as matters of obstruction, interference, molestation or intimidation and, as such, constitute prima facie cases of privilege.

Privilege

The member for Mégantic—L'Érable went further in his reply. He asserted the following about the technical problems:

We need to have a plan B. Meetings must take place at the scheduled time and proceed normally with the possibility of access to interpretation services and interpreters and, especially, to the equipment that makes those services possible.

On that particular issue, the Bloc Québécois wants to note that technical problems are unfortunately increasingly delaying the work of parliamentary committees and becoming a recurring obstacle to their operations. This poses a significant problem considering the scope and nature of the work done by the committees within the parliamentary apparatus. Parliamentary committees play a fundamental role, including in the legislative process, by conducting a comprehensive review of bills and improving them by adopting amendments, as well as in the oversight process when they conduct investigations into the government's activities, policies, expenses and programs.

As a whip, member of the Board of Internal Economy and a member of Parliament, I find the situation to be very alarming. Last week alone, we on this side related the following events. There were incidents: on February 6 at the environment and sustainable development, veterans affairs, and agriculture and agri-food committees; on February 7 at the health, human resources, skills and social development and the status of persons with disabilities, and national defence committees and at the Special Joint Committee on Physician-Assisted Dying; on February 8 at the industry and technology, and citizenship and immigration committees; on February 9 at the foreign affairs and international development, international trade and veterans affairs committees. There is more. On February 10, there were problems at the human resources, skills and social development and the status of persons with disabilities, and official languages committees and again at the Special Joint Committee on Physician-Assisted Dying. Just this morning, there were problems at the Canadian heritage committee.

We submit to your attention that technical difficulties affecting interpretation services, both during the Conservative caucus and during various committee meetings, may be considered obstruction, interference, molestation or intimidation, and as such constitute a prima facie breach of parliamentary privilege.

I thank you for taking these situations into consideration during your reflection, as I believe they are very serious.

● (1335)

The Deputy Speaker: I thank the hon. whip of the Bloc Québécois for her intervention. I believe the Speaker will rule on the matter shortly.

Government Orders

[English]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-39, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, it is an honour to stand to give my thoughts on Bill C-39. For those who are watching the debate today, this is the bill to amend the Criminal Code to delay, until March 17 of next year, the repeal of the exclusion from eligibility for receiving medical assistance in dying in circumstances where the sole underlying medical condition is a mental illness.

It has to be stated very clearly, because of the timeline with which we are dealing, that if this bill is not passed, the original sunset clause that was put in place by the old Bill C-7 will come into effect on March 17, which is just over a month away. It is for that reason that I will support the bill and will work with all parties to get the bill passed quickly.

Today's conversation has to happen within the context of the mental health crisis in Canada. We know and have heard, and this is not just from members of Parliament, from many advocates and stakeholders that there is an extreme lack of funding and resources. Clearly, there absolutely must be parity between physical and mental health in funding.

The Minister of Mental Health and Addictions has stated in the House that Canadians should have access to timely evidence-based, culturally appropriate and trauma-informed mental health and substance use services to support their well-being. With that I agree wholeheartedly, but words are not enough. We need to see the requisite resources and funding to follow through those words.

We know that beyond the Canada mental health transfer many advocates have long been calling for legislation to enshrine in law parity between mental and physical health. I am very glad today that I am giving my speech beside the hon. member for Courtenay—Alberni, who is our mental health and addictions critic and who has himself tabled Motion No. 67, which calls on the government to develop that legislation and to urgently fulfill its promise to establish that Canada mental health transfer.

In my own riding of Cowichan—Malahat—Langford, many of my fellow citizens are going through extreme struggles with the opioid crisis. They are dealing with trauma. They are dealing with underlying mental health challenges that are simply not being addressed. That is an extreme gap and the cause of an extreme amount of shame for a country as wealthy as Canada to be still having these conversations about the resources that need to be brought to bear in communities like mine.

I have been a member in the House since 2015, so this is now my third Parliament. I have been here for the entirety of the legislative journey of medical assistance in dying. I can remember Bill C-14 and the sometimes difficult debates we had in the House. That legislation was in response to the Carter decision in the Supreme Court, which basically said that to deny people this right was con-

trary to our charter. It therefore gave the government a timeline to address it with the appropriate legislation.

What is not often talked about with Bill C-14 is that there was a legislative requirement in that act when it received royal assent. There was a five-year statutory review of medical assistance in dying. Unfortunately, that never occurred before the government went ahead in the previous Parliament and introduced Bill C-7, which established a second track for people whose death was not reasonably foreseeable.

The context of today's speech and C-39 is the fact that we have a story here of the government in several instances putting the cart before the horse. It not only introduced Bill C-7 before a statutory review occurred, which was a requirement of Bill C-14, but it then went ahead and accepted a Senate amendment to the bill that ran contrary to its own charter statement. It did that pretty massive expansion to the law without establishing a special joint committee that was a requirement of Bill C-7.

● (1340)

I am intimately familiar with what this process has been because I have not only been a member of the House since 2015, I have not only participated in debate on Bill C-14 and on Bill C-7, but I have also been a member of the special joint committee, both in the previous Parliament and in this Parliament.

The message all along has been that this kind of a review should have occurred before we were dealing with a timeline crunch. It became quite obvious during the special joint committee that too many Canadians, too many professionals in our country had apprehension about mental disorders as the sole underlying medical condition for being able to access medical assistance in dying as early as next month. Hence, we have Bill C-39.

I want to go back to the original charter statement that the government released as a part of Bill C-7. That includes a number of important statements as to why the government felt, originally, that mental disorders should be excluded from accessing MAID. It did say in that charter statement that the exclusion was not based on the assumption that individuals who suffered from mental illness lacked decision-making capacity. It also said that the exclusion was also not based on a failure to appreciate the severity of the suffering that mental illness could produce. Rather, it was based on the inherent risks and complexity that the availability of MAID would present to those individuals.

First, that charter statement identified that the evidence suggested that screening for decision-making capacity was particularly difficult. It could be subject to a high degree of error. Second, the statement identified that mental illness was generally less predictable than physical illness with respect to the course that the illness may take over time. Finally, it highlighted the experience that a few of the countries that permitted MAID, namely Belgium, the Netherlands and Luxembourg, for the sole underlying medical condition of mental illness had and some of the concerns relating to the increasing number of these cases and the wide range of mental illnesses in respect to which MAID could be provided.

Government Orders

Again, it really highlighted the fact that precaution was the necessary mode that was required before we embarked on this path. However, the government in its wisdom decided to accept a late stage Senate amendment to the bill after the House, full of its duly elected members, had given a final vote on Bill C-7. As a member at that time, I could not bring myself to accept that Senate amendment. Therefore, I ended up voting against the final version of Bill C-7 because of that.

It also needs to be said, when we are going over the history, that the special joint committee that was a requirement of Bill C-7 got a very late start. It was first brought into being just before the summer recess in 2021. We only had a few meetings before the summer of 2021 and we had the unnecessary election, launched solely at the request of the Prime Minister, in August of that year. This completely wiped out anything that was happening during the 43rd Parliament. That Parliament ceased to exist, and all of the committees that were a part of it did as well.

The new Parliament, the 44th, reconvened later that year, but it was not until around April or May of 2022 that serious discussions started coming together and we could actually get the special joint committee reformed. Again, we have to put that in the context of the impending deadline of March 17, 2023.

An incredible amount of time was wasted, not only from an unnecessary election but also from the delays of getting that committee up and running. We had to twice request an extension of our mandate from both houses of Parliament because the timelines we had been given were completely unrealistic, not only in hearing from as wide a range as possible of witnesses but also in producing a report that would reflect the gravity of the subject matter with which we were entrusted. That has to be highlighted in the debate today on Bill C-39.

• (1345)

I also think it is important because there have been a few narratives around this legislation. It is important to go back to understand what the Criminal Code actually says, and also to put that in the context of the definition of irremediability.

It is important that, in order to be eligible for medical assistance in dying, a person has to meet all of the following criteria: they have to make sure that they are in fact eligible for health services in the province they reside in, they have to be at least 18 years of age and capable of making decisions with respect to their own health, they have to have a grievous and irremediable medical condition, and they have to have made a voluntary request. All these conditions must be satisfied. A person must also give informed consent to receive medical assistance in dying, after having been informed of the means available to relieve their suffering, including palliative care.

Now we get to the definition of a grievous and irremediable medical condition as outlined in the Criminal Code. A person has to meet the following criteria for that definition: it has to be a serious and incurable illness, disease or disability; they have to be in an advanced state of irreversible decline in capability; and that illness, disease or disability, or that state of decline, has to be causing them enduring physical or psychological suffering that is intolerable to

them and that cannot be relieved under conditions that they consider acceptable.

Those are the definitions in the Criminal Code, so despite the narratives we hear out there, those conditions must be met or the person administering MAID will have committed a crime. They will be in violation of the Criminal Code of Canada and will get the appropriate punishment as a result.

One of the difficulties is the fact that the term “irremediable” is not a medical or scientific term. It is a term that finds its definition within the Criminal Code. If we go to scientific or medical literature, it is a difficult term to define, and that, I think, is why we are seeing a lot of the apprehension around accessing MAID for mental disorders where the sole underlying medical condition is a mental disorder.

Some witnesses who appeared before our committee expressed the opinion that this should not be permitted, because there cannot be any certainty with respect to the incurability of a mental disorder. However, other witnesses told us that certainty is not required and that there are ways to consider irremediability, for example by looking at the years of treatment that people have had and whether any responses of the patient have actually been positive.

We also have to understand that the respect for personal autonomy in all of this is paramount, and it has to be a treatment that is acceptable to the individual receiving it. They not only have to express informed consent, but it has to be something acceptable to them as a person.

I now want to talk a little about the special joint committee, which I have had the honour of being a member of, as I previously mentioned.

I think it is important to underline that our committee has struggled with the question of how to balance individual autonomy with protections for the vulnerable. We were tasked with looking at five themes through the passage of Bill C-7 and the motion that guided our work from both the House of Commons and the Senate: how we institute protections for persons with disabilities; the state of palliative care in Canada; advance requests; mature minors; and, of course, the subject of today, mental disorders as a sole underlying medical condition and their eligibility with respect to applying for medical assistance in dying.

Our final report is due to be tabled in the House this Friday, February 17. We wrapped up our committee meetings last week and finally approved a draft report. That draft report, as I speak, is going to translation services so that it can be ready for tabling here in the House, and so we will be able to meet the deadline that was given to us.

• (1350)

Before we did that work, we had others who did some important work ahead of us. We had the expert panel that was established. They also wrestled with major concerns, such as incurability, irreversibility, capacity and suicidality, and of course the intersection between structural vulnerability, mental disorder and medical assistance in dying.

Statements by Members

That panel report, an important precursor to our work as a special joint committee, did state that assessors in medical assistance in dying should be able to establish incurability and irreversibility with reference to treatment attempts made; the impacts of those treatments; and the severity of the illness, disease or disability. The incurability of a mental disorder cannot be established in the absence of extensive attempts at interventions with therapeutic aims.

This means that someone who has not had access to adequate care would not be eligible for MAID. Therefore, MAID could never be used as a substitute for good psychiatric care. I think that is an important thing we have to realize. There will be safeguards in place, not only with the Criminal Code, but also, we hope, with the standards of practice.

For patients who are considering this, we want to make sure that there has been a long track record of attempts to deal with their illnesses. At the same time, we have heard very clearly that there are many Canadians and many professionals who feel that additional time is needed to make sure we get this right.

One of the witnesses before our special joint committee was the chair of the Government of Quebec's Select Committee on the Evolution of the Act respecting end-of-life care. She explained that Quebec had decided that MAID for mental disorders as a sole underlying medical condition should not be permitted at this time because of the challenges of determining irremediability, as well as the lack of social consensus. Another level of government, this time the Province of Quebec, is also underlining the concerns that many members of Parliament are expressing here today.

I mentioned the final report that will be tabled in the House, but our committee did release an interim report. That interim report was specifically on this subject matter. I will read from our conclusion. It states:

We must have standards of practice, clear guidelines, adequate training for practitioners, comprehensive patient assessments and meaningful oversight in place for the case of [medical assistance in dying for mental disorders as the sole underlying medical condition]. This task will require the efforts and collaboration of regulators, professional associations, institutional committees and all levels of governments and these actors need to be engaged and supported in this important work.

Although some work is already underway to implement the recommendations of the Expert panel, there is concern that more remains to be done to ensure that all necessary steps have been taken to be ready by the March 2023 deadline...

Again, in our interim report, our special joint committee was already, at that time, expressing concern with the upcoming deadline, and I think it is a smart move that we are moving ahead with Bill C-39. If we back that up with the testimony we heard at committee, we had a number of different witnesses who clearly expressed that they had troubles with this deadline and that those standards of practice were not yet ready.

It needs to be underlined again that, if Bill C-39 is not passed, the original sunset clause of March 17 will come into effect. My vote for this bill is occurring because of that very fact. This is aside from the broader conversation we need to have about medical assistance in dying in general. It is support for a bill that is going to extend the deadline by one year so we can make sure that we get these standards of practice right, so we have the necessary time to engage with the broader community.

• (1355)

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

Mr. Speaker, we have heard some pretty wild accusations in the House today. The member for St. Albert—Edmonton suggested that it would be possible for anybody who is looking to commit suicide to be able to access medical assistance in dying. We then heard, through an exchange between him and a member from the Bloc, a completely opposite point of view on whether or not that was something that could be done.

Would the member like to weigh in on where he thinks the reality is? Is it with the member for St. Albert—Edmonton or the member for Montcalm?

Mr. Alistair MacGregor: Mr. Speaker, as I clearly outlined in my speech, the safeguards are very clearly laid out, not only in the Criminal Code, but also in what we believe the standards of practice should be, and that is going to apply to the medical community. That being said, the medical community has indicated it does need more time, hence the need for Bill C-39. I would just remind the hon. member that many stakeholders in the field of mental health have underlined the fact that the Liberal government needs to step up to the plate and increase the funding and the resources to appropriately address this major crisis happening from coast to coast to coast.

STATEMENTS BY MEMBERS

[English]

SCARBOROUGH YORK REGION CHINESE BUSINESS ASSOCIATION

Mr. Shaun Chen (Scarborough North, Lib.): Mr. Speaker, I rise to celebrate the 40th anniversary of the Scarborough York Region Chinese Business Association, which serves the needs of Chinese businesses in Scarborough and York Region. For four decades, the organization has advocated on behalf of local small and medium enterprises to various levels of government, as well as supported their growth and development.

My riding of Scarborough North is home to a thriving immigrant community whose roots and people-to-people ties have enabled our diverse economy to flourish. The association has been instrumental in this success by hosting receptions and seminars and by organizing business forums and round tables. It has also fundraised for student scholarships, supporting the next generation of innovators and entrepreneurs, and donated PPE to local hospitals during the pandemic.

I congratulate president Tony Luk, past presidents Grace Yu and Carson Ho, and the directors, members and volunteers who have contributed to the association's accomplishments over the last 40 years. I wish them many more decades of prosperity and success.

• (1400)

NATURAL RESOURCES

Mr. Clifford Small (Coast of Bays—Central—Notre Dame, CPC): Mr. Speaker, after eight long years, Liberal government members could not recognize a strong business case if it smacked them in the face. In August of last year, the German chancellor, badly hit by retaliation from Russia for supporting Ukraine, came to Canada looking for a supply of natural gas. The Prime Minister's response was that there was not a "strong business case" to export liquefied natural gas from Canada to Europe.

Therefore, I asked the government on what specific evidence or analysis, if any, the Prime Minister based his claim. The response I received was that it did not fit within Canada's plan. However, according to Canadian Gas Association CEO Timothy Egan, "if you revisit the regulatory framework, those business cases become stronger fast."

A Conservative government will support businesses that meet the strongest environmental standards instead of getting in their way. To our G7 partners, a Conservative government is coming and we will deliver.

* * *

SEXUAL AND REPRODUCTIVE HEALTH

Mrs. Jenica Atwin (Fredericton, Lib.): Mr. Speaker, in recognition of Sexual and Reproductive Health Awareness Week, I want to acknowledge that in 2023 too many Canadians are still unable to make an informed decision about their contraceptive health. Access to contraceptives should not depend on their bank account, where they live or who they are. Everyone should have access to the information to choose what method works best for them and be confident in the quality of care they will receive when they seek reproductive health care.

Unfortunately, we know that a key issue is the pervasiveness of systemic racism in our institutions, creating disproportionately negative experiences and outcomes for Black and indigenous people. This is why it is essential to include all forms of contraceptives in the national formulary for pharmacare, as called for by Action Canada for Sexual Health and Rights.

Moreover, as called upon within Joyce's principle, we must adopt a framework of reproductive justice in patient care and address the gender inequalities, discriminatory social norms and institutional structures to advance health, gender equality and human rights.

As a member of the Canadian Association of Parliamentarians on Population and Development, I invite all members of this House to join the effort and implement a comprehensive approach to advancing sexual and reproductive health, and support the empowerment of all Canadians.

* * *

[Translation]

FRANCOPHONE CULTURE AND ITS ARTISTS

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, we know the films and TV shows we produce are the best. They tell our stories and represent every aspect of who we are. They put our

Statements by Members

homegrown talent in the spotlight both here and abroad. We know all this, but sometimes it bears repeating.

That is why the Canada Media Fund and Telefilm Canada launched the MADE Better campaign, which will air on television in Quebec and Canada. Even people in Hollywood will be talking about it.

Our talent shines. From Villeneuve and Dolan to Chokri and De-raspe, we have so much to be proud of. Louis Cyr and Maurice Richard? They never feared the Americans. Maria Chapdelaine and La Bolduc? Those women are cowed by no one.

We want our culture to carry on shining and contributing billions to our economy, so we have to help it out. Everyone agrees that the amount available for francophone productions is insufficient. It should be raised to 40% of the total, but for that to happen, the government would have to increase the Canada Media Fund's budget as it has done for other organizations.

Our culture and our industry are alive and well. Let us give them the means to continue celebrating our culture and its artists for a long time to come.

* * *

[English]

CANADIAN ARTISTS AND CREATORS

Mr. Chris Bittle (St. Catharines, Lib.): Mr. Speaker, earlier this month, Made Nous launched its new campaign, Made Better, designed to show Canadians how much they have to celebrate when it comes to the entertainment industry. Made Better includes a series of 30-second montages that highlight Canadians in film, television, video games and digital entertainment. Presented by the Canada Media Fund and Telefilm Canada, the spots will air on major broadcast networks from February to April, with shorter digital spots running online and billboards in Hollywood.

Canadian talent is behind some of the most diverse and impactful storytelling at home and around the world. Indigenous, Black, other racialized and LGBTQ+ talent are racking up a long list of industry firsts, and the Made Better campaign shows how Canadian creators are leading the way.

Let us not stop here. We can do more. Tech giants should pay their fair share toward our fantastic artists and creators. They should showcase them. That is exactly what Bill C-11, the online streaming act, is about. Together, let us support this new campaign and Bill C-11, because Canadian artists and creators expect it.

Statements by Members

● (1405)

MEDICAL ASSISTANCE IN DYING

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, when the Liberals brought in their medical aid in dying regime, they promised to protect vulnerable people. They failed to do so.

Veterans who called Veterans Affairs to ask for help have been offered assisted suicide instead. Persons with disabilities unable to find supportive housing have been offered assisted suicide instead. In too many cases, vulnerable Canadians are being offered assisted suicide instead of the support they need and want from the system. Now the Liberals want to add those suffering from mental illness to their assisted suicide regime as well.

After months of dragging their feet, Liberals belatedly brought forward a delay to this reckless idea. However, we do not just need to delay this dangerous expansion of assisted suicide; we need to reject it entirely. Conservatives will never give up on those experiencing mental illness. We believe that recovery is possible and that we should focus on offering treatment and help, not assisted death, to those who are suffering.

This is a matter of life and death, and we must act to protect vulnerable people once and for all.

* * *

POET LAUREATE RITA JOE

Mr. Jaime Battiste (Sydney—Victoria, Lib.): Mr. Speaker, I rise today to celebrate Heritage Day in Nova Scotia, where next week we will honour the beautiful words and life of the late Mi'kmaq Poet Laureate Rita Joe.

Rita Joe's work narrated the challenges of indigeneity through her lived experience told through magnificent and heartfelt poetry. A survivor of the Indian residential school, Rita Joe began writing in the mid-1970s and is well known for her poem *I Lost My Talk*, where she asked readers, "Let me find my talk / So I can teach you about me." She wrote seven books, including *Poems of Rita Joe* and *The Mi'kmaq Anthology*.

I was honoured and inspired to live close by Rita Joe, a treasured elder from the Eskasoni, who showed that it was possible for a Mi'kmaq speaker to soar to great heights. In 1989, Rita Joe was inducted into the Order of Canada, and next week her resilience will be celebrated as part of Heritage Day.

Wela'liek Rita. Mekitelmulnek lapju.

* * *

MACULAR DEGENERATION

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I rise today to acknowledge February as Age-Related Macular Degeneration Awareness Month.

Macular degeneration is among the top five eye conditions leading to serious vision loss. It affects individuals' ability to read, to drive, to socialize, to recognize people. It largely impacts individuals' independence and quality of life. In fact, many of us in this room may also develop age-related macular degeneration. There are over eight million Canadians, one in every five, living with a

blinding eye disease that could be prevented. Research has shown that if it is diagnosed early and people have access to treatment, blindness truly can be prevented.

In June 2022, I introduced Bill C-284, establishing a national eye strategy to help stop blindness. I would like to thank my colleagues for supporting the bill and I cannot wait to work with all of them to help move the bill forward. Together, we can deliver long-awaited eye health care solutions for all Canadians.

* * *

THE ECONOMY

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister, the Central Okanagan Food Bank has had 350 more seniors seeking help in the last 60 days. After eight years of the Liberal Prime Minister, local animal shelters are so full as people can no longer afford to care for their pets.

After eight years of the Liberal Prime Minister, many of my residents can no longer afford their mortgage payments. After eight years of the Liberal Prime Minister, citizens in my riding can no longer afford their monthly gas and propane heating bills. After eight years of the Liberal Prime Minister, my constituents can no longer afford his runaway deficits and inflation, and most certainly we cannot afford for them to lose hope.

After eight years of the Liberal Prime Minister, more and more Canadians are lining up to hear the Conservative leader's message for turning all this hurt into hope. Under his leadership, Canadians will have a prime minister who will put their paycheques, their savings, their homes and their country first.

* * *

WOMEN'S HEART HEALTH

Mr. Yasir Naqvi (Ottawa Centre, Lib.): Mr. Speaker, today is Wear Red Day, an annual reminder of the persistent challenges that one in three women across our country faces when it comes to cardiovascular health. I am wearing red today because it is critical that we as Canadians raise awareness of the risk factors that disproportionately affect women.

Statements by Members

Women are often under-studied, under-diagnosed and under-treated for heart disease. To help combat negative health outcomes for women, I was thrilled to visit the Canadian Women's Heart Health Centre in my community of Ottawa Centre to announce \$568,000 in federal funding, matched by the University of Ottawa Heart Institute, for the creation of a cardiovascular prevention and care network. This network will further prevent, screen and treat heart disease in women.

I am grateful for the passion and care that the Canadian Women's Heart Health Centre and the University of Ottawa Heart Institute have shown to improve heart health in women. That is why I am pleased, on this year's Wear Red Day, to see our federal government investing in better health funding for women across our community and country.

* * *

● (1410)

CARBON TAX

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Mr. Speaker, after eight years, Canadians are out of money and struggling to eat or to heat and house themselves. After eight years, we see a record of environmental failure. After eight years, we see our national unity crumbling. After eight years, we see discrimination against seniors and single mothers. After eight years, we see farmers struggling to stay in business and keep working to produce the food that feeds the world. After eight years, we see rural communities losing their industry and their way of life because it is now nearly impossible to develop our natural resources.

One might think that I am just talking about the Prime Minister generally, but I am not. These are the results from only one of his signature policies: the carbon tax.

Canadians know that it does not have to be like this. Hope is on the horizon and help is on the way. Conservatives will keep the heat on and take the tax off. If the Prime Minister will not do what is right, then I suggest he step aside, because Conservatives will focus on the priorities of Canadians and make sure that we have a country that everyone can succeed in.

* * *

[*Translation*]**CARBON TAX**

Mr. Joël Godin (Portneuf—Jacques-Cartier, CPC): Mr. Speaker, we are in a most fragile economic situation.

All indicators confirm that the next few months will be very difficult financially. In this economic context, after eight years of poor environmental results, the Prime Minister and his Liberal government want to increase the carbon tax next April. I would like to remind my colleagues that this government's use of its magic bullet, the carbon tax, has given us the poorest record on greenhouse gas reduction. In the past eight years, this government has never managed to reduce GHGs. This government should follow the lead of many countries and give Canadians some breathing room.

If he were responsible, he would cancel the planned increase and work on new ways to really tackle climate change. We have talent

and know-how that could develop green technologies and make our country an environmental leader. It is time for a Conservative government that will develop concrete environmental measures and stop pitting the environment against economic development.

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CANADIAN SKI MARATHON

Mr. Stéphane Lauzon (Argenteuil—La Petite-Nation, Lib.): Mr. Speaker, the 57th Canadian Ski Marathon, North America's longest and oldest cross-country ski tour, wrapped up yesterday.

This year's edition marked a comeback to the traditional westward route. The 160-kilometre trail began in the Mont-Tremblant region and ended in Buckingham in the Outaouais, traversing much of my riding. The Canadian Ski Marathon is more than just an athletic competition. It is an opportunity to demonstrate our commitment to athletic excellence and our desire to celebrate our athletes' achievements. The event brought together over 1,000 athletes from around the world and close to home, including my neighbour and friend, Josée, all of whom celebrated their love of cross-country skiing and their determination to achieve their goal.

I want to thank the organizers and all our athletes for putting this sport in the spotlight, and putting my wonderful riding and our wonderful country on the map.

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[*English*]**SYRIAN REFUGEES**

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I rise today to express solidarity with all those hard hit by the earthquakes in Syria and Turkey and to draw attention to the plight of Syrian refugees stuck in the region despite already approved sponsorship applications.

Many Canadians, like my constituent Bishr Bakro, have worked hard to get friends and family to safety, and now their circumstances are even more dire. Bishr contacted me about Abdullah, his wife, and his daughter, who were in Turkey when the earthquake hit. They escaped the collapse of the building they were staying in but lost all of their possessions. This family has been approved as refugees, but they are awaiting approval of their permanent residence applications so they can travel to Canada.

Oral Questions

I salute the many refugee sponsorship groups working so hard to provide support to those at risk. We echo their concern that the earthquakes have made urgent action on these applications even more necessary. I know that the member for Vancouver East has raised these delays with the Minister of Immigration but, given this new humanitarian crisis, Canadians are calling on the government to take action now.

* * *

• (1415)

[Translation]

INTERNATIONAL EPILEPSY DAY

Mrs. Marilène Gill (Manicouagan, BQ): Mr. Speaker, today is International Epilepsy Day, which is observed by more than 140 nations around the world, including Quebec.

I rise to speak to this issue as an MP, of course, but also because this day has special meaning for me, like others here, because my youngest son Ulysse was born with epilepsy. Although epilepsy affects 50 million people around the world and is one of the most widespread neurological diseases, people still do not know a lot about it. That is why it is important to talk about it and to raise awareness so that people with this disease can live better and live well.

To all those with epilepsy, to all the parents and loved ones who take care of them day after day, and to all the caring professionals who support them, thank you. You can count on my support. I encourage all my colleagues to do the same. This international day is not just about raising awareness. It is about showing love and solidarity.

* * *

[English]

THE ECONOMY

Mrs. Rachael Thomas (Lethbridge, CPC): Mr. Speaker, after eight years under the current Prime Minister, we live in a country where parents are actually watering down their baby formula in order to make ends meet and seniors are turning down their thermostats or choosing to skip meals in order to be able to pay their bills.

The Liberals continue to shrug their shoulders and say they are not responsible. When asked about the carbon tax, a Liberal MP quipped, “There needs to be a bit of pain there. That’s the point”. I guess the Liberals are achieving their goal.

Canadians are definitely feeling the pain. A young mother recently came into my office and shared with me that when she opens her home heating bill, it feels like a gut punch. She has to choose between properly feeding her family and paying the bill.

Canadians are out of money and cannot afford to eat, heat or house themselves. They are without hope and living in a broken Canada.

Canadians deserve a brand new government that will put control back in their hands. Conservatives will keep the heat on and take the tax off.

UKRAINE

Mr. Yvan Baker (Etobicoke Centre, Lib.): Mr. Speaker, February 24 will mark one year since Russia began its further invasion of Ukraine. The Ukrainian people have been outnumbered and severely outgunned, but they have shown tremendous courage in defending their homeland. I believe that courage has inspired Canadians and people around the world.

Nevertheless, the situation is dire. Russia is committing genocide every day. There are millions of refugees. Hundreds of millions of people are facing food shortages and famine, primarily in the global south. This is the primary cause of food and energy inflation around the world; it is not only a threat to Ukraine’s security but also to global security and Canada’s security.

Canada’s support for Ukraine has been unwavering. However, if we want to stop genocide, inflation and starvation and secure our own sovereignty, then we must do everything we possibly can to ensure Ukraine achieves a decisive victory that includes all its territory.

The Ukrainian people are fighting for us. We need to keep fighting for them, not for a day, a week or a year, but as long as it takes until they win, until we all win.

Slava Ukraini.

ORAL QUESTIONS

[English]

THE ECONOMY

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, the Liberals keep saying everything is just fine and Canadians should be thankful. How out of touch could they be? A new report from Stats Canada says that over one-third of Canadians are experiencing financial difficulties, over a quarter could not cover an unexpected expense and nearly half are worried about their ability to pay rent. This is the Liberals’ legacy after eight years, and there is no one left to blame. Canadians are struggling and the PMO is covering up the Prime Minister’s charging \$6,000 a night for a hotel room. Are they kidding?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, we know that many Canadians are facing real challenges. This is why our government has a plan that is both compassionate and responsible. Here is what we are doing: We have doubled the GST credit; we have provided a \$500 top-up to Canadian renters; we are providing dental care to Canadian children; and we are permanently eliminating the interest on student loans. Do you know what, Mr. Speaker? The Conservatives voted against each one of these compassionate and necessary measures.

Oral Questions

• (1420)

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, after eight years of this Liberal Prime Minister, Canada feels broken. It is not just because we say so; it is because Canadians know so. According to a Leger poll, two out of three Canadians say that. Eight years of this Prime Minister has given Canadians record prices for rent and housing, home heating, gas and groceries. These are not the right records to be breaking. Will the Liberals take some responsibility for the pain that they have caused millions of Canadians, or will they just keep pretending nothing is wrong?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, it is the Conservatives who need to take responsibility for their reckless and irresponsible plan for the economy. They are saying to Canadians that crypto is a way to opt out of inflation. They want to eviscerate the EI system that so many Canadians depend on. They want to jeopardize seniors' pensions. They voted against early learning and child care for all Canadian children and families.

Ms. Melissa Lantsman (Thornhill, CPC): Mr. Speaker, if the Liberals do not want to listen to Canadians whom they do not know, perhaps they will listen to Liberals they do know. Random Liberal Bill Morneau said the federal government lost the agenda; Mark Carney, who is about to be a random Liberal, called inflation homegrown. The call is coming from inside the House. Will the Prime Minister finally admit what everybody knows and take some responsibility for the affordability crisis that the Liberals have created, or will he get out of the way so we can fix what they broke?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, our government absolutely understands that many Canadians today are struggling with the cost of living. We also know that the best way to pay the rent and put groceries on the table is by having a job. That is why our government has focused relentlessly on jobs and why the job data for January, when 150,000 jobs were added, is so important. It is important for all of us to recognize that we have recovered 126% of the jobs lost to COVID compared with just 112% in the United—

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

[*Translation*]

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, after eight years of this Liberal Prime Minister, Canadians are worse off than ever. Food inflation is at a 40-year high. People are being forced to eat less meat and fewer vegetables, foods that are essential to our health. According to the major grocery chains, it is not over. Prices will continue to rise in 2023.

Why is the Prime Minister looking down on the middle class and ignoring their pain and misery, rather than taking responsibility and helping them?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, we understand that many Canadians are facing real challenges when it comes to affordability. That is why our government has an approach that is both compassionate and responsible.

This is our plan: We have doubled the GST credit, we have provided a \$500 top-up to renters, and we have provided dental care to Canadian children.

The Conservatives voted against all of these measures.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, after eight years, what the Conservatives voted against were the government's inflationary policies, which are making absolutely everything more expensive in this country, making things harder and harder for every family. That is the reality. Students have to cram into tiny apartments with many others because they cannot afford to pay rent. It takes some nerve to say that everything is fine in Canada. Canadians are paying the price for eight years of inflationary policies under this government.

Will the government take responsibility once and for all so we can finally give Canadians some hope?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, the Conservatives seem to need a lesson in economics. First of all, money does not grow on trees. It is not like cryptocurrency, which multiplies endlessly. If they believe we have spent too much, they need to say where they would make cuts. What are they going to cut? Will they cut assistance to students, to seniors or to families? Will it be in the child care program or the wage subsidy? Where will they cut?

* * *

• (1425)

OFFICIAL LANGUAGES

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, according to what Chantal Hébert stated this morning, the anglophone Quebec wing of the Liberal government would rather see Parliament prorogued than pass Bill C-13 as amended by the opposition, because, horror of horrors, it would recognize the Charter of the French Language. All House business would have to stop because a few West Island MPs do not want to protect the French language. Those members do not want to protect French on the West Island, in Quebec, in Acadia, or in the rest of Canada.

Can the Prime Minister assure us that Bill C-13 will not end up in the circular file?

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, it is quite the opposite. We look forward to seeing Bill C-13 passed, as do stakeholders across the country. That is why we have introduced an ambitious bill that that will make a real difference in the lives of Canadians. We are the first government to recognize the decline of French across the country, including in Quebec. I look forward to the passage of this bill. As I said, it is a bill that will make a real difference for all Canadians.

Oral Questions

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, she needs to convince her crew of that. In the same column, it was suggested that anglophone MPs from Quebec who are opposed to the Charter of the French Language might go so far as to quit the Liberal Party rather than vote for Bill C-13. To hear them talk, life as an anglophone Quebecker in Montreal is really tough. They make Westmount and Mount Royal sound like the gulag.

There are francophone and Acadian minority communities that are desperately waiting for Bill C-13, but the Liberals might let it die in order to appease the West Island. Who is going to put these members in their place?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, I advise my colleague to worry about his own caucus. He has enough to worry about. The Bloc Québécois is not the least bit interested in Bill C-13. It has been stalling the bill from day one. It does not support the bill and will vote against it. I will say one thing: The members from Quebec will stand up and defend French in Quebec and across Canada, regardless what the Bloc does.

* * *

TELECOMMUNICATIONS

Mr. Peter Julian (New Westminster—Burnaby, NDP): Mr. Speaker, Canadians already pay some of the highest prices in the world for telecom services. The Rogers-Shaw merger will lead to decreased competition, a greater monopoly, job losses and higher prices for everyone. It is not too late to stop this merger which will only hurt Canadian families whose budgets are already very tight.

Will the minister side with major corporations or defend the interests of Canadians by blocking this merger immediately?

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, I thank my colleague for his excellent question. We will always side with Canadians. That is exactly what I said, because the goal is to lower prices in Canada. The best way to do that is with competition and with a fourth major player across Canada. I have already rejected the transfer of licences from Shaw and Rogers. As I indicated, I will be looking at the ruling by the Federal Court of Appeal in the interest of Canadians.

[English]

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, if the minister is ultimately going to say no to the merger, why does he not just come out and say it? We already know that Canadians pay among the highest prices for telecom services in the world, and we know that less competition in the market is not going to lead to lower prices. The answer is pretty clear; he is hinting at it. When is he going to reassure Canadians who are already struggling with their household budgets and cannot afford to give up their cellphones? When is he going to do the right thing and say no to the merger?

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, with all due respect, I will not take lessons from colleagues when it comes to fighting for Canadians. We do that every day on this side of the House. We understand that the best way we can do that is by making sure that we

lower the price of cellphone bills in Canada, that we have more competition and that we have a fourth national player.

It is Monday today. Canadians watching at home know we stand on their side and will do everything to protect their rights by making sure the cellphone bill prices come down in Canada.

* * *

CARBON PRICING

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, after eight years of Liberal failures, families cannot afford groceries. Eight years ago, \$200 went a long way at the grocery store. Today, after Liberal inflation, \$150 barely gets three bags.

Not only are the Liberals going to take more in taxes, but they are going to drive up the cost of groceries when they triple their failed carbon tax. One in five Canadians is already skipping meals. Imagine how much worse things are going to get.

Will the Liberal Prime Minister finally take some responsibility for causing this inflationary crisis, stop breaking Canada and axe his failed carbon tax?

• (1430)

Hon. Karina Gould (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, as everyone in this House knows, as of January, fees for child care have been reduced 50% across the country. I asked families to tell me what that means to them. Let me give some examples. “Just paid our January daycare fees. Under \$500!!!! This is a 55% reduction from last year. This is going to make such a huge difference for so many families.” Here is another quote: “We are finally FINALLY seeing real reductions in our daycare costs. It’s genuinely life-changing to see fees reduced by just over 50%—this is how you support families, this is how you achieve real equity in the workforce.”

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, Dr. Seuss over there is living in fantasy world.

What the Liberal government really should be focused on is the price of corruption, like \$15 billion going to Liberal insiders for cushy contracts, thousands of dollars going to ministers' besties and thousands and thousands going to racists like Laith Marouf. Random Liberals, like Bill “no more” and Mark Carney, also agree the government overspent and pile-drove Canadians with inflation.

Will the Liberals finally take some damn responsibility, rein in their spending and axe their failed carbon tax?

Oral Questions

Hon. Karina Gould (Minister of Families, Children and Social Development, Lib.): Mr. Speaker, I actually read Dr. Seuss quite a bit with my son at night, and he has some pretty good lessons that I think the Conservatives could learn if they want to open up his books. In fact, one of those lessons is about protecting our environment. When he talks about the truffula trees, it is about protecting what we have, like the clean air and clean water, and making sure we protect that for generations to come.

If my opposition colleague would like to learn more, I invite him to open the books. He might have more compassionate policies for Canadians.

* * *

THE ECONOMY

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, let us skip the fantasy.

I am a numbers girl, so here are the numbers: eight long years under the Prime Minister, 40-year highs in inflation and food prices up 10%. Now the Liberals are going to triple the carbon tax. Do members know what that adds up to? It is 67. That is the percentage of people who think Canada is broken.

Will the Prime Minister take responsibility for breaking the country, or will he get out of the way and let us fix it?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, my son, like tens of thousands of kids in this country, is a huge fan of hockey. What he likes above all is to be able to play it outside. Unfortunately, because of climate change, he will no longer be able to do this. This year, for the first time in 51 years, the Rideau Canal will not be able to open—

Some hon. members: Oh, oh!

The Speaker: I will have to interrupt the hon. minister. I am having a hard time hearing. There is a very strong voice coming from one side that prevents me from hearing.

I will ask the minister to start over again so that I can hear his full answer.

Hon. Steven Guilbeault: Mr. Speaker, as I was saying, my son, like tens of thousands of kids across this country, loves to play hockey, and what he loves above all is to be able to play it outside. However, because of climate change in this hockey-playing country, it is becoming less and less possible to do so. This year, for the first time in 51 years, the Rideau Canal is still not open and probably will not be able to open.

What is the response from the Conservative Party of Canada? It is to make pollution free again. There are no reckless policies from the party on this side of the House.

* * *

CARBON PRICING

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Mr. Speaker, the reality is the Liberals have never met a single one of their emissions targets. They do not have an environmental plan; they have a tax plan.

The minister's answer is no help at all to John in my riding. John is struggling with the rising cost of gas, groceries and home heating. At 74 years old, on a fixed income, he has had to go back to work.

Will the Prime Minister axe the tax so John can keep the heat on?

Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.): Mr. Speaker, less than two years ago, the Conservative Party took the position that climate change was not even real. Then last year, the leadership went through a process where it put together a climate plan, the centrepiece of which was a price on pollution. All of the Conservative members in this House were elected on a platform that included a price on pollution.

Now, once again, under a new leader, the Conservatives have stopped talking about climate change and they attack the idea of pollution pricing. Given their history, how can Canadians believe anything they say?

* * *

● (1435)

SENIORS

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, there is a lot of hot air coming from that side.

After eight years of the Liberal government, local animal shelters are filling up because their owners cannot afford to keep their pets. In the last two months, the Central Okanagan Food Bank has added 350 seniors who need their help. Governor Macklem said, “high inflation is making life more difficult for Canadians, especially those with low or fixed incomes”. He also said, “inflation in Canada increasingly reflects what's happening in Canada.”

When will the Liberal government finally raise its deficit spending blinders and see that its out-of-control spending is making life harder for seniors?

Hon. Kamal Khera (Minister of Seniors, Lib.): Mr. Speaker, for the last eight years, we have been there supporting Canadians, including seniors, by restoring the age of eligibility for retirement back to 65, by increasing the guaranteed income supplement that has helped over 900,000 seniors and lifted 45,000 seniors out of poverty, by enhancing the Canada pension plan and by making sure we are increasing the old age security pension. These are all measures the party opposite opposed. Unlike them, we will continue to make sure we have the backs of all Canadians, including seniors.

*Oral Questions***FINANCE**

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, John in Sarnia and seniors in my riding cannot eat those talking points. Even Liberal wannabe leader Mark Carney, who moonlights as an adviser to the Prime Minister, knows that the Liberal government has it wrong. He knows its runaway deficit spending is inflationary. He said, “it’s not all imported inflation. In fact, most of it is now domestically generated inflation.”

After eight years of the government, residents in my riding are facing sky-high gas and propane bills and now must choose between heat, food and their pets. If the Liberal government will not stop its spend, spend, spend deficits, can it at least cancel the triple, triple tax?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, our government will take no lessons from the Conservatives when it comes to protecting Canada’s most vulnerable. Thanks to measures put in place by our government, hundreds of thousands of seniors have been lifted out of poverty, as have hundreds of thousands of Canadian children. We have done that while maintaining Canada’s AAA credit rating and having the lowest debt and the lowest deficit in the G7.

We can be compassionate and fiscally responsible at the same time. That is what we are doing.

* * *

[*Translation*]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, right now at Roxham Road, there are smugglers who are peddling illusions to migrants to exploit them. There are unaccompanied children in the woods in the middle of winter, and there are people being detained indefinitely.

That is what is happening at Roxham Road. That is what the federal government is condoning. Refugee rights groups themselves are calling for the suspension of the safe third country agreement. They are the ones the government needs to listen to.

Why is the federal government refusing to listen to what they have to say?

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, before I answer the question, I would first like to say a few words about the incident that occurred in my community of Orléans this morning.

My thoughts and prayers are with all those who are affected, and I want to sincerely thank the first responders and simply tell them that I am here and that I can help them.

To answer the question, the closure of Roxham Road is not a short-term solution because it does not solve the main problem. As the member opposite was saying, Canada shares the longest demilitarized border in the world. We need to modernize the agreement, and that is what we are going to do.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, let us hear what the people who advocate on behalf of

asylum seekers have to say. Frantz André of the Non-Status Action Committee said that the government must begin by suspending the safe third country agreement if it wants to demonstrate that Canada is not the 51st state of the United States when it comes to accepting refugees.

He is right. The United States is part of the problem at Roxham Road. Their customs officials have even become smugglers. The federal government needs to suspend the agreement in order to force Washington to act.

Will it do that?

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I am going to be very candid this morning, because in my opinion, the Bloc Québécois has lost all credibility if it believes that asylum seekers are crossing the border for an all-inclusive vacation package or feels that the situation asylum seekers are facing is a joke.

This is not a joke to us. We take this situation very seriously. On this side of the House, we continue to protect the world’s most vulnerable people by working with our provinces and territories to find lasting solutions.

● (1440)

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, the government is making up scandals when it comes to Roxham Road, but the real scandal is that Roxham Road has become a network for the exploitation of asylum seekers, in cahoots with the American authorities. The real scandal is that U.S. customs officers have become smugglers, right under the government’s nose. The real scandal is that Ottawa knows about this and accepts it.

The safe third country agreement must be suspended. That is the only way to stop the exploitation of migrants and to command respect from the Americans.

When will the federal government take action?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, the real scandal is the Bloc Québécois ad comparing the migrants’ journey to an all-inclusive vacation. It is truly sad. These folks are fleeing countries under extremely difficult situations, with their children, and trying to rebuild their lives to the best of their ability. The least we can do is to welcome them with dignity, not with insults.

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[*English*]

PUBLIC SAFETY

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Mr. Speaker, after eight years of the Liberal government, violent attacks on public transit are becoming the norm. Just in the past few days, a woman had her face slashed with a knife on the TTC, and a Winnipeg transit passenger was attacked by a man with a machete.

Canadians deserve to feel safe when they ride public transit. When will the Liberals take responsibility for these violent crime incidents and do the work to keep our communities safe?

Oral Questions

Hon. Marco Mendicino (Minister of Public Safety, Lib.): Mr. Speaker, I share my colleague's concern, which is precisely why a number of my colleagues and I have been in direct contact with the City of Toronto to make sure it is getting the support it needs when it comes to mental health, homelessness, poverty and other social determinants that lead to crime. We are also providing additional supports for law enforcement.

At each and every critical juncture when the Conservatives have had an opportunity to support these measures, what have they done? They have voted against. If they are serious about protecting our communities, they should support the policies of this government, because that is how we are going to better do that.

Ms. Raquel Dancho (Kildonan—St. Paul, CPC): Mr. Speaker, the Liberals have had eight years to deal with violent crime, and it has gone up 32% in that time. In fact, gang murders are up 92%. Everything the Liberals have said they are doing for public safety has resoundingly failed Canadians. Maybe if the minister would stop going after the tools used by sport shooters, hunters and farmers, and instead focused his attention on going after repeat violent offenders getting out on bail in our communities, we would see a decrease in crime; we would see results in our communities.

When is the Liberal government going to wake up and do the work to keep our communities safe?

Hon. Marco Mendicino (Minister of Public Safety, Lib.): Mr. Speaker, we are doing that work. We are doing that work by introducing a national ban on assault-style rifles, which have been used in some of the worst mass killing shootings in this country's history. We are doing that work with Bill C-21, which would raise maximum sentences for hardened gun traffickers.

What is my colleague doing with regard to that bill? Her and her party have been filibustering it. They should stop doing that. They should study the bill. They should support our policies. They should also support the investments we have provided for law enforcement and for addressing the root causes of crime when it comes to the building safer communities fund. They voted against each and every one of those things. They should reverse course.

[*Translation*]

Mrs. Dominique Vien (Bellechasse—Les Etchemins—Lévis, CPC): Mr. Speaker, when people think of Canada, they think of a prosperous, peaceful and safe country. Unfortunately, the situation has been deteriorating for the past eight years. The Prime Minister has been in power for eight years and violent crimes have increased by 32%. In major cities, people, and women in particular, are afraid to walk alone. That is not Canada.

When will this government protect victims instead of criminals?

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, we are strengthening the system to support victims. We have made significant investments to protect victims in many cases. What is the best thing for victims? It is a judicial system that works, does not have backlogs and is more efficient.

We are in the process of allocating resources for the most serious crimes to eliminate backlogs in the system and help victims. We

will continue in that vein while the opposition continues to pick fights.

* * *

[*English*]

TAXATION

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, Canadians are doing everything right, but they are still having to stretch their budgets to keep up with rising food costs. All the while, grocery companies are making billions. The math is not adding up. All parties agreed with the NDP to initiate a greedflation study, but the Liberals have continued to stand by while CEOs are raking in record profits.

People want the government to hold grocery chains accountable for their role in food prices. Why do the Liberals let grocery CEOs off the hook, letting them wriggle out of their responsibilities and refusing to charge a windfall profits tax?

• (1445)

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, our government absolutely believes that, in Canada, everyone should pay their fair share. That is why we introduced a 2% tax on share buybacks. In the United States, the tax it introduced was a 1% tax on share buybacks. We have also introduced a tax on luxury yachts, cars and planes and a 15% COVID recovery dividend tax on banks and insurance companies.

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FOREIGN AFFAIRS

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, with everything from illegal police stations to election fraud and attempts to spy in our airspace, Canadians are rightly concerned about foreign interference by the Chinese government and others. It is up to the government to defend Canadians from threats to our democracy. Right now, they are letting Canadians down by not following the lead of other nations. We need better contact points for Canadians being threatened and intimidated, more support for our institutions and greater protections from foreign spies.

When will the government stop dragging its feet and take action to protect Canadians from foreign interference and spying?

Oral Questions

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.): Mr. Speaker, foreign interference is a persistent, on-going threat that we take extremely seriously. Since day one of being elected, we have implemented several measures to help national security and protect our institutions through things such as creating the National Security and Intelligence Committee of Parliamentarians, the critical election task force, and the SITE committee, which provided national security training for campaigns.

There is more to do, but on this side of the House, we have always taken national security seriously and we have implemented measures to strengthen our democracy.

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ATLANTIC CANADA OPPORTUNITIES AGENCY

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, over the past 20 years, Prince Edward Island has become an important hub in the bioscience sector with 60 companies and more than 2,300 skilled workers now calling our province home. With leadership from the P.E.I. BioAlliance, and investments from the province and the Government of Canada, the sector has enjoyed dynamic growth, which has diversified the economy of P.E.I.

Last week, the Minister responsible for the Atlantic Canada Opportunities Agency made a major announcement in Charlottetown to build on this success. Could she update the House on this fantastic news?

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, I would like to thank my colleague for his tireless advocacy for the bioscience sector. I was pleased to be in Charlottetown last Friday to announce an investment of more than \$25 million toward the design and construction a BioAccelerator, a new biomanufacturing facility in Prince Edward Island. This new 75,000-square-foot facility will help spur new product development, increase skills and training, and support bioscience companies in that area. This is just one example of how ACOA continues to help communities and the economic situation in Atlantic Canada.

* * *

[Translation]

NATIONAL DEFENCE

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, this weekend's military incidents in the skies over the Canadian Arctic concern us all as Canadians.

We know two things for sure. First, for eight years, this government has shown zero interest in asserting Canadian sovereignty in the Arctic.

Second, for eight years, this government has been playing a petty little partisan political game to delay buying F-35s, which are essential to our national defence.

Will the Prime Minister own the sad fact that he has been playing political games for eight years instead of adequately funding our military equipment?

Hon. Marco Mendicino (Minister of Public Safety, Lib.): Mr. Speaker, no matter the threat, we have acted and will continue to act swiftly to protect Canada's safety and sovereignty.

Over the past week, we have seen NORAD doing what it does best, our two countries working together seamlessly and transparently to ensure continental security.

We are continuing to monitor the situation, conduct recovery operations and take whatever action is necessary.

I want to take a moment to thank the women and men who serve within NORAD for their service.

● (1450)

[English]

Hon. Michael Chong (Wellington—Halton Hills, CPC): Mr. Speaker, the violations of our airspace and sovereignty over the past couple weeks should be a wake-up call. Over the last eight years, the government has had ample warning from our intelligence agencies and our military, and despite these warnings, Canada is vulnerable. It is vulnerable because the government has failed to counter foreign interference, stop funding of Beijing's military research, upgrade NORAD's early warning system and acquire modern fighter jets.

Does the government now understand how vulnerable this country is?

Hon. Marco Mendicino (Minister of Public Safety, Lib.): Mr. Speaker, I will begin by assuring my colleague and all members in the chamber that Canada has acted and will continue to act swiftly and decisively to protect our safety and our sovereignty. Over the past week, we have seen NORAD doing what it does best, with our two countries working seamlessly together to ensure continental security. We are continuing to monitor the situation. We are conducting recovery operations, and we will take whatever action is necessary.

I do want to take a moment to thank the women and men who serve NORAD to protect Canadians and our sovereignty every day.

* * *

FINANCE

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, Canadians are struggling to afford to feed themselves, and all the while, the Prime Minister is treating himself to \$6000-per-night luxury hotel rooms and having Canadians pick up the tab. Now we know that he had his officials cover it up.

Oral Questions

After eight years of the Prime Minister, Liberals are out of touch, and Canadians are out of money. Will the Prime Minister repay Canadians the \$6,000-per-night he spent on the luxury suite that Canadians had to pay for?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the government, as in all things that it does, ensures that we are present at international events, that we are there for Canadians domestically and internationally. That will continue to be the case.

I appreciate the member's interest in this item, but I would say that there is an opportunity right now to discuss many issues that are in front of the nation. I know they have a particular preoccupation with the Prime Minister, with him personally, for their own reasons, but there are major issues facing the nation right now, and I look forward to those questions.

* * *

FOREIGN AFFAIRS

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, the media reports have told us that a former Liberal minister, Michael Chan, is on a CSIS watch-list due to his ties to the Chinese communist regime and suspected spies. Chan was hired by the Liberal trade minister to work on her campaign. This is the same trade minister who was just found guilty of breaking ethics laws.

After eight years of this Prime Minister, Canadians have come to expect that the Liberals will, of course, break ethics rules, but why is the trade minister ignoring the advice of Canada's intelligence services?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the hon. member would of course know that all members, every single one of us, are committed to the national security of this country. Every single member in the House is concerned with the issue of foreign interference, and every single member of the House comports themselves that way.

I am sure that the member would be making no assertion to the contrary.

* * *

[*Translation*]

AGRICULTURE AND AGRI-FOOD

Mr. Yves Perron (Berthier—Maskinongé, BQ): Mr. Speaker, the next generation of farmers is under threat at a time when the price of land has spiked by 248% in 10 years. The House passed Bill C-208 some time ago to make it easier to transfer a farm between members of the same family, but no one is benefiting from that because Ottawa keeps promising to amend the legislation without ever actually doing it.

If they sell their farm to their family, as permitted under law, farmers are afraid they will be hit with a tax bill if the federal government changes the rules mid-year.

Can the minister confirm that they will not be retroactively penalized?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, I thank the member for the question. We understand the importance of intergenerational transfers, especially for farmers. We truly want to help families transfer their farms from one generation to the next and that is precisely what we are doing.

Mr. Yves Perron (Berthier—Maskinongé, BQ): Mr. Speaker, this needs to be clarified. The La Presse article reports that farmers are no longer able to own farmland and that the seigneurial system is coming back. That is a huge step backwards.

Meanwhile, the federal government is still impeding the intergenerational transfer of farm businesses by maintaining tax uncertainty.

Can the Minister of Finance once and for all clarify her position, reassure farmers and allow the next generation to exist?

• (1455)

Mr. Francis Drouin (Parliamentary Secretary to the Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, my hon. colleague is very familiar with this file. Obviously, the law is the law, and it is the current law that applies. Existing tax law is being enforced across Canada.

Obviously, the transfer of farmland is a concern for our government. It is important for the next generation of farmers across Quebec and Canada.

* * *

PUBLIC SERVICES AND PROCUREMENT

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, we know this government's relationship with McKinsey is unclear, so it came as no surprise when we learned that Roch Huppé, the Comptroller General of Canada, instructed his subordinates to be careful what they write about McKinsey.

The Prime Minister is still refusing to disclose the substance of the McKinsey contracts. His ministers apparently have no idea what is going on. Now the Comptroller General seems to be nervous about information that could be made public.

What does the PM have to hide?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, it is clear that, when the government awards contracts, the process is independent. Decisions are made by the public service. This is done to the highest standards in the world every time. That is how it is now and how it will continue to be.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister, Canadians are struggling, but their Liberal friends at McKinsey have never had it so good.

Oral Questions

McKinsey worked for ICE in the United States, where it advised the Trump administration to cut food and medical supplies for immigrant detainees. These are the same people that the Liberals then turned to for advice on immigration, even when the public service said that it could do the work itself.

Will the Prime Minister take responsibility for bringing McKinsey into our immigration system, or will he step aside so we can fix what he broke?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the member across is an hon. member, and he has been in the House for some period of time. He would know that the contracts engaged in by the public service are not to have political interference, and his suggestion just a moment ago that his government would influence the decision of that contract is extremely concerning.

The reality is that, as has been clearly identified at committee, this process is independent. The contracts are used to expand the ability of the public service to do its job so that it does not permanently increase staffing, which allows flexibility in the system.

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, after eight years of the Liberal government, it has spent over \$100 million on McKinsey & Company, and that includes \$24.5 million from Immigration, Refugees and Citizenship Canada to create policy, which public servants should have created. Civil servants have even said that McKinsey & Company created the immigration targets.

Why does the minister not just take responsibility for the mess that he created and stop giving pricey contracts to McKinsey & Company?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as I already indicated, the contracts that are engaged in are done so at arm's length. They are conducted by the federal public service. I am sure the opposition is not inferring that, if it were in government, it would politically interfere, because that would be entirely inappropriate.

What we can say is the contracts are engaged by the federal public service to expand its ability to give services to Canadians.

Conservatives have tried many times to raise nefarious conspiracies at committee. I am sorry to say they have not been successful. They will not be successful there, and they will not be successful here.

* * *

[Translation]

INNOVATION, SCIENCE AND INDUSTRY

Mr. Angelo Iacono (Alfred-Pellan, Lib.): Mr. Speaker, artificial intelligence plays a key role in the future of manufacturing, agriculture and business. Can the Minister of Innovation, Science and Industry inform the House of the measures that have been taken by our government to finance important projects and support the AI ecosystem in Canada?

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, I would like to thank the member for Alfred-Pellan for his excellent work and especially

for his leadership. As per this morning's important announcement, we are going to invest \$40 million in artificial intelligence projects that will generate 117 million projects across the country.

Canada's global leadership is behind AI. That will help to create high quality jobs, set up more resilient supply chains and improve efficiency and productivity.

Canada is a world leader in the field of artificial intelligence and we will continue to be with investments like the one announced this morning.

* * *

● (1500)

[English]

VETERANS AFFAIRS

Mr. Fraser Tolmie (Moose Jaw—Lake Centre—Lanigan, CPC): Mr. Speaker, after eight years of the Liberal government, everything is broken. Canadian veterans need help. Wait times are skyrocketing. Veterans are homeless. Funds for veterans in need are being withheld.

Veterans took an oath to serve their country. They were ready to die for their country. Veterans with PTSD need help from their country. They are not ready to be eliminated by the government.

Will the Prime Minister take responsibility for failing our heroes, or just get out of the way so we can fix what he broke?

Hon. Lawrence MacAulay (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I appreciate my hon. colleague's question, but when his party was in power, it fired a thousand employees and cut investments to Veterans Affairs. We have invested over \$340 million to make sure we address the backlog. We have made sure and will continue to make sure that veterans receive appropriate remuneration for the great service they provide to this country.

* * *

PUBLIC SAFETY

Mr. Chris Lewis (Essex, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister, legal firearms owners want the government to stop harassing them and target the criminals who are the real problem. Crime is up 32%, and violent gang murders are up 92% after eight years of Liberal government. The Liberal Prime Minister is responsible for the Criminal Code and for securing the very borders that illegal guns are smuggled through.

Oral Questions

Will the Prime Minister fix what he broke, reinforce border security and keep the smuggled guns out of the hands of criminals?

Hon. Marco Mendicino (Minister of Public Safety, Lib.): Mr. Speaker, my hon. colleague will have seen that we are consulting with legal firearms owners. In fact, that is precisely what we have been doing throughout the course of Bill C-21 and will continue to do so, because we know that hunters, trappers and first nations are part of the Canadian social fabric.

More to the point, what we are targeting are those AR-15 style guns that have been used in some of the worst mass-shooting tragedies in this country's history. That is what we are after. We are also going to support the CBSA, which is stopping an increasing number of illegal firearms at our border. That is something that I hope my colleague would support. However, in order to do that, he actually has to vote for those appropriations, and the next time we do that, I hope he will.

* * *

[Translation]

HOUSING

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, after eight years of Liberal incompetence, Canadians are desperate to buy an affordable home. Housing prices are at an all-time high, forcing young Canadians to keep living with their parents.

When will the Liberal government make life affordable for the younger generation of Canadians, who have lost hope in our future because our country, Canada, is completely broken?

[English]

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, unlike the party opposite, we are focused on making sure that we provide supports to first-time homebuyers, encouraging the dream of Canadian home ownership: \$40,000 in a first-time homebuyer tax-free savings account; doubling of the first-time homebuyer tax credit; introducing a \$200-million rent-to-own program; and banning foreign ownership of Canadian residential real estate. Those are real, tangible measures to help first-time homebuyers. Those are not fear and gimmicks.

* * *

REGIONAL ECONOMIC DEVELOPMENT

Mr. Tim Louis (Kitchener—Conestoga, Lib.): Mr. Speaker, this morning, our government made a significant announcement regarding our commitment to investing in rural communities across southern Ontario, including in my riding of Kitchener—Conestoga. Our government announced an investment of \$39.6 million for the Community Futures Development Corporation across southern Ontario through the community futures program.

Can the minister responsible for the Federal Economic Development Agency for Southern Ontario please inform the House about the important investments our government is making in small towns and rural communities?

Hon. Filomena Tassi (Minister responsible for the Federal Economic Development Agency for Southern Ontario, Lib.):

Mr. Speaker, I would like to thank the member for Kitchener—Conestoga for his tireless advocacy. Rural businesses, organizations and communities contribute significantly to strengthening the Canadian economy. Community Futures Development Corporations offer on-the-ground support that enables rural businesses to thrive. Our government is investing nearly \$40 million, as the member has acknowledged, in Community Futures Development Corporations to enable them to provide the support necessary to grow regional economies. Our government is going to continue to make investments in people, which leads to strong economic growth and creates an economy that works for all Canadians.

* * *

● (1505)

VETERANS AFFAIRS

Ms. Rachel Blaney (North Island—Powell River, NDP): Mr. Speaker, the Minister of Veterans Affairs gave \$560 million to a company owned by Loblaws to deliver services for veterans. Now the contract rollout is paused for the second time. Why? It is because the company was not ready. Veterans who gave everything to this country see their treatments on hold, their services delayed and providers confused.

Will the minister admit that outsourcing to a greedy for-profit company is not working for veterans and their families, and cancel the contract?

Hon. Lawrence MacAulay (Minister of Veterans Affairs and Associate Minister of National Defence, Lib.): Mr. Speaker, I thank my hon. colleague for her concern, but this new contract will provide 14,000 veterans with over 9,000 health professionals in 600 places across this country. Absolutely no veteran will fall through the cracks. It will be completely seamless for veterans. I can assure my colleague that the case managers, veterans and everyone involved are completely informed all the way along on these contracts. They are a great asset to veterans, and the government will continue to support veterans.

* * *

TAXATION

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, in his state of the union address, President Joe Biden called out big oil for its excess profits, which he called “outrageous”, and he pledged to quadruple the tax on corporate stock buybacks. Frankly, that is not enough. The Secretary-General of the United Nations has called such profits “immoral”. In Canada, the 10 biggest oil and gas companies amassed more than \$66 billion in profits in one year, and that is more than double what they had in the previous decade.

Business of Supply

Can the hon. minister tell us when Canada will tax back the excess profits of these war profiteers?

Hon. Chrystia Freeland (Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, it is always a pleasure to work with the member for Saanich—Gulf Islands. I am very glad to hear her talking about President Biden's comments on the share buyback tax and his view that he would like to see that tax, which is currently at 1% in the United States, quadrupled. The fact is that in Canada we introduced that tax at 2%, which is double the current U.S. level, because we absolutely believe it is appropriate for our tax system to encourage Canadian companies to invest in workers and to invest in the economy.

GOVERNMENT ORDERS

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—USE OF THE NOTWITHSTANDING CLAUSE

The House resumed from February 9 consideration of the motion.

The Speaker: It being 3:07, pursuant to the order made on Thursday, June 23, 2022, the House will now proceed to the taking of the deferred recorded division on the motion of the member for Beloeil—Chambly relating to the business of supply.

[*Translation*]

Call in the members.

Before the Clerk announced the results of the vote:

• (1520)

[*English*]

SITTING SUSPENDED

The Speaker: Order, please. We seem to have a small technical glitch in the lobbies. We are going to suspend for about two minutes while they run to the lobbies and check it out to make sure everything is okay there. They should be back shortly.

Members can leave their seats, but please come back right away.

(The sitting of the House was suspended at 3:24 p.m.)

• (1525)

[*Translation*]

SITTING RESUMED

(The House resumed at 3:26 p.m.)

The Speaker: Order. We have checked and everything seems to be in order. To make sure everyone is back in the House, we will ring the bells for a few minutes and then announce the result.

And the bells having rung:

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

(*Division No. 257*)

YEAS

Members

Aboultaif	Aitchison
Albas	Allison
Arnold	Baldinelli
Barlow	Barrett
Barsalou-Duval	Beaulieu
Bergeron	Berthold
Bérubé	Bezan
Blanchet	Blanchette-Joncas
Block	Bragdon
Brassard	Brock
Brunelle-Duceppe	Calkins
Caputo	Carrie
Chabot	Chambers
Champoux	Chong
Cooper	Dalton
Dancho	Davidson
DeBellefeuille	Deltell
d'Entremont	Desilets
Doherty	Dowdall
Dreeshen	Duncan (Stormont—Dundas—South Glengarry)
Ellis	Epp
Falk (Battlefords—Lloydminster)	Falk (Provencher)
Fast	Ferreri
Findlay	Fortin
Gallant	Garon
Gaudreau	Généreux
Genuis	Gill
Gladu	Godin
Goodridge	Gourde
Gray	Hallan
Hoback	Jeneroux
Kelly	Kitchen
Kmiec	Kram
Kramp-Neuman	Kurek
Kusie	Lake
Lantsman	Lawrence
Lehoux	Lemire
Lewis (Essex)	Lewis (Haldimand—Norfolk)
Liepert	Lloyd
Lobb	Maguire
Martel	Mazier
McCauley (Edmonton West)	McLean
Melillo	Michaud
Moore	Morantz
Morrison	Motz
Muys	Nater
Normandin	O'Toole
Patzner	Paul-Hus
Pauzé	Perron
Plamondon	Poilievre
Rayes	Redekopp
Reid	Rempel Garner
Richards	Roberts
Rood	Scheer
Schmale	Seeback
Shields	Shiple
Simard	Sinclair-Desgagné
Small	Soroka
Steinley	Ste-Marie
Stewart	Strahl
Stubbs	Thériault
Therrien	Thomas
Tochor	Tolmie
Trudel	Uppal
Van Popta	Vecchio
Vidal	Vien
Viersen	Villemure
Vis	Wagantall

Warkentin
Webber
Williamson

Waugh
Williams
Zimmer — 142

NAYS

Members

Aldag
Ali
Angus
Arya
Atwin
Badawey
Baker
Battiste
Bendayan
Bibeau
Blaikie
Blaney
Boissonnault
Bradford
Cannings
Chagger
Champagne
Chen
Collins (Hamilton East—Stoney Creek)
Cormier
Dabrusin
Desjarlais
Dhillon
Dong
Dubourg
Duguid
El-Khoury
Fergus
Fisher
Fortier
Fraser
Fry
Garneau
Gazan
Gould
Guilbeault
Hanley
Hepfner
Housefather
Hussen
Iacono
Ien
Johns
Julian
Kelloway
Khera
Kusmierczyk
Lalonde
Lametti
Lapointe
Lauzon
Lebouthillier
Long
Louis (Kitchener—Conestoga)
MacDonald (Malpeque)
MacKinnon (Gatineau)
Martinez Ferrada
May (Cambridge)
McDonald (Avalon)
McKinnon (Coquitlam—Port Coquitlam)
McPherson
Mendicino
Miller
Morrissey
Naqvi
Noormohamed

Alghabra
Anandasangaree
Arseneault
Ashton
Bachrach
Bains
Barron
Beech
Bennett
Bittle
Blair
Blois
Boulerice
Brière
Casey
Chahal
Chatel
Chiang
Collins (Victoria)
Coteau
Damoff
Dhaliwal
Diab
Drouin
Duclous
Dzerowicz
Erskine-Smith
Fillmore
Fonseca
Fragiskatos
Freeland
Gaheer
Garrison
Gerretsen
Green
Hajdu
Hardie
Holland
Hughes
Hutchings
Idlout
Jaczek
Jowhari
Kayabaga
Khalid
Koutrakis
Kwan
Lambropoulos
Lamoureux
Lattanzio
LeBlanc
Lightbound
Longfield
MacAulay (Cardigan)
MacGregor
Maloney
Masse
May (Saanich—Gulf Islands)
McKay
McLeod
Mendès
Miao
Morrice
Murray
Ng
O'Connell

Government Orders

Oliphant
Petitpas Taylor
Qualtrough
Rodriguez
Romanado
Sajjan
Samson
Scarpaleggia
Serré
Shanahan
Sidhu (Brampton East)
Singh
Sousa
Sudds
Thompson
Valdez
van Koeverden
Vandenbeld
Weiler
Yip
Zarrillo

O'Regan
Powlowski
Robillard
Rogers
Sahota
Saks
Sarai
Schiefke
Sgro
Sheehan
Sidhu (Brampton South)
Sorbara
St-Onge
Tassi
Turnbull
Van Bynen
Vandal
Vuong
Wilkinson
Zahid
Zuberi — 174

PAIRED

Members

Joly
McGuinty
Savard-Tremblay
Vignola

Larouche
Ruff
Taylor Roy
Virani — 8

The Speaker: I declare the motion lost.

* * *

● (1530)

[*English*]

IMMIGRATION AND REFUGEE PROTECTION ACT

The House resumed from February 10 consideration of the motion that Bill S-8, An Act to amend the Immigration and Refugee Protection Act, to make consequential amendments to other Acts and to amend the Immigration and Refugee Protection Regulations, be read the second time and referred to a committee.

The Speaker: Pursuant to an order made on Thursday, June 23, 2022, the House will now proceed to the taking of the deferred recorded division on the motion at the second reading stage of Bill S-8.

[*Translation*]

Hon. Steven MacKinnon: Mr. Speaker, I believe that if you seek it, you will find consent to apply the previous vote to this vote, with Liberals members voting yea.

[*English*]

Mr. Chris Warkentin: Mr. Speaker, we agree to proceed in this fashion, with Conservatives voting in favour.

[*Translation*]

Mrs. Claude DeBellefeuille: Mr. Speaker, the Bloc Québécois agrees to apply the previous vote, and we will vote in favour of the motion.

[*English*]

Ms. Rachel Blaney: Mr. Speaker, the NDP agree to apply and will be voting in favour.

Government Orders

[Translation]

Ms. Elizabeth May: Mr. Speaker, the Green Party agrees to apply the previous vote and will vote yes.

[English]

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

(Division No. 258)

YEAS

Members

Abouttaif	Aitchison	Généreux	Genuis
Albas	Aldag	Gerretsen	Gill
Alhabra	Ali	Gladu	Godin
Allison	Anandasangaree	Goodridge	Gould
Angus	Arnold	Gourde	Gray
Arseneault	Arya	Green	Guilbeault
Ashton	Atwin	Hajdu	Hallan
Bachrach	Badawey	Hanley	Hardie
Bains	Baker	Hepfner	Hoback
Baldinelli	Barlow	Holland	Housefather
Barrett	Barron	Hughes	Hussen
Barsalou-Duval	Battiste	Hutchings	Iacono
Beaulieu	Beech	Idlout	Ien
Bendayan	Bennett	Jaczek	Jeneroux
Bergeron	Berthold	Johns	Jowhari
Bérubé	Bezan	Julian	Kayabaga
Bibeau	Bittle	Kelloway	Kelly
Blaikie	Blair	Khalid	Khera
Blanchet	Blanchette-Joncas	Kitchen	Kmiec
Blaney	Block	Koutrakis	Kram
Blois	Boissonnault	Kramp-Neuman	Kurek
Boulerice	Bradford	Kusie	Kusmierczyk
Bragdon	Brassard	Kwan	Lake
Brière	Brock	Lalonde	Lambropoulos
Brunelle-Duceppe	Calkins	Lametti	Lamoureux
Cannings	Caputo	Lantsman	Lapointe
Carrie	Casey	Lattanzio	Lauzon
Chabot	Chagger	Lawrence	LeBlanc
Chahal	Chambers	Lebouthillier	Lehoux
Champagne	Champoux	Lemire	Lewis (Essex)
Chatel	Chen	Lewis (Haldimand—Norfolk)	Liepert
Chiang	Chong	Lightbound	Lloyd
Collins (Hamilton East—Stoney Creek)	Collins (Victoria)	Lobb	Long
Cooper	Cormier	Longfield	Louis (Kitchener—Conestoga)
Coteau	Dabrusin	MacAulay (Cardigan)	MacDonald (Malpeque)
Dalton	Damoff	MacGregor	MacKinnon (Gatineau)
Dancho	Davidson	Maguire	Maloney
DeBellefeuille	Deltell	Martel	Martinez Ferrada
d'Entremont	Desilets	Masse	May (Cambridge)
Desjarlais	Dhaliwal	May (Saanich—Gulf Islands)	Mazier
Dhillon	Diab	McCauley (Edmonton West)	McDonald (Avalon)
Doherty	Dong	McKay	McKinnon (Coquitlam—Port Coquitlam)
Dowdall	Dreeshen	McLean	McLeod
Drouin	Dubourg	McPherson	Melillo
Duclos	Duguid	Mendès	Medicino
Duncan (Stormont—Dundas—South Glengarry)	Dzerowicz	Miao	Michaud
El-Khoury	Ellis	Miller	Moore
Epp	Erskine-Smith	Morantz	Morrice
Falk (Battlefords—Lloydminster)	Falk (Provencher)	Morrison	Morrissey
Fast	Fergus	Motz	Murray
Ferreri	Fillmore	Muys	Naqvi
Findlay	Fisher	Nater	Ng
Fonseca	Fortier	Noormohamed	Normandin
Fortin	Fragskatos	O'Connell	Oliphant
Fraser	Freeland	O'Regan	O'Toole
Fry	Gaheer	Patzer	Paul-Hus
Gallant	Garneau	Pauzé	Perron
Garon	Garrison	Petitpas Taylor	Plamondon
Gaudreau	Gazan	Poilievre	Powlowski
		Qualtrough	Redekopp
		Reid	Rempel Garner
		Richards	Roberts
		Robillard	Rodriguez
		Rogers	Romanado
		Rood	Sahota
		Sajjan	Saks
		Samson	Sarai
		Scarpaleggia	Scheer
		Schiefke	Schmale
		Seeback	Serré
		Sgro	Shanahan
		Sheehan	Shields
		Shiplee	Sidhu (Brampton East)

Sidhu (Brampton South)	Simard
Sinclair-Desgagné	Singh
Small	Sorbara
Soroka	Sousa
Steinley	Ste-Marie
Stewart	St-Onge
Strahl	Stubbs
Sudds	Tassi
Thériault	Therrien
Thomas	Thompson
Tochor	Tolmie
Trudel	Turnbull
Uppal	Valdez
Van Bynen	van Koevorden
Van Popta	Vandal
Vandenbeld	Vecchio
Vidal	Vien
Viersen	Villemure
Vis	Wagantall
Warkentin	Waugh
Webber	Weiler
Wilkinson	Williams
Williamson	Yip
Zahid	Zarrillo
Zimmer	Zuberi — 314

NAYS

Nil

PAIRED

Members

Joly	Larouche
McGuinty	Ruff
Savard-Tremblay	Taylor Roy
Vignola	Virani — 8

The Speaker: I declare the motion carried. Accordingly, the bill stands referred to the Standing Committee on Foreign Affairs and International Development.

(Bill read the second time and referred to a committee)

ROUTINE PROCEEDINGS

[English]

ORDER IN COUNCIL APPOINTMENTS

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Mr. Speaker, pursuant to Standing Order 32(2), I have the honour to table, in both official languages, an order in council for the interim appointment of Mr. Eric Janse as Clerk of the House of Commons.

* * *

COMMITTEES OF THE HOUSE

INTERNATIONAL TRADE

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the fifth report of the Standing Committee on International Trade, entitled “Transporting Goods in Rail Containers: Some Trade Implications for Canada”.

Pursuant to Standing Order 109, the committee requests that the government table a comprehensive response to this report.

Routine Proceedings

PETITIONS

FIREARMS

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, these petitioners have requested that Bill C-21, as it is an affront to the private property rights of Canadians, not go forward and that it be recalled.

ANIMAL WELFARE

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, I am proud to present e-petition 4190, which was actively promoted by singer Jann Arden and signed by more than 36,000 people across Canada, making it the third-highest petition of this Parliament. The petition is to the Minister of Agriculture and Agri-Food.

The petitioners recognize that banning the export of live horses for slaughter is in the Minister of Minister of Agriculture's mandate letter from the Prime Minister and in the Liberals' 2021 election campaign commitment. They recognize that horses are flown from Canada to Japan in cramped wooden crates in journeys that can commonly take more than 24 hours. They recognize that horses panic easily, have strong flight or fight instincts and have extremely sensitive hearing. They also recognize that since 2010, the NDP has introduced three private members' bills to ban the export of live horses for slaughter.

Therefore, the petitioners call on the Minister of Agriculture and Agri-Food to halt the export of live horses for slaughter.

• (1535)

WATER LAWS

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the petitioners are looking at the current situation of Canada's water laws and the threat to Canada's waterways. It is an astonishing reality that no bureau, department or sub-department in the Government of Canada has the word “water” in its title.

The petitioners call for the Government of Canada to update Canada's water laws to ensure that no industry or corporation takes precedence over the health of Canada's waterways and watersheds, and to ensure that Canada's water laws are updated under the guidance of professionals and specialists in the field of water conservation.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Mr. Speaker, I ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

*Speaker's Ruling***PRIVILEGE**

TECHNICAL DIFFICULTIES WITH INTERPRETATION SERVICES—SPEAKER'S RULING

The Speaker: I am now ready to rule on the question of privilege raised on February 8 by the House Leader of the official opposition concerning technical difficulties affecting interpretation services.

In his intervention, the House Leader alleged that a breach of his privileges and those of his colleagues occurred because simultaneous interpretation services were not available during a caucus meeting held earlier that day.

Citing past examples, the member noted that technical issues at caucus meetings had resulted in findings of prima facie cases of privilege. While the member conceded that these examples concerned the unauthorized recording of caucus meetings, he argued that the technical issues preventing simultaneous interpretation had the same effect of impeding members in the discharge of their parliamentary duties.

[*Translation*]

The member for Mégantic—L'Érable noted that, as a francophone, he felt particularly impacted by the failure of the interpretation system, since the majority of the discussions were in English. While grateful for the attempts made by the interpreters to provide service, he expressed concern that francophones are disadvantaged in such situations and that English would come to predominate.

The member for Salaberry—Suroît agreed with the member for Mégantic-L'Érable's contentions. After having praised the remarkable work done by interpreters, she added that technical difficulties are also regularly encountered in committee meetings. In her opinion, technical issues affecting interpretation in caucus meetings and committee meetings both infringe on the rights of members.

Being able to participate in parliamentary proceedings and other activities in the official language of their choice is critical to members, committee witnesses and all who interact with Parliament. It is an obligation the Chair takes very seriously. While some have expressed concern about a possible decline, recent statistics compiled by House administration show that the use of each official language by members and by witnesses has been at roughly the same percentage over the past three years.

• (1540)

[*English*]

Our mutual understanding is only possible with the work of our interpreters and the reliability of our audio system. While our audio system that supports simultaneous interpretation generally works very well, issues do, on rare occasions, occur.

[*Translation*]

In a ruling on a similar matter, one of my predecessors stated on March 3, 2014, at page 3429 of the Debates:

In the case of official languages, the House has a long-standing practice of ensuring the availability of professional interpreters during House and committee proceedings. Indeed, this practice extends to many other activities, such as caucus meetings, briefings or any number of parliamentary activities and events. [...] if a technical problem arises with the equipment, proceedings are suspended until the is-

sue is resolved. Members will be familiar with this as it has sometimes happened here in the House.

[*English*]

In this case, when the matter was first raised, I asked for a report from the House administration on the circumstances surrounding the technical difficulties that were encountered. As is the standard practice, technical staff conducted tests of the room early in the morning. However, immediately prior to the start of the caucus meeting, an additional pre-meeting test was conducted and an issue was identified with the audio system. Some mitigating measures were put in place, but the problem nonetheless persisted. The caucus meeting proceeded without interpretation and, unfortunately, the issue was resolved only towards the end of the meeting.

[*Translation*]

The Chair wants to reassure members that this matter is being taken very seriously by myself and the entire House administration. Technical teams are continuing their tests and troubleshooting to prevent issues like this from occurring again.

[*English*]

While the Chair empathizes with members' frustrations over technical issues that sometimes disrupt our work, in a ruling such as this, the Chair must arrive at a decision within the confines of parliamentary privilege. In other words, the Chair must determine if the technical issues at a caucus meeting impeded members in performing their parliamentary duties and whether the matter should be given priority consideration by the House, but first the Chair must determine if a caucus meeting is, indeed, considered a parliamentary proceeding.

In the same ruling cited earlier, it is stated at page 3430 of the Debates:

Whether a member who is preparing to participate in proceedings—whether through a technical briefing or some other means—is not participating in the proceedings themselves. While such preparation is no doubt important, it remains ancillary to, rather than part of, Parliament's proceedings.

In the case before us, it is the view of the Chair that a caucus meeting is ancillary to proceedings. The member for Salaberry—Suroît also raised concerns relating to committee meetings, which undoubtedly constitute parliamentary proceedings.

That said, it is a well-established practice that the Chair does not intervene in committee matters in the absence of a report from the committee. While the Chair appreciates that there have been interruptions in a variety of committees, none of these has reported it to the House as a potential breach of privilege.

[*Translation*]

For the issue raised by the House Leader of the official opposition as well as technical issues in committees, there exist other administrative recourses to address them. To this end, the Board of Internal Economy appears to be the appropriate forum.

[English]

In light of this, the Chair does not find a prima facie question of privilege.

I thank members for their attention.

GOVERNMENT ORDERS

• (1545)

[English]

CRIMINAL CODE

The House resumed consideration of the motion that C-39, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), be read the second time and referred to a committee.

Mr. Majid Jowhari (Richmond Hill, Lib.): Mr. Speaker, I would like to inform the House that I will be sharing my time with the member for Thunder Bay—Rainy River.

I am pleased to rise today to speak to the government's proposed Bill C-39, which seeks to extend the exclusion clause for those requesting MAID and whose sole underlying medical condition is mental illness.

I would like to take a few moments to draw our attention to the MAID monitoring regime and what we know about MAID cases to this point.

Canadians hold personal and very strong views on medical assistance in dying. They deserve accurate and reliable information to inform their decisions and their opinions. This is why we are working to ensure that our public communications are clear and comprehensive through our annual reports.

We know that a lack of accessible information opens the door to misinformation about evolving MAID systems. To be clear, while the proposed legislation would not impact the monitoring regime directly, a year's delay could bring the added benefit of more time to collect and the ability to report on important data regarding those complex cases where death is not reasonably foreseeable.

Putting this into perspective and context, our government acknowledges the importance of the data and reporting in relation to MAID, so much so that the original 2016 legislation obligated the minister of health to collect the necessary information and report annually on MAID activity.

This formal monitoring system is important to informing our understanding in three ways: who applies for MAID in Canada, medical conditions prompting requests and trends in MAID cases since the 2016 legislation.

As such, we have been working in collaboration with provinces and territories, as well as other health care partners, to ensure a robust monitoring system. It is important to understand that this is a significant, collaborative commitment.

Let us begin with a glimpse into what we know right now. As of December 31, 2021, there had been a total of 31,664 MAID deaths

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in Canada. This is the total number of MAID deaths since the law permitting medical assistance in dying passed in 2016.

MAID deaths represent 3.3% of all deaths in Canada as of 2021. This is very much in line with jurisdictions that have MAID regimes similar to Canada's.

The proportion of all deaths attributed to MAID varies across the country, with the highest rates reported in Quebec and British Columbia, and lower rates in the remaining provinces and territories.

Conditions include multiple comorbidities, cardiovascular disease, organ failure and respiratory illnesses.

Although the current sample is small, 2021 data also shows that, where death was not reasonably foreseeable, 50% of individuals were approved for MAID, compared to 81% of cases where death was foreseeable.

Each MAID request where the person's natural death is not reasonably foreseeable is complex and unique, and early indicators show that approvals for MAID in this stream are much lower than when the person's death is reasonably foreseeable, 50% versus 81%.

The assessment process for a person whose natural death is not reasonably foreseeable is often much more challenging due to the nature and complexity associated with medical conditions of this population. These assessments require detailed clinical analysis of each one of the elements of the eligibility criteria, which define a grievous and irremediable medical condition.

• (1550)

Let us spend a little bit of time talking about the human aspect of this data collection.

We should acknowledge that behind every data element in our annual report is, indeed, a human story. Implicated in each case is a group of people, their families, MAID assessors and providers, health care teams, and most importantly, the person making the request for MAID. The data we collect comes from thoughtful and compassionate conversations involving people who are making the most important decision of their lives and the MAID practitioners. The practitioners are responsible for assessing the requester in accordance with the person's wishes and the law. Through these discussions and the recording of information arising from them, we have a robust monitoring and reporting system for MAID in Canada.

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MAID practitioners must ensure that every requester is aware of the services available that might relieve their suffering. This includes exploring treatment options, facilitating referrals and following up on the outcomes. When faced with a MAID request where death is not reasonably foreseeable, assessors spend much more time gathering the necessary information about the person and their condition. The process often involves a review of many years of treatments, surgeries and/or medications, as well as consultation with one or more experts in order to exercise due diligence in making a decision regarding eligibility.

New regulations for the monitoring of medical assistance in dying came into force on January 1 of this year. The MAID monitoring system will report on an expanded set of MAID data points that are collected according to these new regulations. The additional information should provide a greater understanding of persons applying for MAID whose natural deaths are not reasonably foreseeable, as well as their associated circumstances.

In conclusion, we are committed to transparency and accountability across all levels of government to ensure public confidence in the MAID regime. We are honouring this commitment by providing Canadians with accurate and reliable information on MAID as it continues to evolve in this country.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I was very surprised listening to my colleague talking about the numbers they have. In 2016 there were 1,200 cases of MAID. That doubled in 2017 and doubled again in 2018. It was over 10,000 in 2021. That is nearly 30 people dying in this country every single day. That is more than double all the deaths from breast cancer or all the suicides in this country. We were promised a process to make sure we were not implementing a regime that was doing this without really strong checks and balances.

I find it staggering that the member could say this thing is working when we see such massive increases, much higher than in Europe or anywhere else, in medically assisted death in this country.

Mr. Majid Jowhari: Madam Speaker, let me clarify and reiterate what I said in my intervention. I talked about the total number of MAID-related deaths in 2021 being 10,950, of which 2% related to MAID for individuals whose deaths were not reasonably foreseeable. The numbers the member is quoting might be accurate, but that was not the point I was trying to make. As I also indicated, the total was nearly 30,000 since 2016, when the legislation came into force.

• (1555)

Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Madam Speaker, I just want to follow up on the statistics my hon. colleague from Timmins—James Bay pointed out from across the way. They are staggering. When we begin to consider them, it should cause all Canadians to pause, reflect and say that the legitimate concerns many of us raised in this House when this was first proposed continue to this day. There are inadequate safeguards in place to protect those who are struggling with mental illness and have other ailments in their lives that have challenged them for a particular season. MAID opens the door to a decision of such finality that it can cause grave consequences for many Canadians and their families.

What safeguards are going to be put in place to stop this from being abused any further?

Mr. Majid Jowhari: Madam Speaker, first of all, I do not think that MAID has been abused, especially as it relates to mental health. As I intervened, I lost my father to cancer back in 2016. At that time I wished the MAID option were available to us. Having said that, we have felt in our government that the base of 219 cases is not representative enough of the data that we want. We want to ensure that the safeguards we should have are in place and strengthened. This is the fundamental reason that we are extending the timeline by a year and introducing this bill. If this bill is to protect those individuals who are dealing with mental illness, then they need all the supports to be able to make that decision.

Ms. Julie Dabrusin (Parliamentary Secretary to the Minister of Natural Resources and to the Minister of Environment and Climate Change, Lib.): Madam Speaker, I listened with interest to the member about what further things we need to be considering and thinking about. Could he elaborate a bit more on what he thinks are the most important factors that we need to be thinking about in this place as we consider this legislation?

Mr. Majid Jowhari: Madam Speaker, aside from the timeline that we have set to make sure that we have more data to be able to analyze the situation, it is also important to work with the provinces and territories to ensure that they have the processes, guidelines and support system they need. Then they can help those individuals who are in the process of making that decision to receive the support they need to come to the right decision.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, I support this legislation putting a one-year hold on allowing MAID for mental illness.

We need to hold off on this until we have a broader consensus as to if and how we are going to do this. We need more safeguards in place. If we are going to do this, we need to make sure that we do it right. I do not think that we ought to have an automatic start date in one year as is planned.

To be clear, yes, I support this legislation in that MAID for mental illness will not be allowed beginning in March. However, from my perspective, we ought to make this hold indefinite. I know there are a lot of people out there who are really worried about this legislation because they have loved ones who are going through a hard time and they think, probably rightly, that some of those people will want to access MAID.

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There are parents, siblings, partners, spouses and friends who are worried. Parents touch my heart the most because they are worried that the lives of their children could be affected. I can certainly sympathize with this because I have six children of my own. One does not have to be a parent to realize that almost everyone goes through a difficult time at some point in their life, hence our concern.

I know there are also a lot of psychiatrists out there who are really worried about this. There are psychiatrists who know that if their patients were to have more treatment, they would probably get better, but they are requesting MAID at this time.

Both these groups have legitimate concerns about this legislation. At the moment, I do not think the safeguards are in place, and if implemented now, the law would end up affecting a lot of people in a way that was not intended.

What is the intention of the law? I would submit that the intention of MAID for mental illness is that it should only apply to a very small group of hard-core cases. This seems to be the case in Holland, where only one in a thousand people, I am told, who apply for MAID for mental illness are actually granted it.

It is not intended for a 25-year-old who was abused as a child and has had intermittent depression ever since. It is not intended for the 30-something-year-old who remains depressed a couple years after the breakup of a marriage. It is not intended for somebody who is schizophrenic and is fine on their medication, but having stopped their medication, now wants to access MAID.

Some out there may say, “Why not? It should be the individual's choice”. As a teenager, I read Jean-Paul Sartre, and at the time, I agreed with him that the ultimate choice in life is being over nothingness. Perhaps I still agree with this. However, neither suicide nor attempted suicide is illegal in Canada. The question today is what role, if any, the state has in assisting suicide.

I worked a lot of years as an emergency room doctor, and I saw many people who were suicidal. My job was to assess whether people were suicidal, and if they were, to bring them into the hospital even if it was against their will. The law gave me the power to do so.

Many people would ask what right I have to tell someone what to do with their body and say that it should be their own choice. My response to them is that I think there are two legitimate reasons for the state intervening to prevent suicide.

One is in order to protect people from themselves. When someone is in the depths of depression, they do not see a light at the end of the tunnel. They cannot contemplate the possibility, let alone the probability, that they are going to get better. That is the nature of depression. That is what makes someone suicidal. Most of us know that, eventually, with a change of circumstances and enough time, people actually do get better.

The other legitimate reason for the state to interfere is to protect loved ones. A person who commits suicide is dead; they feel no pain. However, the loved ones continue to live the rest of their lives with the anguish of losing someone, often haunted by feelings that perhaps it was because of something they did or did not do.

The suicidal individual's inability to appreciate the possibility that they might get better should certainly make us reluctant to allow MAID for people with mental illnesses. Some people would ask whether there are people who really will not get better and who are irremediable. That is the requirement of law: The illness has to be irremediable.

● (1600)

The problem with that is that doctors are not really good at determining who is irremediable. Doctors do not have a crystal ball that can predict the future. In fact, studies show that doctors are not good at determining who is irremediable.

A recently published study by Nicolini et al. looked at clinicians' ability to determine irremediability for treatment-resistant depression. It reviewed 14 different studies. I will cite its conclusion: “Our findings support the claim that, as per available evidence, clinicians cannot accurately predict long-term chances of recovery in a particular patient with [treatment-resistant depression]. This means that the objective standard for irremediability cannot be met”. Furthermore, there are no current evidence-based or established standards of care for determining irremediability of mental illness for the purpose of MAID assessments.

As a long-time doctor, I find it absolutely mind-boggling that there are practitioners out there who are willing to administer MAID to someone knowing that perhaps with a bit of extra time the person would have gotten better. Good doctors worry about making mistakes. Good doctors do not want to kill off their patients. It seems to me that if there is even one person who is administered MAID and who, if they had not been given MAID, would have gone on to a happy life, that is a horrific tragedy. I would say it is something akin to capital punishment when it turns out the person was actually not guilty of the crime. If this happens, it is certainly on the conscience of every one of us in this place.

The number of people we can confidently say are irremediable is probably small. Some would say no, but I would offer a few comments. One is that anyone under 40 should never be considered irremediable, and in fact anyone under 60, unless they have had ongoing years of illness. I would also suggest that somebody who has not tried every kind of treatment and has not seen a lot of doctors and therapists should not be considered irremediable. Who is left? Perhaps if there is some 75-year-old who has no family and who has undergone many years of illnesses, tried every sort of treatment available and seen numerous doctors and no one can help, then maybe, and I emphasize the “maybe”, they should be considered for this.

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Do I believe that the law, as implemented now, would really be confined to that small number of cases? No, absolutely not. Like a lot of members, I have been paying attention to the media and have heard of the many cases where we are just left shaking our heads that somebody would allow MAID for that. The reality is that there are a lot of practitioners out there with a very liberal approach to allowing medical assistance in dying, who seem to be willing to base it on perhaps just a phone call, practitioners who do not think it is necessary to talk to the family, to get to know the patient, or to consult someone who knows the patient.

Some people will say that the decision about standards of care and safeguards should be left to the colleges of physicians and surgeons. As a 35-year member of the College of Physicians and Surgeons of Ontario, I totally disagree with that. This is not the kind of decision that is normally left to the colleges, nor should it be; this is the kind of decision that should be left to the elected representatives, who in turn are accountable to the people.

In summary, if we are going to allow medical assistance in dying for mental illness, it should be to an exceedingly limited number of people. If we were to implement the law as it is now, I think a lot of people would be getting it whom the law was not really intended for, nor do I think we are that close, so I think there should be no fixed date on which this law comes into effect. When are we going to know we are ready to do this? I would suggest it would be when there is some consensus from the psychiatric community. From all the surveys I have seen, the majority of psychiatrists are against this, which is certainly one indicator.

We need to take however much time is necessary to do this right. This is not like other decisions made by the House of Commons. If we mistakenly take a life, all of the politicians in this room, all of the bureaucrats in Ottawa and all of the Supreme Court justices cannot bring that life back.

• (1605)

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Madam Speaker, I really appreciate my hon. colleague's perspective. I heard a lot about the intention, and sometimes we have intention versus impact, so I am curious what he thinks the impact would be of just extending the deadline, as opposed to actually throwing out the legislation or supporting Bill C-314.

Mr. Marcus Powlowski: Madam Speaker, the question before us now is really the coming date for implementation, which is mid-March. The intention of the legislation right now is to give us more time, and that is entirely appropriate.

We pride ourselves on making our decisions based on evidence. If we are going to make decisions based on evidence, then this certainly has to be given more time, which means that there has to be a delay on this so that it does not come into effect in March. What comes after is for us to determine. I personally think there ought to be indefinite time until we get this right.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague from Thunder Bay—Rainy River is well aware of my great respect for him. However, in listening to his speech, I found it riddled with confusion.

I wondered whether he read the expert panel's report on mental illness as the sole underlying medical condition. I believe that our thinking may not be quite so different. I think that his practice has shown him the need to take care in adopting such an approach. However, in reading the report, he will see that there are many precautions in place and very specific guidelines.

Indeed, just because there are not very many mentally ill people experiencing tremendous suffering does not mean we must not move forward. One person experiencing unimaginable and intolerable suffering is, in my opinion, one too many.

I would like to know my colleague's thoughts on this.

• (1610)

[*English*]

Mr. Marcus Powlowski: Madam Speaker, I have not in fact read the report. At the moment, the problem is that we have 10 provinces and three territories that are all expected to come up with the appropriate safeguards, and I do not think any of them have actually publicly come forward with those safeguards.

I would further suggest that it ought not be the colleges of physicians and surgeons that are put in the position to have to put those safeguards in. It is up to us, the elected representatives who are accountable to the people, who ought to be the ones making those decisions, not the colleges of physicians and surgeons.

I would agree with the member that one person who stays in suffering is too many; however, I would also suggest that one person whose life is taken prematurely because of an overly liberal approach to MAID and the pain that that causes, particularly to the family, ought to be something we consider before making any decision that would allow that to happen.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, when we voted on this legislation, we were told that Parliament would be able to review so we could tell whether or not we had overstepped and whether or not it had worked. We were never given that right. Instead, this was handed over to the unelected senators, who got it into their head that people who are depressed or who have a few problems should be able to die. We have to fix that. We never got to address whether or not these provisions were working, whether or not there need to be proper guardrails in place.

Would it not be better if this bill would just park this, stop it dead, until we can actually find out how this process is working for the people of Canada?

Mr. Marcus Powlowski: Madam Speaker, my guess is that if this were to go to the Supreme Court, it might well say that this kind of difficult decision, which involves balancing competing ethical values, is best left to the elected representatives, who are accountable to the people. We are the elected representatives, not the Senate. I have a lot of sympathy with what my colleague has to say.

[Translation]

Mrs. Dominique Vien (Bellechasse—Les Etchemins—Lévis, CPC): Madam Speaker, I rise today to speak to Bill C-39, an act to amend an act to amend the Criminal Code (medical assistance in dying), introduced by the Liberal Minister of Justice. This is obviously a particularly delicate subject.

The bill corrects a mistake made by the Liberal government. Another mistake, some will say. This government makes hasty, last-minute decisions and, as usual, has to backtrack. It is correcting one of its mistakes, but in doing so it will make another.

Let us look back to fully understand where we are today. When the government was preparing to amend the medical assistance in dying legislation in accordance with the most recent directives of the Superior Court of Quebec in 2021, the Senate made an unexpected amendment that would allow, starting on March 17, 2023, the provision of medical assistance in dying to individuals whose sole underlying medical condition is a mental illness. The Liberals then said, yes, why not. The Liberal government accepted the amendment, which is now part of the legislation.

The amendment was accepted without study, reflection or any serious consultation. The date set, March 17, 2023, is completely arbitrary. What was the Liberal government's reasoning at the time for accepting this amendment? How did it come up with the date of March 17, 2023? It obviously relied on its political guesswork, and God knows just how much the Liberals govern haphazardly, without a compass, and by improvising in an indecent and dangerous manner. This decision is just one of many very bad decisions made by the Liberals since taking office.

There are two problems with this measure. The first is expanding medical assistance in dying to people whose only underlying medical condition is a mental disorder. The second is setting the date of March 17, 2023, an arbitrary date that was selected without argument or justification.

Let us look at what is being done elsewhere, and not just anywhere. Let us look at Quebec, where the subject of MAID and dying with dignity has seized Quebec parliamentarians for many years. I know, because I was there as an MNA and minister and I voted in favour of MAID. In my soul, my heart and my conscience, I believe that that was the right decision.

With a view to now expanding medical assistance in dying, in its great wisdom, the Parliament of Quebec is taking its time, thinking and studying. The Quebec National Assembly set up a multi-party Select Committee on the Evolution of the Act respecting end-of-life care. It closely examined whether the scope of medical assistance in dying could be broadened. It tabled its report, which was unanimously adopted by the National Assembly in December 2021. This is recent.

Imagine. The Select Committee on the Evolution of the Act respecting end-of-life care does not recommend that medical assistance in dying be made available when a mental disorder is the sole underlying medical condition. It was obvious to the MNAs who sat on the committee that Quebecers are not there and that there is no social acceptance of this issue.

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However, the Quebec committee did not stop there. It went even further. In order to eliminate any possible grey areas, the committee recommended that the Government of Quebec amend its act to specify that medical assistance in dying is not available in instances where a mental disorder is the sole underlying medical condition.

On page 58 of the committee's report, it states, and I quote:

The Committee recommends that access to medical aid in dying not be extended to persons whose only medical condition is a mental disorder; that, to this end, section 26 of the *Act respecting end-of-life care* be amended.

The committee added:

This recommendation is in line with the precautionary principle that Québec has upheld since the beginning of work on medical aid in dying. We believe that the risks associated with extending access to medical aid in dying to persons whose only medical condition is a mental disorder would entail too many variations and could therefore not be closely monitored.

It goes on to say:

In order to implement this recommendation, we believe that section 26 of the *Act respecting end-of-life care* should be amended to avoid the possibility that a mental disorder as the only medical condition give access to medical aid in dying.

• (1615)

The committee refused to extend access because of problems relating to incurability, social acceptability, diagnosis and lack of consensus among members of the public and within medical professional organizations.

The committee therefore opted to follow the precautionary principle. As I said before, this is the element that was so regrettably lacking from the Liberal government's decision-making process. Once the Quebec committee completed its work and submitted its unanimous report, the Government of Quebec introduced its Bill 38 in May 2022, which was less than a year ago. The Government of Quebec endorsed the committee's recommendation. To be clear, Bill 38 was never passed because there was an election, so it died on the order paper.

The bill would have amended section 26 of the act by adding a prohibition on administering medical aid in dying to a person whose only health condition is a mental disorder. I will quote clause 13 of the Government of Quebec's Bill 38:

A patient who meets the following criteria may make a contemporaneous request:

- (1) be of full age and capable of giving consent to care;
- (2) be an insured person within the meaning of the Health Insurance Act...
- (3) suffer from a serious and incurable illness or a serious and incurable neuro-motor disability;
- (4) be in an advanced state of irreversible decline in capability;
- (5) experience constant and unbearable physical or psychological suffering which cannot be relieved under conditions that the patient considers tolerable.

What I am about to say is important:

For the purposes of subparagraph 3 of the first paragraph, a mental disorder is not considered to be a serious and incurable illness.

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Canada does not exist in a vacuum, and it is not disconnected from what is happening in Quebec. The difficulties experienced by Quebec exist across the country as well. We are not prepared for this expansion. If we do not take action now, if we do not pass this bill, in less than one month, people living with a mental illness could have access to medical assistance in dying. We do not want that, Quebecers do not want that, and Canadians do not want that. Canadians would not understand our lack of action. That is why we need to vote in favour of this bill.

However, we will vote for it reluctantly and with heavy hearts. We do not want the change to take effect on March 17, 2023, but there is another catch in this bill.

Bill C-39, introduced by the Minister of Justice, extends the deadline by one year. The bill extends the March 17, 2023, date to March 17, 2024. Why is it one year? Why not push it back two years? Why not suspend or abolish this section altogether? Why rush the expansion of MAID to people living with mental illness when the country does not want it and when doctors themselves are divided on the issue?

I would like to close by saying that medical assistance in dying is a sensitive issue that speaks to our values and our history, too. What we are asking of the Canadian government is not to simply postpone the date. We are asking the government to give us time, as parliamentarians and as Canadian citizens, to take the time needed. I believe that rushing such matters is always ill-advised.

• (1620)

[*English*]

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Madam Speaker, I have read the recommendations of the committee of the Quebec National Assembly. I am interested in this, as the member is a Quebecer who seems to be opposed to it. The perception of a lot of us outside of Quebec is that the greatest support for more liberal approaches to medical assistance in dying is from Quebec. Is this not the case? Would she like to comment on that?

[*Translation*]

Mrs. Dominique Vien: Madam Speaker, I think Canadians are on the same page as Quebecers. I think it would be in our best interest to take all the time we need to really think through this very sensitive and delicate issue, which involves very personal and deeply held values, so that we can properly assess all the consequences.

To be honest, I am concerned that the one-year delay will not change anything, let alone address the issues that are already being raised about expanding medical assistance in dying to people living with a mental health condition. Quite frankly, I do not think we are there at all. We would be rushing things if we move forward, and that would be dangerous for our society.

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I commend my colleague who is a member of the Special Joint Committee on Medical Assistance in Dying.

I would just like to provide her with a bit of context. Bill C-7, which is the fruit of a compromise with the Senate, was meant to respond to a requirement in a court ruling to allow Ms. Gladu and Mr. Truchon to have access to medical assistance in dying.

No one in Quebec considered the passage of Bill C-7, which allowed Ms. Gladu and Mr. Truchon to have access to medical assistance in dying, to be reckless. There was a consensus on it. It needed to be passed. We passed it while creating a special panel of experts that was meant to table a report within two years to inform a joint committee, which was tasked with reviewing the report and making recommendations that would come later.

We have to be careful when we talk about rushing things. Let us take our foot off the gas. By March 2024, we will have been thinking about this for three years.

What is more, when my colleague says that the public is not on board, I would like her to show me some polls to support that claim. In any event, the current problem is that her party wanted the committee to table a report in June because the Conservatives were against giving the joint committee any extensions on its deadlines so that it could do a good job. Each time, we fought for an acceptable deadline to do decent work. I think they are being a bit hypocritical.

• (1625)

Mrs. Dominique Vien: Madam Speaker, I think it would be better for my colleague to choose his words more carefully.

Unless I am mistaken, last week we heard him say in an interview that there was no agreement on the issue of MAID for those with a mental illness. My colleague also went to the trouble of stating that one in two experts did not agree.

I will close by citing the panel he spoke about.

The evolution of many mental disorders, like some other chronic conditions, is difficult to predict for a given individual. There is limited knowledge about the long-term prognosis for many conditions, and it is difficult, if not impossible, for clinicians to make accurate predictions about the future for an individual patient.

I will stop there.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, there is another crisis underlying the discussion we are having right now, and that is the mental health crisis in this country. The government promised to put funding in place for Canadians to get help, but the Liberals have really been dragging their feet on that.

I would like to hear my colleague's thoughts on the current situation. Does she think the government should provide more resources and make sure that mental health issues really are recognized as a serious problem?

Mrs. Dominique Vien: Madam Speaker, the member is absolutely right. Mental health is a very serious issue in our society. Rather than talking about medical assistance in dying for people with mental health disorders, the government should make funding available, and quickly, so that everyone in this country living with mental health challenges, whether in rural or urban areas, has access to care.

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[English]

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, I rise today to speak to Bill C-39, an act to amend the Criminal Code with regard to medical assistance in dying. It is a bill I will be supporting to protect the most vulnerable Canadians from the Liberal government's reckless expansion of medical assistance in dying to Canadians who are suffering solely from a mental illness.

Unbelievably, if Bill C-39 does not pass, Canadians struggling with a mental disorder or illness will be able to access MAID as early as next month. As the Canadian Association for Suicide Prevention said, "Just as life is getting harder in Canada, it is getting easier to die."

It is important to be perfectly clear that when considering MAID in the context of someone who is not dying as a result of their condition, such as a mental disorder alone, we are talking about suicide. It is almost as if the Liberals have given up. Instead of protecting the most vulnerable in society, they have opted for the easy way out. They have chosen a dangerous path, a slippery slope. They have opened medical assistance in dying to the most vulnerable in our society, and now they want to stop the clock, buy more time and find another politically expedient reprieve without doing anything to help.

I listened intently to the debate today, and honestly, it almost makes me ashamed to be a politician. Earlier today, the minister said that we need more time. Yes, we do. I have said this since the very first debate we had on MAID in 2016. During my intervention back then, I said as a new member of Parliament that nothing prepares one to adequately debate or intervene on such a weighty issue. We need to ensure we get this right, yet the Liberals rushed it through.

We have all heard very real stories: an Ontario man requesting MAID because it was more preferable than being homeless, the woman who has applied for MAID after seven years of not finding affordable housing and Canadians accessing food banks and asking for help with MAID. More and more Canadians are struggling, and we should be doing everything to support them, not giving up on them. We have also heard the unbelievable stories of Veterans Affairs employees suggesting MAID to veterans who are struggling with post-traumatic stress disorder. These are real stories; they are not sensationalism.

As the Canadian Mental Health Association has said, "Canada is failing to meet its human rights obligations when [Canadians] with a mental illness cannot receive the programs, supports and resources they need to be well and live with dignity." The government is failing to provide even the most basic programs and supports.

This is a topic that my constituents feel very strongly about. It is a divisive topic, to say the least, and I respect people's decisions, but one thing is clear: A majority of my constituents, and indeed Canadians all across our beautiful country, are against the expansion of MAID for Canadians solely dealing with mental illness or disorders.

Canadians need to know what we are fighting for today. We need to look beyond what we are debating. The simplicity of Bill C-39 is a contradiction to the complexity of the issue. What we are really talking about is the ability for those suffering with mental illness to end their lives. Instead, we should be here today talking about what we can do to help those in need and what we can do to provide the services that will save lives.

Earlier today and throughout the debate, the Liberals have tried to explain away the provisions that included mental illness in MAID. They have attempted to shift the focus from what is actually happening to what is politically expedient, with the exception of our hon. colleague from Thunder Bay—Rainy River, whose speech I truly appreciated. Instead of addressing the issue head-on, they are looking for us as parliamentarians to buy more time to find a soft landing.

I will be voting in favour of Bill C-39, but I cannot support the addition of suicide to MAID ever. Let us be honest that this is exactly what we are talking about. There are times when partisan politics are called for and this not one of those times. We can disagree on tax hikes, we can disagree on gun legislation and we can disagree on who is best prepared to move our country forward. However, we cannot disagree on the importance of life and the importance of fighting for those who are struggling and who believe their only way out of the hardship they are experiencing is death. Is that not what we are here for? Is that not what all of us, all 338 members of Parliament, ran on? Was it not to stand up for those who are struggling, Canadians from coast to coast?

We need to be doing everything we can to make sure we are helping those who are struggling and who are the most vulnerable. We should be focused on offering help and treatment rather than assisted death.

● (1630)

Just two short years ago, all members of the House stood and voted in favour of creating an easy to remember three-digit suicide prevention hotline. It has been a long road forward, but this fall, Canadians who find themselves in trouble will have a chance to get the help they need. When seconds matter, they will not be forced to google a 10-digit number. They will simply pick up their phone to dial or text 988, and they will be able to talk to a person to start the process to get help.

The 988 hotline will not be the end point. It will be the beginning. It will provide one more tool with which those who are suffering can reach out for help.

As many of my colleagues know, I have dedicated my life to fighting for those who suffer silently or struggle with mental illness. I have sat with so many families devastated by suicide whose only hope is that we do everything in the House to ensure other families never experience what their families have. There is so much pain and so much guilt. Through my work, I have met many who have struggled with mental illness or mental injury due to their service.

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I think about my friends. Jason is a giant of a man who was a firefighter. He was gripped with PTSD and wanted to die by suicide, but instead, he chose life. Now he helps others on their journey to beat PTSD and OSI. My friend Kent continues to serve our community each and every day. I think about their families every day and how I am so thankful my friends chose life.

I think about my own life and how at one point, I was struggling. It was one intervention, one by chance intervention that made me chose life. When someone is struggling with a mental injury, it is sometimes tough to see the forest through the trees. Sometimes people cannot see the light through the darkness. Sometimes people just need someone to tell them they are fighting for them and to help them get the assistance they need.

I live every day to fight for those who are struggling. We need to be doing everything we possibly can to make lives easier for Canadians, to give hope when it seems there is none. We need the government to be working with stakeholders to find the means to support those with mental illness. We have spent far too long talking about it. We have spent far too much time on studies that sit on shelves somewhere and gather dust. We have spent far too long doing nothing.

I will be supporting this legislation, but I will never support the inclusion of mental illness in MAID. It is a slippery slope. We need to take the next year or longer, find out how we can provide real support and figure out where we can actually make a difference. We need to spend the next year at least working on solutions that will keep Canadians alive.

A few weeks ago, I had a meeting with a man whose young daughter had ended her life by suicide. We spoke over Zoom for almost an hour, and I listened to his story. I heard the grief. I heard the despair, and I heard the regret.

Those who have children know what I am talking about. We live our lives to make our children's lives better. We want the world for them. We want to give our kids everything we never had. We want this place to be better for them, and we want them to know we care.

What I heard in that man's voice was utterly devastating. It was heart-wrenching. He said to me, "Todd, I can live with the death of my daughter, but thinking of what she had to go through, how many hoops she had to jump through just to access help, and how she had to navigate her crisis all alone is unbearable." He said that he can live with the death of his daughter.

I honestly do not know how someone can listen to those words and think that what we are doing here is totally acceptable. I do not mean the year-long reprieve the government wants us to support. I mean the fact that we are even at this point, having this discussion. Until we have provided every support, exhausted every means, done everything we possibly can to help someone through their pain and suffering, my God, how can we even be here talking about this? The impact of that meeting will live on with me forever: the pain in his voice, the hurt, and the image of his daughter reaching out for help that was not available.

Conservatives do not believe that medical assistance in death is an acceptable solution to mental illness and psychological suffer-

ing. Our health care system should help people find the hope that they need to live, not assist in their deaths.

● (1635)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I thank my colleague for his touching testimony.

I want to tell him that, in a debate like this, it is important to be able to distinguish between various realities. This report is not about mental health. A debate about mental health means talking about prevention. This debate is not about all mental disorders but rather incurable mental disorders. We must accept that there are people with mental illnesses such as schizophrenia which is incurable and irreversible.

The suicidal state to which he refers, as he demonstrated both through his own testimony and that of other friends, is reversible. If he reads the expert panel's report, he will understand that this is not what is being discussed here and not what we will legislate. A suicidal state is reversible. No effort should be spared to provide the resources needed to reverse that state.

[*English*]

Mr. Todd Doherty: Madam Speaker, the intervention of our hon. colleague across the way and others from the Bloc today have absolutely frustrated me to no end, but I appreciate their points of view. I believe recovery is always possible.

As our colleague from Thunder Bay—Rainy River has said, even the experts do not agree with what our Bloc colleague is saying. There are some who can recover and lead healthy and viable lives. Those are the people we should be fighting for all the time, making sure that they know we are there putting in the supports so they do not have to jump through a million hoops just to get the help they need.

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, I thank my colleague for what I believe is an important intervention and intersection between health care, mental health and this bill. Of course, it is no secret that Canadians from coast to coast are enduring an incredible level of poverty. Poverty is one of the driving forces that contribute to folks' mental health and the fact that they cannot see a light at the end of that tunnel when they fall behind.

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Does the member support the New Democratic Party's call for a guaranteed livable basic income, which would raise folks out of this kind of poverty? I hear the Conservatives laughing right now about this, but a guaranteed livable basic income would ensure that folks actually have a chance to get out of poverty to begin a path of recovery. The member just stated that he believes everyone deserves a chance at recovery and that everyone can. Does he support this bill, which would ensure everyone has the resources to survive?

• (1640)

Mr. Todd Doherty: Madam Speaker, I believe that we should be viewing mental health in parity with physical health. Yes, there are a lot of different things that contribute to one's mental health, such as affordability, access to food and homelessness. We should be making sure that we are doing everything to raise people up and offer the supports that they need. First and foremost, the government needs to follow up and actually follow through with its mental health act promise that it made during the previous election.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, I want to thank our hon. colleague from Cariboo—Prince George from the bottom of my heart for the work he has done in this place for people who are suffering from mental illness and who are feeling suicidal ideation, and on the need for the ability to get that 988 number. I know how heartfelt his engagement is on this.

I will also be voting to see Bill C-39 through, but I probably differ from my colleague on the question of at what point do we say there has to be, with proper protocols and rules, access for people to medical assistance in dying. Is the member open to considering at some point, if there were a medical consensus on this, that we should proceed to extend to mental health issues as well?

Mr. Todd Doherty: Madam Speaker, that is a tough one for me. I would have to actually work with the experts who are out there. Right now, as it sits, I could never support medical assistance in death for those who are struggling with mental illness because I believe recovery is always possible.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, it is always a pleasure to rise in the House. Of course, speaking on issues as weighty as medical assistance in dying, these are perhaps some of the most difficult things we will speak of in the House. I note that this is going to be an issue I am sure we will face in the chamber over the next several months, and perhaps again, as the bill comes to pass.

Today we are talking about mental disorder as the sole underlying medical condition for Canadians to access medical assistance in dying. The bill is presenting legislation for a one-year delay. Why is the government asking for a one-year delay? Certainly, this is about the concerns Canadians have across this great country with respect to the presentation of the government.

Perhaps, it will be similar to Bill C-21, when the issues Canadians had were brought forward by the Conservatives, and the Liberals had to change position on that bill. We know that there are mental health advocates who have significant concerns about the bill, such as the Association of Chairs of Psychiatry, which brought forth issues related to mental disorder as the sole underlying medical condition.

One of the things that is germane is to help people understand what it is we were studying at the joint committee on medical assistance in dying. We were talking about mature minors. We were talking about advance requests. We were talking about Canadians with disabilities. We were talking about the state of palliative care in Canada, and we were talking about Canadians who suffer with a mental disorder. When we looked at these particular topics, there were many contentious issues, and it became heated and personal at times, which was perhaps as it should be.

For comparison, I think we need to understand that, when we look at Canada and its perhaps 38 million people, we know that in the last year, 10,000 people died from medical assistance in dying. In California, which has a very similar population and perhaps similar rules, there were only 400 deaths due to medical assistance in dying.

People might ask why we would not compare with the Netherlands. It has been at this for a while, and maybe it is a better representation. They have a population of 17 million people and about 5,000 people died to medical assistance in dying.

They already have statutes that include depression, dementia and all the other things I have mentioned previously, so if we wanted to compare that directly to Canada, including depression and perhaps advance requests, they would have about 10,000 deaths at the current time. We know that in Canada, without mental disorder and without advance requests, there are already 10,000 people who have died between 2020 and 2021 due to MAID. That is a year over year increase of 32%.

That, to me, is concerning, and I think that anybody in this chamber would also know that on the world stage, sadly, in my mind anyway, Canada has been a world leader in medical assistance in dying, and many countries around the world have brought forward concerns of the slippery slope that Canada is now going down.

One of the things the government has promised to Canadians, which they have not delivered upon, is the Canada mental health transfer, and I am sure that my hon. colleague just before me spoke about this, so I am sad to have missed it. That was a \$4.5 billion transfer that was promised by the government in its platform in the last election. I read a new article about this, and it says, "in August 2021, Prime Minister Justin Trudeau said this brand new transfer was needed"—

• (1645)

Mr. Mark Gerretsen: Madam Speaker, on a point of order, in his speech, the member called the Prime Minister by his first name.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I think the hon. member may have just caught himself as well. Although the hon. member may be reading a quote, he can just mention "Prime Minister" instead of mentioning the name.

The hon. member for Cumberland—Colchester.

Mr. Stephen Ellis: Madam Speaker, I thank you for that astute advice. I really appreciate it.

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This article said, “because mental health should be a priority.” That is the article I am quoting, which has the Prime Minister’s name. It is important that Canadians understand that.

“But despite the sense of urgency in [the Prime Minister’s] remarks last year,” and I have changed that word to satisfy the chamber, because we all know who the Liberal Prime Minister is, “no money has yet materialized for this new Canada mental health transfer”.

I am going to say that again, just to make sure that everybody has heard it. No money has yet materialized, “including an initial \$875 million that was supposed to have been spent or budgeted by now, according to the Liberal party’s 2021 election platform.”

“The Liberal platform document included a line-by-line costing of all its election promises, and it outlined a promise to spend \$250 million in 2021-22 on the new mental health transfer, and then \$625 million in the current 2022-23 fiscal year, with additional amounts over the next three years adding up to \$4.5 billion total.”

“None of the promised spending over the last two fiscal years has yet been allocated or spent.”

To me, that is important. Again, I will quote from the Liberal Prime Minister, “because mental health should be a priority.”

Where is the priority of mental health, and why is it not materializing?

We know that my hon. colleague, who spoke just before me, talked incessantly about a three-digit suicide prevention hotline, which was harder than giving birth to a baby elephant to make it happen. It is absolutely shocking to think about how the government wants to talk about being helpful to Canadians and how it has their proverbial backs, etc. I just do not see that. That is absolutely atrocious.

This article goes on to talk about the national director of public policy for the Canadian Mental Health Association, and they pointed out that the “April budget contained no money earmarked for this new transfer.”

“Let’s be clear, for it not to be in Budget 2022, at least with a timeline of ramp up to the \$4.5 (billion), you know, it was really concerning to us.” That was stated by the Canadian Mental Health Association.

After eight years, why does the government continue to fail Canadians? That would be a great question to know the answer to.

We also heard in the health committee last week that counsellors and psychotherapists are required to charge GST on their services. We know that, sadly, many Canadians do not have private coverage for those services, but to add insult to injury, to pour salt in a wound, what we are now requiring is for Canadians to pay GST on those services. How does that make any sense?

It goes on to say that, “psychiatrists across the country [are] ‘incredibly concerned’ about patients needing better access to care, including addiction services”. These are addiction services that the government would tout are a whole other kettle of fish and are quite shocking.

There is still controversy around providing medical assistance in dying for people with mental disorders among providers. Obviously, one of the other things that I think is very important is the fact that the government has not transferred any, zero, nada, zilch, of the \$4.5 billion. Think of my riding of Cumberland—Colchester and the difficulties that rural Canadians are suffering.

Because of their geography, rural Canadians are struggling not only to get access to mental health, but also to put gas in their cars to get them to the actual appointments. The punishing carbon tax that the government wants to put on everything in this country is really affecting their ability to have the money to pay the extra GST required for counselling and psychotherapy.

We all know that if people are struggling to put food on the table, and if Canadians have to choose between eating and looking after their mental health, they are likely going to choose eating. This is a sad commentary on life in Canada where it appears that everything is broken. The sad commentary will continue in this country because of the punishing taxes the government wants to continue levying on Canadians, which is making life unaffordable.

● (1650)

We know the crisis in mental health is going to continue. It would appear that approximately one in three Canadians is struggling with their mental health. We know that the government has put out its own projections to say, if we read the report on departmental results, it would expect that 22% of Canadians would not be able to access mental health care, and the actual result is 25% of Canadians cannot access mental health care. This is unacceptable. Zero percent of Canadians should have this issue, and we have a government that thinks 25% is acceptable.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, we have been hearing a lot of very disturbing news items about people who are living in poverty. A lot of them are people with disabilities. A lot of those people have mental health issues, and they are considering MAID because they cannot afford to live in dignity.

I am wondering if the member would join the NDP in saying that those people should have the resources to live in dignity, whether they are living with disabilities or not. They would need the resources to buy food. They would need affordable housing.

Would the hon. member comment on that side of the problem?

Mr. Stephen Ellis: Madam Speaker, first and foremost, I will not join the NDP. That certainly is something I would not entertain.

What we do know is that Canadians are suffering significantly in this country. How we go about solving that problem is certainly an issue that would be a matter of debate for many years here in the chamber.

We know that Canadians around the country are looking at the Conservatives and saying they need a change in the government. They know that the Conservatives have ideas that are going to allow Canadians to make their own money, to spend their own money in the way Canadians think is desirable and to be a part of the greatest country in the world. That is how Conservatives would do that.

• (1655)

[Translation]

Ms. Monique Pauzé (Repentigny, BQ): Madam Speaker, I listened to three or four speeches, and members seem to be talking a lot about the idea that we need good mental health care, that we need psychologists and psychiatrists, that we need to help people before considering the option of medical assistance in dying for people with mental illness. For all that to happen, we need more money in the health care system. There was a meeting about improving health care last week, but the offer that the federal government put on the table was shameful. The leader of the official opposition said that he would honour that offer. It seems to me that everyone agrees that better mental health care is needed, but that means that the government needs to increase funding for the health care system.

I would like to hear my colleague's thoughts on that. I think his party should be calling for more health care funding.

Mr. Stephen Ellis: Madam Speaker, I thank my colleague for that great question.

[English]

We know, very clearly, there are multiple ways to fix the health care system. Certainly those would be rolled out, as we come closer to election time, in the platform of the Conservative Party. What we also know is that people who want to immigrate to this country to be a part of the health care system are being disrespected in terms of how their credentials may or may not be recognized in this country.

As everybody in the chamber knows, if we were going to create another psychiatrist from inception, at the time of going to university, there is a four-year undergraduate degree, four years of medical school and at least four years of residency. We cannot wait for that.

On this side of the House, when the Conservatives form the government, we would be very respectful of immigrants and the talents they bring to this country, and how they could help the ailing health care system.

Mr. James Maloney (Etobicoke—Lakeshore, Lib.): Madam Speaker, I have been sitting on the special MAID committee with the member for some time, and I appreciate his contribution.

I take issue when he said that the conversations have been heated and personal. I do not remember it being that way. There were passionate discussions, but it was certainly never personal. I hope he did not find that I ever contributed to that impression.

We can disagree all day long on whether the government has been making mental health funding a priority. He has made a point of talking about the mental health transfer. If the mental health transfer had happened yesterday, is there any scenario in which the

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member would agree that mental health is appropriate grounds for MAID, or is it just full stop for him?

Mr. Stephen Ellis: Madam Speaker, I do not recall my hon. colleague making anything personal in the MAID committee, so I am thankful for that.

There is one thing that is very important. We can talk about scenarios, what-ifs, therefore and plausibility, but let us be clear. What we know is that the Liberal government committed \$4.5 billion to fund the Canada mental health transfer, and it sent none of it, zero, zilch, nada.

Mr. Arnold Viersen (Peace River—Westlock, CPC): Madam Speaker, it is important to outline what we are talking about here today: Bill C-39. Currently, due to Bill C-7, the Criminal Code explicitly states that, when it comes to MAID, mental illness is not to be considered an illness, disease or disability. However, when Liberals passed Bill C-7 two years ago, it had a sunset clause, and this is an important clarification. That means an important guardrail protecting those with mental illness from being eligible to seek MAID during times of depression or other crisis would expire two years after that bill passed, which means it is set to expire next month.

Now the Liberals, having heard the outcry from across the country, from the medical community and those serving the folks with mental illness, have introduced Bill C-39. This is a last-minute attempt to save face by extending the prohibition on MAID for mental illness for one more year. That is not good enough.

Conservatives have been united in our opposition to expanding the Liberal government's medical assistance in dying regime to Canadians with the sole underlying condition of mental illness. We do not believe that medical assistance in dying is an acceptable solution to mental illness and psychological suffering. Our health care system should help people find hope when they need to live and not assist in their deaths.

Allowing MAID for people with mental illnesses such as depression blurs the line between suicide assistance and suicide prevention. Experts have been clear that expanding eligibility for medical assistance in dying to Canadians living with mental illness cannot be done safely. It is impossible to determine the irremediability of an individual case of mental illness.

For example, Dr. Sonu Gaiind, who is the physician chair of the MAID team at the Humber River Hospital in Toronto, where he is chief of psychiatry, states, "I know that some assessors think they can make those predictions of irremediability in mental illness, and some assessors think they can separate what we consider traditional suicidality from what's fuelling psychiatric MAID requests. And on both counts they're wrong. The evidence shows that."

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Andrew Lawton, Canadian columnist and journalist, wrote a harrowing personal article two years ago, stating:

If Bill C-7 were the law of the land a decade ago, I'd probably be dead....

In 2010, I nearly succeeded in committing suicide. My battle with depression was worsening, and I was losing. Miraculously, I pulled through: I count my lack of success in that attempt as my happiest failure, for which I'm grateful to God's intervention and a team of dedicated healthcare practitioners.

It's saddening to think that under different circumstances, these practitioners could have been the ones killing me rather than saving me....

Bill C-7 undermines years of attention and billions of dollars of funding to bolster mental illness treatments and supports, including, ironically, suicide prevention and awareness campaigns and programs.

This bill kills hope and reinforces the flawed belief afflicting those with mental illness, that life is not worth living and that one's circumstances cannot improve.

Every time I have risen to speak on these bills, that has been my emphasis as well: Life is worth living. Every life has dignity and value. We need to be far better as a nation at communicating that to those who need to hear it the most.

Two years ago my friend Lia shared her story with Canadians. She said, "I was 15 when I first tried to kill myself and I attempted suicide seven times in the years that followed...I'm speaking about my mental health struggles because I'm scared that doctors could soon be able to end the lives of people suffering with mental illness - people like me. To be honest, if medically assisted suicide had been available when I was in university, I would have used it to end my suffering as soon as I could."

This is Lia's call to parliamentarians: "I don't need someone to tell me how to die, I need someone to tell me to stay."

The House should be writing laws that instill the value of life and that there is no question this is what we value. Laws need to encourage people to stay rather than seek to end their lives.

Dr. John Maher is an Ontario psychiatrist and editor-in-chief of the *Journal of Ethics in Mental Health*. Dr. Maher has highlighted that the wait times for mental health treatment in Ontario programs are up to five years long, and that one of his patients recently told him that he would like assisted suicide because he believed that nobody loved him.

• (1700)

Dr. Maher also rejects assisted suicide as a solution for mental illness by stating the following:

You're assisting someone in the completion of their suicide. The doctor is the sanitized gun...I'm not at all disagreeing that there are people who have an irremediable illness. What I defy you or any other person in the universe to prove to me is that it's this person in front of you.

The suicide prevention community has also pointed out the harsh reality for costs. Shawn Krausert, the executive director of the Canadian Association for Suicide Prevention, testified at committee and said the following:

Ending the life of someone with complex mental health problems is simpler and likely much less expensive than offering outstanding ongoing care. This creates a perverse incentive for the health system to encourage the use of MAID at the expense of providing adequate resources to patients, and that outcome is unacceptable.

Most Canadians do not support expanding MAID to those with mental illness as the only underlying condition. Today, a survey

was published in which a mere 30% of Canadians support MAID for those who have a mental illness.

I can assure members that, among my constituents, that number is far lower. The vast majority of my constituents want the federal government to focus on helping people live well and to invest in palliative care and suicide prevention instead of assisted suicide.

Some of the petitions I have tabled here over the years were sent to me by constituents who have recognized that suicide is the leading cause of death for Canadians between the ages of 10 and 19. They are specifically calling on the government to protect Canadians struggling with mental illness by facilitating treatment and recovery, not death.

I agree with my constituents, and the majority of Canadians, that the government should withdraw this bill entirely and table a bill that permanently removes the extension and expansion of assisted suicide for mental illness when it is an underlying condition.

I want to end with some words from my friend Lia. She says:

I want to say right now, to whoever might need to hear this: death doesn't have to be the answer. It takes work. It takes time. It takes others. And it's complicated. But there is hope...I'm sharing my story because I'm not the only one who has more to live for. There are people in your life who do too. As someone who struggles with mental illness, I don't need someone to tell me how to die. I need someone to tell me to stay.

• (1705)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I thank my colleague for his effort.

That said, if Bill C-39 were withdrawn, on March 17, mental disorders would not be excluded from medical assistance in dying. It is important to know what we are talking about.

Also, I do not know on what authority my colleague can claim that he would have had access to medical assistance in dying, given that the expert report clearly states that no expert on the planet considers suicidal ideation to be irreversible. Therefore, even if he was thinking about suicide, he would not have had access to medical assistance in dying.

What makes him say that he would have had access to MAID?

Government Orders

[English]

Mr. Arnold Viersen: Madam Speaker, I think that is what the article by my friend Mr. Lawton was talking about. It was the very fact that, under this new regime that comes into place a year from now, he would be eligible for assisted suicide. He is quite convinced of that. It is not clear to him in the law, and it is not clear to me in the law, that, if he were seeking help in 2023 rather than in 2010, there would be any obligation for the health care system to promote life rather than to fulfill his wishes to die. These were, in fact, his wishes at the time when he attempted suicide. That is the way I read the law. That is the way Andrew Lawton reads the law, and I have no evidence to support the opposite of that.

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, as members know, more and more Canadians are speaking about the concerns that have been raised across the country about the lack of supports for mental health. We are in the midst of a mental health crisis. We are not seeing adequate resources, by any means, being applied to help address the needs that so many Canadians have. It is very relevant to the debate we are having tonight.

Does my honourable colleague feel we need to be putting those supports in place immediately so that Canadians who are experiencing challenges around mental health get the support they need and deserve?

Mr. Arnold Viersen: Madam Speaker, yes, I agree that we need to ensure we have the supports in place to support those who are going through mental health challenges, but I also think we need to address some of the underlying causes.

Why is there a mental health crisis in this country? After eight years of the Liberal government, out-of-control inflation, cost of living going up dramatically and a general sense of the country not progressing and not flourishing have led to a significant increase in the mental health crisis across this country. We have to ensure we bring hope to the country and to Canadians, and work to improve the general mental health of Canadians across the board.

Mrs. Anna Roberts (King—Vaughan, CPC): Madam Speaker, my concern is that I have many constituents in my riding with disabilities, and some of them have no voice. The people who are caring for the individuals with disabilities also have mental health issues, but they also have POAs for the individuals. How is that going to impact their decisions if they are not in their right minds to make those decisions for their disabled children?

● (1710)

Mr. Arnold Viersen: Madam Speaker, the disability community has reached out to me repeatedly over the last number of years, given the regime on euthanasia and how there are two classes of citizens in this country when it comes to the eligibility for MAID. There are those who will be offered help and those who will not be offered help. That is a troubling thing.

I believe that the health care system in this country should be out of the business of MAID and should be in the business of helping to cure people. I understand the Supreme Court rulings, but the Supreme Court never said anything about having to have the health care system assist suicide or euthanizing people in this country. I think we can bring forward a system that works to ensure that life is

valued in this country and that folks with disabilities feel that they are not being burdens on our society.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, I have decided to share today for the first time the story of my young cousin Gabriel, who died by suicide on March 25, 2021. I hope his story provides some comfort to others and sharpens our understanding about the impact of the government's proposal to legalize suicide for those with mental health challenges.

Gabriel was born here in Ontario, but spent most of his life in the United States. He had a loving and supportive family, which included three siblings, but he struggled throughout his life as a result of personal health circumstances that were generally hard to classify. He had Asperger's syndrome and other things that affected the way he experienced the world. These health challenges made it difficult for him to form relationships with his peers and contributed to a sense of rejection and loneliness, but his family was always there for him, helping him work through the challenges and helping him to see his God-given dignity and purpose.

In conversations, my uncle has reflected on the contrast between Gabriel's experience and that of his younger sister, Anastasia. Anastasia has Down syndrome. Society perceives her as having a disability. In fact, babies with Down syndrome face an extremely high abortion rate because our society fails to value people with Down syndrome, and also because it is poorly understood. Though perceived as having a visible disability, Anastasia is full of life, joy and happiness, which she effortlessly shares with all she encounters, especially those who are suffering. Gabriel, by contrast, did not look any different. He did not have an easily recognizable disability, but had immense pain that was largely invisible to the world around him.

I last saw Gabriel during a family road trip in 2019. At the time, he was working as an independent construction contractor and doing very well. However, as happened with many young small business owners, his business was hit hard by the circumstances of the COVID-19 pandemic, even though he himself was not at great risk from the virus. In March of 2020, a lot of North America and the world shut down as a result of fears about this novel coronavirus. People died from the virus, but many also lost livelihoods and communities, as well as opportunities to engage in meaningful work, so many died by suicide, in proportions that we will never know precisely.

The current government chose these unusual circumstances as the time to push forward its radical agenda of legalization of medically facilitated suicide for those facing mental health challenges. It brought its new euthanasia law into force on March 17, 2021. This bill made changes to the euthanasia regime in Canada that were universally decried by the disability community.

Government Orders

As it relates to mental health, the bill contained a mechanism by which the prohibition on legalized medically facilitated suicide would automatically expire two years later, on March 17, 2023. Thus, the government legalized suicide for those with mental health challenges, but delayed the coming into force of that legalization until this year. Meanwhile, my cousin died by suicide eight days after the passage of the legislation, on March 25, 2021, just shy of his 26th birthday.

These events were not connected. My cousin was not following Canadian politics at the time and would not have seen our deliberations as being relevant to him where he lived. Nonetheless, as I got the call from my father in the lobby of this very chamber, I thought about the many people like Gabriel who will be affected by our work, the many people like Gabriel who live with unseen pain, have highs and lows, and are deeply loved by family and friends.

Until now, the message we have all sought to deliver to people like Gabriel is that they are loved and valued and that their lives are worth living. It has been famously said, “He who has a why to live for can bear almost any how.” This insight was explored in depth by the great psychiatrist and concentration camp survivor Dr. Viktor Frankl. Frankl observed and reflected on the circumstances of his fellow prisoners and came to realize how important meaning is to human life.

Human beings are highly adaptable to circumstances, even when those circumstances involve extreme pain. Their ability to endure that pain hinges on their sense of meaning and purpose. I say it again, “He who has a why to live for can bear almost any how.” Frankl developed a psychological method called “logotherapy” out of this insight, meaning that, in a therapeutic context, helping people develop an understanding of their purpose and their meaning provides the critical ingredient for happiness, even happiness in spite of pain.

For someone suffering from physical or mental health challenges, there is the immediate treatment or therapy they receive, but there is also the larger social context that shapes their ability to see meaning and value in their life in the midst of suffering. I think colleagues here will identify with the fact that, when someone in our family is suffering from mental health challenges, we seek to help them reduce or eliminate their pain, but we also seek to show them that their life has value and meaning in the midst of that pain.

The problem is that we now live in a society that increasingly misidentifies the meaning of life as being the avoidance of pain. We follow Bentham in thinking that happiness is simply the maximization of pleasure over pain, instead of appreciating the historically much more common insight that happiness consists in the life well lived and the life lived in accordance with meaning and purpose.

- (1715)

Today, many people think that there is no point in living if one suffers, whereas in the past it would have been universally accepted that a person can live a good, meaningful and even happy life that includes a measure of suffering and pain. If we, as a people, come to define meaning and happiness as the avoidance of pain, then we contribute to a loss of hope for people like my cousin. He can live a good life if he is able to believe that his life has value and meaning in spite of his pain. However, if he is made to believe that the good

life consists solely in the avoidance of pain, then he must endure both the pain of the moment and the loss of perceived purpose and value. The combination of pain with a loss of purpose is likely always a cross too heavy to bear.

My uncle told me that his message to Gabriel was always “We’ll get through this; we’ll figure this out.” Gabriel’s family sought to push back against the idea that an early death was inevitable for someone like Gabriel, showing him that a good life was possible and that obstacles could be overcome.

However, when legislators endorse medically facilitated suicide for those who are grappling with questions of purpose and meaning in the midst of great pain and suffering, we send them the message that their life is not worth living and we undermine their pursuit of meaning in the midst of that suffering. When doctors or when employees at Veterans Affairs Canada put suicide on the table as a way out, then they sharply send the message to the sufferer that maybe their life is not worth living or that early death is inevitable because of what they’re going through.

Today, I would like to send a different message. I would like to say to the Gabriels of the world that they are loved, they are valued and their suffering and pain do not rob them of their essential human dignity or their ability to live out a noble purpose in the world. I want to send that message because it is true, but also because it is therapeutically useful, so that all those who are looking for meaning in their life can know that such meaning can be found even in the midst of pain. Notwithstanding the government’s position, I hope that my statement today does send that message.

I know that the government’s response to this is to suggest that there is some sharp moral and legal line between suicide on one hand and MAID on the other, with MAID or “medical assistance in dying” being the uniquely Canadian and politically manufactured term for when a medical professional intentionally kills a patient. Is MAID for a person with mental health challenges the same thing as suicide? Of course it is. The only difference is that the actual pulling of the trigger is done by someone else. It is suicide with an accomplice. Is MAID available to the suicidal? Either MAID is for those who want it or it is for those who do not want it. Assuming that MAID is still supposed to be only for those who request it, and since the term “suicidal” literally means “desiring suicide”, then MAID is for, and only for, those who are suicidal, by definition.

Government Orders

The minister responsible for mental health recently told the House, “All of the assessors and providers of MAID are purposely trained to eliminate people who are suicidal.” Perhaps her use of the term “eliminate” was a Freudian slip, but if she means that those who are suicidal are not eligible for MAID, then who in the world is eligible for MAID? Is it the non-suicidal? It becomes evident, when one provides simple definitions for the words being used, that so-called MAID is the same as medically facilitated suicide, and therefore that the policy of the government is to have the medical system offer to facilitate the suicide of those who are experiencing suicidality as a result of mental health challenges. Such an offer fundamentally changes the message that those suffering will receive from society about the meaning and value of their lives.

Specifically, the House is today debating Bill C-39, a bill that would extend the coming into force of this heinous reality for another year. I support Bill C-39, because I will support any measure that further delays the coming into force of this horror. Conservatives believe that this should be delayed indefinitely. In the meantime, we will vote for the legislation in front of us. Who knows? Perhaps the extra year will mean an election and a chance to euthanize this grievous and irremediable proposal once and for all.

Finally, I know that many members of the government share my opposition to the proposal, at least privately. I spoke earlier about the work of Viktor Frankl. In his work on logotherapy, he outlined how moral distress can be detrimental to a person's mental health. He tells the story of one patient who experienced great moral distress because of things he was asked to do at his job. His psychiatrist had for years been working with him on a complicated regimen that involved the re-evaluation of events in his childhood. Frankl himself told his patient to just get a new job, which solved the problem entirely.

To those experiencing moral distress, they should not over-complicate a simple matter. They will lose their sense of self and their own sense of meaning in life if they sacrifice their moral judgment to a fanatical justice minister. Please stand for what is right. For the Gabriels of the world, there is too much at stake.

• (1720)

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, I thank the member for sharing the experience of his cousin. That took a lot of courage to do and I appreciate that.

The underlying concern that I have here is this. I know that this member and most Conservative members have been against any form of MAID legislation. They have voted against it every step of the way. I heard the member, a few seconds ago, talk about turning back the legislation on MAID if there is an election. Is he referring to just what we are talking about now, in terms of the mental health aspect of it, or is he talking about MAID in its entirety? It was something that was created out of a ruling of the Supreme Court.

Mr. Garnett Genuis: Madam Speaker, our party has a diversity of views on many aspects of the euthanasia regime in this country. At various stages along the way, there have been Conservatives who have expressed different points of views and voted different ways. My past interventions are well on the record, and I think they have actually been borne out by the experience of this.

When we first debated Bill C-14, I said there was a slippery slope here and the so-called restrictions were not going to work and were not going to remain in place. We have slid quite far down that slippery slope, so I can certainly defend the positions I have taken historically.

I think the diversity of views within our party is often a source of strength, but our caucus is united in saying that this expansion of euthanasia to those with mental health challenges is not acceptable and is not justified. It is something we are united in opposing.

Mr. Richard Cannings (South Okanagan—West Kootenay, NDP): Madam Speaker, I may have asked the member this same question in a previous debate on this subject, so forgive me if I am repeating myself, but it revolves around this issue. One of the real concerns we all had with MAID, especially when it comes to people living with disabilities, is the fact that a lot of those people are not able to live in dignity right now. They do not have the resources or the funds to find affordable housing. They often do not have the funds to eat well. They cannot go out and get a job because of their disabilities. We, as Canadians, have a responsibility to provide that dignity.

I am just wondering if the member would say that this is a problem we should tackle right away, to make sure these people do not have that horrible decision in front of them.

Mr. Garnett Genuis: Madam Speaker, I agree that we need to provide support to Canadians in all circumstances and that we need to do better to support Canadians living with disabilities. I would make one point in response to the member's question, which is that I believe human dignity is inherent. Dignity is not given by government; it is not given by circumstances. Dignity is inherent in the individual. It is incumbent upon us, at the core level, to recognize that inherent human dignity, that meaning that exists for all of us in spite of whatever challenging circumstances we may be experiencing, and for us as a society to treat people in a way that accords with and recognizes their inherent human dignity and allows them to live in ways that are fulfilling and meaningful in terms of their full potential.

• (1725)

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC): Madam Speaker, I guess I am troubled by the trajectory of the MAID discussion and MAID legislation. I am glad Bill C-39 is here to delay this a bit more. The member talked about how he predicted the slippery slope. Where else could this go?

Government Orders

Mr. Garnett Genuis: Madam Speaker, there was a proposal from the Quebec medical association to allow children to be euthanized. In particular, that proposal was for infants born with disabilities. It is horrifying to see that somebody, purportedly a doctor, would come before a parliamentary committee and actually advocate the killing of children on the basis of their having a disability, and that the same association would double down on it. If someone had told me 10 years ago that this would actually be happening in the Canadian Parliament, of all places, it is unbelievable just how far we have slid so quickly.

Hon. Ed Fast (Abbotsford, CPC): Madam Speaker, I am pleased to be able to join this debate.

The underlying legislation of Bill C-39 is very simple. The government is simply asking that it be given more time to introduce safeguards, guidelines and professional practices that would allow assisted deaths to be administered in such a way that mistakes are not made. However, we already know that mistakes are being made under the current regime, so that should not give Canadians any confidence. In fact, Bill C-7, which is the bill that has given rise to this request for an extension, is just another case of the Liberal government getting it so wrong by failing to consult in advance and then, after the fact, trying to fix all the mistakes and fill in all the gaps.

This is another story of failure, and what I would like to do is explain a bit of the context. Members may recall that back in 2015 the Supreme Court of Canada, for the first time, opened up the door to legalized assisted suicide, and the Liberal government then responded with Bill C-14, which restricted MAID, or medical assistance in dying, to those who were at the end of their lives and living in intolerable, grievous pain. We were assured this was not a slippery slope that was intended to include other vulnerable Canadians in Canada's assisted death regime. That is what we were told. Many of us did not take the government at its word. We did push back, but the government passed the legislation anyway.

Sure enough, here we are, some eight years down the road, and our fears were confirmed when the Quebec court, in the Truchon case, ruled that limiting MAID to those whose natural death was reasonably foreseeable was unconstitutional. The government did not appeal that case, a seminal case because it is opening up a life-and-death piece of legislation and expanding it without a reference to the Supreme Court of Canada. I believe that was an abdication of responsibility in itself. Instead, the government chose to accept the ruling and move forward with Bill C-7, which ended up extending MAID to include, among others, the mentally ill.

I want to be clear here. I do note that the original Bill C-7, which was introduced by the justice minister, did not include the mentally ill in Canada's assisted suicide regime. However, when that piece of legislation, Bill C-7, went to the Senate, the other place, the senators inserted a provision expanding and extending assisted suicide to the mentally ill in Canada. When it came back to this House, the government, instead of pushing back, the way one would expect a government to do, simply rolled over and said it would accept it the way it was, and that is now becoming the law of the land.

Bill C-7 also provided that the mentally ill provisions of Bill C-7 would come into force in two years. That is the sunset clause some

people talk about. During that period of time, proper safeguards and practice standards were to be put in place to ensure that mistakes were not made. Not surprisingly, as it is a Liberal government, it got to the end of the two years, and virtually nothing has been done. The government actually struck an expert panel to review this, but it did not give that panel the right to review the merits of the underlying assisted suicide regime in Canada.

• (1730)

There is also a joint parliamentary committee between the Senate and the House that is still reviewing these provisions, and I am looking forward to that report. However, again, the mandate of the committee did not include any real, substantive review and investigation into the substance of medically assisted suicide. All it was allowed to do was tinker around the edges to implement a policy that has life-and-death implications for many Canadians.

Here we are. We have no safeguards and there are no guidelines for our practitioners, but we support the bill because we are trying to push this down the road as far we can. I will mention why in a moment.

The woefully inadequate rollout of the government's MAID regime is a manifestation of a Liberal government that appears to be in disarray and whose ideology is moving Canada from a culture of life to a culture of death rather than providing the necessary resources to our most vulnerable. Many in the House have raised that issue and have asked this: Why is it even necessary to apply assisted suicide to the marginalized in Canada, the vulnerable? They ask because right now we are not providing them with the resources and supports they need to live a satisfying and joy-filled life.

What is really of concern is that numerous stakeholders have said they oppose Bill C-7. By the way, there is no broad consensus in Canada that we move forward with assisted suicide for the mentally ill. There is some consensus for MAID to be in place for other cases where there is extreme pain involved, but Canadians do not support extending it to the mentally ill.

What is also of concern is that the government has now signalled that it will go beyond the mentally ill and would like to include mature minor children in this regime. The government is charging ahead with a life-and-death policy that has increased Canada's momentum down the slippery slope that we had warned of.

Government Orders

Is death now seen as a more cost-effective way of managing the most vulnerable in our society? Many have posited that this is the case now. Canadians have a right to question whether their government can be trusted on issues of life and death. If this is being extended to the mentally ill and to mature minors, what about the indigent? What about the homeless? What about the drug addicted? What about veterans? We know that veterans have already been counselled by the government to consider MAID as an option to serve their needs and provide them with support. We know that people who are arriving at the food banks are asking where they can access MAID, because they do not want to live in poverty anymore. That is a reflection on us as parliamentarians. It is a reflection on our country, and we can do better.

There is, however, some good news, and I will end with it.

I recently tabled a private member's bill in the House, Bill C-314, the mental health protection act. It would reverse the Liberal government's reckless acceptance of the unelected Senate's assisted death amendments. It would arrest the dangerous momentum that the expansion of medically assisted death has triggered on the slippery slope. Under my bill, Canadians whose sole underlying medical condition is a mental disorder would not qualify for MAID. At the same time, the preamble to my bill calls upon the government to finally deliver the mental health supports that have repeatedly been promised in federal budget after federal budget but have never been delivered. This is the least we owe to those who struggle with mental illnesses such as depression.

In closing, to ensure that we do not implement the mental health provisions of Bill C-7 before the House has an opportunity to revisit my piece of legislation, we on this side are very supportive of moving forward and passing the bill expeditiously. It will buy another year and push the whole issue of the mentally ill down the road, and we will make sure that we implement private member's legislation that actually protects the most vulnerable.

• (1735)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I do not know how many times I have to rise to say the same thing, but my Conservative colleagues are oversimplifying. That is okay. They are entitled to do that, what with free speech and all. However, among the experts who drafted the expert report and who addressed the issue of mental health care, none of them supports the idea of giving access to medical assistance in dying to someone who is depressed. It is quite the contrary. The expert report includes all the necessary safeguards to exclude those people.

It is true that socio-economic determinants can lead to depression and suicidal ideation, but those people would not be granted medical assistance in dying. I invite my colleagues to read the report because I have noticed that there is a lack of understanding of the safeguards and precautionary principles underlying each of the recommendations. There are 16 very important recommendations in the expert report, and I invite my colleagues to read it.

[*English*]

Hon. Ed Fast: Madam Speaker, this is humorous because of the expert panel my colleague referenced. When it had finished all of its work and finished hearing from all of the witnesses, what did it

actually say? It did not come up with one safeguard. The panel said to do this on a case-by-case basis, that we do need safeguards and to just go ahead with the legislation as it is. That was the expert panel.

There are no safeguards in place in Canada right now, none. That is why the government is asking for an extension of another year. However, even if there were safeguards in place, we have never had a debate in this House on the merits of including the mentally ill and mentally disordered within Canada's assisted suicide regime.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I remember being involved in the very first debates, and serious concerns were raised. What kinds of safeguards? What kinds of protections? We were told to pass it and then we would get a review. We never got that review.

What we got was the unelected, unaccountable Senate, whose members are responsible to nobody but themselves, deciding that what we needed to do was rewrite the law so that anyone who was depressed or had any kind of mental depression could be allowed to die. The government accepted that. It did not even throw it back. It accepted it, and we are one week away from this outrageous extension of MAID becoming law because it sat on the Liberals' desks.

Now we have to bring in a law that does not actually deal with that. We are just putting it off. We have never had a discussion as the elected representatives of the Canadian people to decide what is fair, what is right, how we do this and how we ensure safeguards. I would like to ask my hon. colleague about his position on this.

• (1740)

Hon. Ed Fast: Madam Speaker, not surprisingly, I totally agree with the member and his analysis of what has gone on. We have had the unelected, unaccountable senators plugging in a provision that has life-and-death consequences, and the government just rolled over when it came back to this place. That is an abdication.

The fact that there are no safeguards in place is of grave concern. However, once those safeguards are in place, we should fully expect that over time the government is going to chip away at them so that it can expand the scope of this legislation even more.

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Madam Speaker, I want to compliment the member for Abbotsford for going forward with his private member's bill, Bill C-314. I have a question for him on veterans.

Government Orders

When veterans were phoning in for help on the helpline, MAID was called a benefit. Several veterans phoned our office in Saskatoon asking what the benefit of MAID was. They said when they phoned looking for assistance, they were told to go to the website; it's right on there that MAID is a benefit.

I would like the member for Abbotsford to talk about this, because at no time has it ever been a benefit for a veteran to accept MAID.

Hon. Ed Fast: Madam Speaker, when I look at the plight of our veterans, I know many of them suffer from PTSD. Can anyone imagine a veteran walking into an office and asking for help? They say they need mental health supports and are asking for help. They are begging the government and the response is, "I am sorry. Why not consider medically assisted dying?" That is not acceptable.

Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Madam Speaker, it gives me mixed emotions to rise today in the House on this subject. Our hearts are full of stories. I do not think there is a family that has not been touched by those who have battled with mental illness in some form at some period in their lives. The mere thought that MAID could be extended to those battling mental illness is beyond disturbing.

I believe Canadians from coast to coast are in agreement that this is an extension that goes way too far. I rise today in this House as someone who will definitely support Bill C-39 to delay the extension of MAID to those with mental illness. With that pause and delay, I hope the government will take advantage of that time to finally put in place adequate safeguards to protect our most vulnerable.

It has been said that the character of a nation is revealed in how it treats its most vulnerable. Right now, the character of our nation is being tested. How will we respond to this time of testing? Will we rise to the occasion to help our fellow man, our fellow humans and our fellow neighbours and friends, who are battling and struggling? Will we respond to their anguish? Will we respond to their pain? Will we respond to the cries from many across this country right now who are under increased strain mentally?

Many are coping and trying to self-medicate. It has led to addictions in their lives and further mental health struggles. We are seeing a rise in depression, anxiety and other types of mental illnesses. It is moving across the country at a very rapid rate and to younger and younger Canadians. Our hearts are moved by this.

The importance of this delay cannot be overstated. Let us not just delay this for another year and then have to revisit it again and have this debate again. Let us move with urgency toward putting in the necessary safeguards to protect our most vulnerable. Canadians are demanding that we respond.

We have had many examples of the overreach and overextension of this. Veterans have been offered and advised to utilize medical assistance in dying. This is something that should never happen to those who are heroes and have served, and at a time of post-traumatic stress or in a season of anxiety and depression. We know that with adequate supports and proper care, they can traverse to the other side of the deep valley they may be in temporarily.

I have family and friends who have had these bouts. I have seen the effects of mental illness in very deep and profound ways. In my

previous vocation, I rushed to a bridge where someone was on the edge considering taking the step of ending their life. I have been called to a dam in my area in the dead of winter to respond to someone who had reached their end.

This was some time ago, but I am very thankful to report to this House that both those individuals have moved on with their lives. They are living. They are enjoying their lives and have made some very positive changes. I am so thankful that in that moment they chose life. I am also very thankful that at that time, medical assistance in dying was not extended to those who were battling mental illness alone.

This House must put in the adequate safeguards that are needed. Experts are telling us very clearly that this should not be extended to those solely battling mental illness, because there is no way they can adequately determine if the mental illness is irremediable.

• (1745)

With that uncertainty, with those legitimate concerns coming from health professionals and the majority of doctors and physicians across the country, it would behoove this House not only to pass this bill and give the delay but also to take immediate steps to implement adequate safeguards that would protect our most vulnerable.

I pause for just a moment upon probably one of the most famous passages that has ever been quoted in times of stress and duress for many people. It is oftentimes featured in movies and at most funerals that we attend; it is a verse of great comfort:

Yea, though I walk through the valley of the shadow of death, I will fear no evil:
for thou art with me.

Death casts a very big shadow, and those of us who have lost loved ones know that pain and grief very well. Those who have lost family members and loved ones to suicide know how dark and deep that shadow is.

However, there is hope that when we are traversing the very valley of the shadow of death, we can pass through and come out on the other side. There is hope for those who are battling mental illness, depression and anxiety; though it may feel permanent in the moment, there are many people who have traversed that valley and come out with hope and light again in their hearts and souls.

Primarily, it is because they came to the realization that they were not alone. They had loved ones who were with them, family who cared for them, neighbours who extended a hand and those who would run in when everyone else ran out of their lives. When it looked darkest, someone lit a candle in their night that brought hope.

I am thankful for those who brought light to me in the darkened times of my soul. I hope that everyone in this room will take the pause that this bill would grant the House, be a light in a darkened place for those who are hurting and extend the hope that is in the valley of the shadow of death. We do not have to fear, but we can walk with people through the most difficult of seasons in their lives.

Let us bring hope and life. Let us not encourage death or a culture of death but foster a culture of hope and life for those who most desperately need it.

● (1750)

[Translation]

Ms. Nathalie Sinclair-Desgagné (Terrebonne, BQ): Madam Speaker, in his speech, my colleague quoted one of his favourite sentences, and I would like to hear his comments on the following sentence: Perfection is the enemy of the good.

Are we not letting people suffer as a result of the constant desire to set limits and constraints? Is the Conservative Party not falling into a trap? Instead of protecting life, they are protecting suffering.

[English]

Mr. Richard Bragdon: Madam Speaker, I believe that we are doing something very positive when we take the time to reflect on what has been brought into place through Bill C-7 and MAID and adequately address the ever-growing concerns of this legislation being abused or overextended to those dealing with mental illness alone.

We need to take this time, pass this bill and make sure that in the time it allots us, we put in place the safeguards that Canadians are demanding. These safeguards will make sure that veterans who are vulnerable and people with mental illness are protected and that those who are passing through a temporary season in life do not make a decision with such finality. We need to make sure we put the safeguards in place.

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, I thank the member for his speech this evening. I enjoy my time on the fisheries committee with him.

The member spoke at length about putting into place the necessary safeguards to protect those most vulnerable. I cannot agree more. I am hearing from people who are at their wits' end; for them, it feels easier to die at this point than to keep living. That is horrific. I have spoken about this before.

This bill needs to be put into place. I absolutely agree that we need to have the appropriate information to know how we can move forward and protect those most vulnerable. We also need to ensure that people have what they need to live with dignity and respect.

Could the member share with us whether he agrees that we need to put into place a guaranteed livable basic income, as well as ensuring that the government is offering mental health transfers?

Mr. Richard Bragdon: Madam Speaker, it is a pleasure to serve on the fisheries committee with my hon. colleague.

Government Orders

With regard to this matter, obviously the challenges of poverty, desperation, hurt and pain are evident throughout our country at this time. Many political parties of various stripes are going to come up with all kinds of potential solutions to that, but the bill that is before us for consideration today is about delaying the legislation to provide time for reflection and the ability to implement safeguards. Safeguards need to be implemented for people across the board, especially our vulnerable youth, seniors, veterans and all individuals who are dealing with mental challenges and the addictions epidemic that is plaguing this nation. We need to look at it holistically.

I do not believe government can solve all these problems. We must expand that circle of solutions to include those from all sectors of society, including our faith-based communities, as well as non-profits and other great NGOs that are doing tremendous work in our communities.

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, my colleague from Tobique—Mactaquac gave a very heartfelt speech. He has followed this closely.

If all of us in this House remember, when this bill was originally put forward, it was supposed to be very narrowly cast. One of the trade-offs was that the government was going to be putting in supports for palliative care for mental health. Sadly, we have not seen those investments. Even the original justice minister, Jody Wilson-Raybould, was not in support of extending this to people with mental illness.

The member mentioned at the beginning of his speech that sometimes countries have to make a decision on how they want to be perceived in their heart and soul. Why is it so important right now that we make a stand to not continue down this slippery slope? Canadians are going through a horrible time and need that support.

What does he recommend at this time in history?

Mr. Richard Bragdon: Madam Speaker, that is the value and the absolute purpose of the pause. This bill would enable a pause so that we can take immediate steps. Internationally, questions are being raised suggesting that we have gone to the extreme on this issue. It is time to put some adequate safeguards in place to make sure our most vulnerable are protected.

● (1755)

Ms. Michelle Ferreri (Peterborough—Kawartha, CPC): Madam Speaker, as always, it is a true honour and privilege to stand here in the House of Commons to represent my beautiful community of Peterborough—Kawartha.

Today we are debating Bill C-39, an act to amend the Criminal Code in terms of medical assistance in dying, which I will refer to as MAID for the remainder of this speech, and extend the exclusion of persons living with mental illness from being eligible to receive MAID beyond March 17, 2023.

Government Orders

We are going to need to rewind a bit to paint a picture of how disturbing this legislation, conversation and ideology are. In December of 2021, without any consultation, study or discussion, the Senate added an amendment to Bill C-7 to make people with mental illness eligible for MAID. This is gravely concerning and indicative of the Liberal government's recklessness to add such a serious amendment, which targets the most vulnerable, without due diligence of study and consultation with experts.

Instead of recognizing the undemocratic and dangerous way the amendment was added and scrapping the entire thing, which should have been what happened, the Liberals' proposal is simply to extend the deadline with an arbitrary date.

The MAID special joint committee was created after the amendment was added. How backward is that? The committee heard testimony from many experts, including Dr. John Maher, clinical psychiatrist and medical ethicist, who said, "Psychiatrists don't know and can't know who will get better and live decades of good life. Brain diseases are not liver diseases."

Of course, today I will support this bill, but let us call it what it is, which is window dressing for a much bigger ideological problem. We do not need to extend the timeline of this bill; we need to get rid of making those with mental illness eligible for MAID. We need to call out the Liberals for not providing a dime of their promised \$4.5 billion to the Canada mental health transfer. We need to ensure people at home watching know we are working diligently to give them timely access to treatment and recovery when they are willing to get it. That is what we need to be doing.

I urge every member in this House to listen to their constituents and recognize how dangerous the message is that we are sending to those struggling. I encourage every member in this House to support Bill C-314, which was introduced last Friday by my colleague from Abbotsford and would solve this problem instead of prolonging and dragging out an amendment that should never have been put there in the first place.

It is difficult, if not impossible, in the case of mental illness to determine whether someone can recover, get better or get healthy. Therefore, one can appreciate how dangerous a bill like this is.

I am going to read into the record a letter that was recently sent to me.

It reads:

"Dear Michelle Ferreri,

"My name is Kayla. I am going to be sending this letter to several MPs, but as you are the MP presiding over the constituency where I reside, I thought I should send this to you first. I am very troubled by something that is going to be happening very soon in this country, and I hope you will listen to what I have to say.

"Overall, I am a very healthy individual. I have a mental health condition, but it is my sole medical condition. However, I was mortified to discover last month, that medical assistance in dying (MAID for short) will be available to people whose sole health condition is a mental health condition as of March 17, 2023.

"Persons who suffer from mental health conditions suffer horribly. I know that. I have suffered with mine for nearly 12 years. Perhaps the most appalling things of all are that 'The law no longer requires a person's natural death to be reasonably foreseeable as an eligibility criterion for MAID,' (Government of Canada, 2021) and 'There is no obligation for a person or their health care practitioners to inform family members if that person has requested or received MAiD.' (CAMH, 2022).

● (1800)

"I think you are an intelligent person, Michelle. I think you see this for what it is. As of March 17, 2023, I will be eligible to end my own life on the basis that I have an incurable mental illness. Let me give you a bit more background: I have two university degrees, in biology and environmental science. I have a job that I love and have held since a little while after I graduated. I have never failed to pay taxes, nor have I ever taken extended leave or gone on EI due to my mental illness, no matter how hard it gets. I have family and friends that I love dearly, and they love me too. And yet now my own government has deemed my life not worth living. This just isn't unfair. This is monstrous.

"But it gets worse. What about those people who are in the same boat that I am medically, but are much, much worse off. They cannot pay their taxes because they cannot work. They have a substance addiction. They are veterans with PTSD. They are homeless because they cannot seem to fight off their demons. These are some of the most vulnerable people in our society. To say nothing of the nature of the 'mature minors' (whatever on Earth that means) that will be able to access MAiD in the future if this doesn't stop.

"Make no mistake. This thing that we dress up with a nice name 'MAiD' is euthanasia of our most vulnerable people because they cannot 'contribute to society' like others can. The fact that the government would offer to get them out of the way (read: convince them that they should die) in this way, just because the systems that the government put in place are failing them is an unspeakable evil.

"I hope, Michelle, that you will do everything in your power as an MP, as I will do everything in my power as a citizen, to abolish this law. I understand the federal government is seeking to push back the timing of this law, likely because it has received so much criticism. I understand that it likely wasn't you that made any of the decisions for this law to go ahead. But I also understand that you are in more of a position to do something about it than many other people are. I hope you will respond after reading this letter.

"Sincerely,

"Kayla."

Government Orders

I did talk to Kayla, and it was a heartbreaking conversation. She is living very well, and I would like to give Kayla a round of applause for being so brave as to share that. This letter says everything Canadians need to hear. We need to be sending a message of hope and recovery, not a message that their life does not matter.

I leave members with one final story. Elyse is a young university student and she chatted with me during the Christmas break. She said she needed to tell me something. She said she was so worried about this legislation to extend MAID to those with mental illness. She said that she had struggled with mental illness and knew with certainty that if someone had offered that to her during her times of illness, she would not be here today. She told me that she would not be getting her university degree; would not be in a happy, healthy relationship; and would not know that her life is worth living.

We have a duty in the House to bring hope and create legislation that provides a better life for Canadians. A better life means access to help when they need it. I urge every MP in the House to listen to the experts and Canadians, and not just extend an arbitrary deadline, but drop this dangerous and reckless legislation. To everyone at home watching, including families who are supporting those with mental illness and those who are living with mental illness, we see them. They are worth fighting for, and their lives are worth it.

Mrs. Sherry Romanado (Longueuil—Charles-LeMoine, Lib.): Madam Speaker, one thing I have been hearing this evening in some of our debates from my colleagues across the way is that we need to look at this to make sure we take the time to put in place the supports and infrastructure that will be required. That is exactly what this bill would do. It would take the time.

Is the member opposite in agreement with extending this one year so that we can take a look at it to ensure the supports are there and the infrastructure is there for medical assistance in dying?

• (1805)

Ms. Michelle Ferreri: Madam Speaker, no, they have to invest in what gives people hope. There is no research. The experts and the special joint committee have done the research. This is window dressing. This is an arbitrary timeline for something that is dangerous. There is no proof. There is no science. They cannot say with certainty whether somebody with mental illness will or will not get better.

Absolutely, we need to invest. There was \$4.5 billion promised by the Liberal government to invest in the Canada mental health transfers. Not one dime has been sent. What are the Liberals saying to people at home who are struggling? They are saying that they care about them, but they are not going to invest in access to treatment. They are going to invest in legislation that allows them to apply for MAID. It is wrong.

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, my friend, the member for Peterborough—Kawartha, was absolutely right when she said that there is no science and no evidence to support this expansion. Indeed, the overwhelming evidence at the special joint committee, of which I am a co-vice-chair, was precisely the opposite.

The hon. member for Longueuil—Charles-LeMoine asked the member about whether it is appropriate to extend the deadline to

essentially get it right, but evidence before the committee from a leading psychiatrist was that the medical error rate on the question of irremediability could be anywhere from 2% to 95%. In the face of that, it would seem to me that there are no safeguards to get this right. The only thing to do to get it right would be to scrap this ill-conceived—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): The hon. member for Peterborough—Kawartha.

Ms. Michelle Ferreri: Madam Speaker, my hon. colleague has such a wealth of knowledge and facts on this legislation. Unlike the Liberals, he has done the due diligence. That is the reality. The facts speak for themselves.

At the special joint committee, there were numerous hours spent on this, and it was all done backward. Therefore, I absolutely agree with him and thank him so much for his intervention and his work on this file.

[*Translation*]

Mr. Maxime Blanchette-Joncas (Rimouski-Neigette—Témiscouata—Les Basques, BQ): Madam Speaker, I thank my colleague for her speech.

When we hear these stories, it is difficult to be indifferent to the situation. However, it is always ironic to hear the Conservatives say that they base their rational decisions on science, when we clearly know the relationship they have had with science in the past few years.

My colleague stated that there is no proof and no science. However, the people currently asking for this to be postponed, the people who produced the final report of the panel of experts, who made 19 recommendations, are experts who are members of professional associations. They clearly used scientific evidence. These are people with expertise.

Does my colleague not agree? Does she not recognize the expertise of those people? That is the fundamental question being asked in the House this evening.

[*English*]

Ms. Michelle Ferreri: Madam Speaker, I think we are saying the same thing repeatedly here. The experts have weighed in and said that we cannot, with certainty, scientifically predict whether or not someone will or will not recover from a mental illness.

If the member wants to take that risk, and risk playing Russian roulette, I guess that is his answer, but the data is already there, which we have seen repeatedly.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, we have been here before, with the Liberals scrambling to meet a deadline, unable to get their act together. In this case, though, perhaps the delay will provide us with the opportunity to get things right, or at least, that is my hope.

Government Orders

The question that we need to ask here is not whether there should be a delay in when medical assistance in dying is extended to the mentally ill, but whether such an expansion is a wise move at all.

Seven years ago, I stood in the House and predicted that we would be here today. On May 5, 2016, I said:

It does not take much talent to predict that in the aftermath of this legislation there will be confusion.

However, if killing patients becomes an option, for whatever supposedly good reason, how long will it be before that reason becomes more flexible than rigid? What about those with no family who are a drain on hospital resources? Would it not be in the financial best interests of society to end their lives?

How are we going to prevent families from pressuring their aged ones, urging them to request death so that the next generation of the family will be financially better off? There are so many issues that are still unresolved. We are acting in haste, and it seems to be almost guaranteed that we will get it wrong....

We might not be discussing this issue if we were doing a better job as a nation in assisting those approaching the end of their natural life. Where is the commitment of the government to increase funding for palliative care, which was an election promise unfulfilled in budget 2016?

I did not, at that time, address the issue of so-called assistance in dying for those who are mentally ill. I confess that, at that time, it never occurred to me that such an idea would be considered.

We were talking about those whose deaths were not only foreseen but imminent. The idea of hastening natural death was put forward as something compassionate, to ease the pain of those suffering from terminal illness.

How quickly times have changed. What was once unthinkable is now being promoted as normal, which may explain why, in October of last year, a representative of the Quebec college of physicians suggested that MAID be extended to infants under the age of one with serious health conditions. These children are obviously too young to make such a decision themselves.

It was somewhat reassuring to hear the Minister of Employment, Workforce Development and Disability Inclusion say that she was shocked by the suggestion and found it unacceptable. It was less reassuring when the minister also said that she could not speak on behalf of the entire government on the issue, which means that I would not be surprised if, in the not-so-distant future, we are being asked to make yet another extension to the circumstances in which MAID is available.

According to the Centre for Addiction and Mental Health, Canada's largest mental health teaching hospital and one of the world's leading research centres in the mental health field, in any given year, one in five Canadians experience a mental illness. That, to put it mildly, is a significant number. Furthermore, by the time Canadians reach 40 years of age, one in two, which is half the population, have or have had a mental illness.

We need to recognize what that means for our country. Mental illness is a serious problem, but addressing it by making assisted suicide an option is not the way to proceed.

Speaking to the CBC, the minister of disability said that she frequently hears that some people with disabilities are seeking assisted death because they cannot find adequate housing or sufficient care, that they are choosing death because of a lack of social supports.

• (1810)

Is that not also the case for those suffering from mental illness? The Centre for Addiction and Mental Health tells us that about 4,000 Canadians commit suicide each year, an average of almost 11 a day, people of all ages and backgrounds. Those numbers are sobering.

In Ontario, 4% of adults and 14% of high school students report having seriously contemplated suicide in the past year. More than 75% of suicides involve men, but women attempt suicide three to four times more often. More than half of suicides involve people aged 45 or older.

In Alberta, each year, according to the University of Alberta, one in six people will seriously think about suicide. There are an average of 2,400 hospital stays and more than 6,000 emergency room visits annually for self-inflicted injuries, the result of suicide attempts. More than 500 Albertans will die by suicide each year. According to Alberta Health Services, in 2018, 7,254 Albertans visited the emergency department for suicide attempts. Three out of four suicide deaths are male, about 50% being middle-aged men aged 40 to 64.

After accidents, suicide is the second leading cause of death for people aged 15 to 24. Indigenous people, especially youth, die by suicide at rates much higher than non-indigenous people. First nations youth aged 15 to 24 die by suicide about six times more often than non-indigenous youth. Suicide rates for Inuit youth are about 24 times the national average. This is a national tragedy.

Experts tell us that mental and physical health are linked, which means that people with long-term physical health conditions such as chronic pain are much more likely to also experience mood disorders. In the same way, people suffering from mood disorders are at much higher risk of developing a long-term medical condition.

What does it say about Canada as a society and Canadians as people that our response to mental illness is now going to be focusing on killing people rather than appropriate medical treatment? If we were doing a better job of supporting those who are mentally ill, we might not be having this discussion today.

Many of those suffering from mental illness in its various forms will tell us that there are good days and bad days. On the bad days, when the dark cloud descends and it feels like it will never lift, death seems a pleasant option, but for most people, it does lift. As I said earlier, about half the population will experience some form of mental illness at some point in their lives. For most, it is something they can overcome.

Government Orders

Making suicide easier by calling it “medical assistance in dying” will, I am certain, mean that people with treatable mental illness will choose death. Some may do so because they are having a low period and do not see any hope for the future. For others, it may be a lack of medical and social support to help them deal with their illness.

Mental illness in Canada is estimated to cost about \$50 billion annually when we include health care costs, loss of productivity and a reduction in health-related quality of life. That cost could be reduced if we were to invest more in mental health promotion and illness prevention programs, more support for early intervention aimed at children and families, and more emphasis on treatment for depression and anxiety disorders.

We need to pass this legislation, because there is a deadline approaching. Even more, though, we need to look at how we support those who are suffering from mental illness. Killing them should not be an option.

• (1815)

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, in May 2019, every member of Parliament stood up and supported my motion, Motion No. 174, to establish a national suicide prevention action plan. There were a number of key steps that the government and members of all parties agreed to, including establishing national standards for training people involved in suicide prevention and making sure we were working with first nation, Métis and Inuit communities on establishing norms and proper funding, as well as the obligation to report to Parliament annually on preparations for and the implementation of the national action plan, including data.

That never happened. The government voted for it, and nothing happened. Yet, when the unelected, unaccountable Senate decided to throw in, at the last minute, a provision that would allow mental illness to be the sole reason to judge whether someone should be allowed to die or not, that was accepted without even a challenge, and now the government is scrambling at the last minute to prevent it from becoming law.

I would like to ask my hon. colleague about the lost opportunities the government has had to lay a proper course for the protection of people to make sure that we are doing things in a humane way and not having to act in such an ad hoc, eleventh-hour response to a very badly thought-out provision thrown in by the unelected, non-accountable Senate.

• (1820)

Mr. Ziad Aboultaif: Madam Speaker, the member's question speaks to the spirit of my speech and what I was trying to address here, the last-minute actions and the non-action on the government side when it comes to addressing even election promises. It has been dragging for the last eight years, and there is no action happening to support the palliative care promise the government also made.

We are on the same page here, to call for a stop in dealing with last-minute legislation that comes in and does nothing but delay. It is toxic. This is a poison that we could ask Canadians to take at some point, but it is not acceptable. It is our responsibility, on our

shoulders, to address this and deal with it as we are representatives of the Canadian population.

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, in his speech, the member for Edmonton Manning spoke about the need for more mental health supports.

Last week, we had an announcement with respect to health care, but nothing with respect to dedicated mental health funding. I asked the parliamentary secretary about this last week, whether the governing party remains committed to a \$4.5-billion Canada mental health transfer.

Could the member speak about whether he, too, is calling for the need for the Canada mental health transfer?

Mr. Ziad Aboultaif: Madam Speaker, it was in our platform during the last election to address this. Mental health is a health issue. The two can never be separated. The strategy has to be wide and wise to be able to address all the issues, because health care is at the front of everything we do in this country. It seems that the government is missing the point on that.

We call on the government to act wisely and to act in the best interests of all Canadians by seriously looking at the mental health issue that we are facing.

Mr. Colin Carrie (Oshawa, CPC): Madam Speaker, we are living in a time when Canadians have lost trust in our institutions, whether it is the government, whether it is media, whether it is even the medical profession. We need to rebuild that trust. Canadians need to believe in their country and what it stands for. This bill that we are passing, hopefully, would just delay a very bad idea.

Could my colleague comment on why we really have to stop and re-evaluate? He said in his speech that he never even thought this would go to mental health. The original justice minister who put this forward was against it. Why do we have to rebuild this trust? Why is it so important that we speak out against this?

Mr. Ziad Aboultaif: Madam Speaker, this issue is for everybody, for every politician in Canada and in this Parliament, to work together on. There is no way this should be swept under the rug. We can delay the poison pill that we could give to Canadians—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Provencher.

Mr. Ted Falk (Provencher, CPC): Madam Speaker, I thank all my colleagues who have spoken so eloquently here these past many hours.

It will come as no surprise to my colleagues that I am opposed to medical assistance in dying and also opposed to any expansion thereof, but I will be voting in favour of Bill C-39, because what it would do is delay the imminent move the Liberal government wants to make, which is to extend MAID to those with mental illnesses.

Government Orders

When MAID first came to this House and was presented by the Liberal government, I was on the justice committee, and I, early on, warned this House that MAID was going to be a slippery slope, that “reasonably foreseeable” would not remain the standard by which MAID cases would be adjudicated, and that the legislation would also pose a serious threat to those with disabilities, the elderly, the poor and particularly those with mental health issues.

In August of last year, the Associated Press and the National Post both published reports on what has been happening in Canada's hospitals since the Liberal government introduced one of the most permissive assisted suicide regimes in the world. The results are alarming. In an interview, Tim Stainton, director of UBC's Canadian Institute for Inclusion and Citizenship and one of our leading experts on the subject, called MAID “the biggest existential threat to disabled people since the Nazis' program in Germany in the 1930s.”

A follow-up article in Forbes magazine written by journalist Gus Alexiou, who himself suffers from multiple sclerosis, states, “unfettered accessibility [to MAID] could...prove to be one of the most malignant forces the disability community [including those with mental disability or illness] has had to contend with since the 'mercy killings' of the Third Reich almost nine decades ago.”

This is because their reporting discovered that the people who are being targeted for MAID, and I do not think “targeted” is too wrong a word to use, are the most vulnerable Canadians: those who are disabled, seniors, those living in poverty and those with a mental illness.

Their story begins with Alan from B.C., who suffered from severe depression. He was administered MAID shortly after being taken to the hospital for a psychotic episode. His family begged the doctors not to kill him, as he had been involuntarily admitted and was in the throes of a psychotic episode when he demanded MAID. The family's pleas were ignored, and Alan was dead shortly thereafter. As Dr. Mark Komrad, a psychologist at John Hopkins Hospital, accurately predicted, our law “will provide, not prevent, suicide for some psychiatric patients.” Alan's death was not a reasonably foreseeable death. He was killed because he had a mental health condition.

Then, there was a disturbing incident where a Veterans Affairs agent casually offered MAID to a veteran with PTSD and a traumatic brain injury, something they had no business doing. To its credit, the government dealt with that employee, and I commend it for that, as I commend it for taking this pause on MAID expansion. I was in government, and I know how hard it is to walk back on things. It takes courage to do that, so I am glad the government has seen fit to do so. However, it turns out this one veteran incident was not an isolated incident; it was one of six incidents, that we know of, where it was suggested that veterans should consider assisted death.

Moreover, let us be clear about what we are talking about, because as I listened to the justice minister and read some of what has been put into print, it does not sound like he is convinced that those with mental illness should not receive MAID. It just sounds like he was not ready to go.

CBC, on February 2 of this year, quoted him as saying:

COVID slowed everything down. To be honest, we could have gone forward with the original date, but we want to be sure, we want to be safe, we want everyone to be on the same page.

We want, in particular, those health practitioners, those faculties of medicine, colleges who had some concerns to have the time to internalize what is happening.

Let me read that sentence again: “We want, in particular, those health practitioners, those faculties of medicine, colleges who had some concerns to have time to internalize what is happening.” That does not sound like an about-face to me. It sounds like the minister and the government still have every intention of moving forward with this.

● (1825)

According to the National Post, a 2021 report by the UN “warned that Canada's liberalization of euthanasia posed a dire threat to its elderly and [infirm] populations.” That threat certainly includes those suffering with mental illness. The report said, “There is a grave concern that, if assisted dying is made available for all persons with a health condition or impairment [including mental health]...a social assumption might follow...that it is better to be dead than to live with a disability.” Given what we have seen to date, that certainly appears to be the case.

Just a little less than a year ago, last February, I received an email from a constituent. She is not my constituent but a constituent of a Liberal member of Parliament. It was sent to several MPs. I would like to read it into the record. It comes from a woman by the name of Melissa, and this is what she said:

...I was the farthest thing from a being a productive member of society. 15 years ago I was struggling really badly. I had entered into my second year of grade 10, which was due to a mental health diagnosis. I was diagnosed with PTSD, a personality disorder, major depression, and I had anxiety and was on a bunch of antipsychotics. I was in and out of crisis stabilization units, psych wards and a couple years later I got kicked out [of] a safe home for youth. I got kicked out of school and home because I was overdosing on the prescription medication and was self mutilating. I was a lost cause and didn't want [to] live and suicide was the only way out from all this pain.....or so I thought.

She continued:

...it would have made me a prime candidate for MAiD, since my condition was nearly impossible to overcome apart from a miracle. I was a burden on my family, the medical system, the education system, and on top of it had chronic stomach issues and back pain which I would frequent the hospitals for. If I had an open door to access MAiD, that would have been something I would have seriously considered and would not be here to tell you about my story.

There are so many young teens that, like myself grow up in broken homes and get stuck in hopelessness and despair, and there are others who have everything they could ever want, yet still suffer from issues affecting their mental and physical health. Not everyone overcomes and it gets carried into their adult life, which makes them eligible for Medical Assistance in Dying.

Government Orders

She went on to say:

When you make the choice to go through with MAiD you no longer have an opportunity to go back and reconsider your decision. I know people suffer, and life can be tough and there are moments that seem unbearable. But there is Hope!!!! I've been there before. I suffered for over 10 years, I started on antidepressants by the age of 12, and by [the] middle of high school I had lost my mind and just wanted to end it.

Yet taking life is a very serious matter. I met Jesus who became my hope, I know that the name of Jesus has been frequently misrepresented but, the Jesus I met truly takes away needless pain and suffering.

Then she addressed her Liberal member of Parliament and asked him to reconsider his support for this particular bill.

Sadly, this is happening in Canada at the same time as we are facing a growing and serious health care crisis that has been exacerbated by years of COVID, restrictions and delays. Millions of Canadians are unable to access primary care, and wait times for doctors, appointments, surgeries, mental health support and emergency room visits are among the longest in the developed world.

Since it was expanded, MAiD has seen a dramatic upswing, exacerbated by COVID-19 and the inability of too many Canadians to access timely and proper health care, including a lack of mental health supports. In fact, in an Angus Reid survey that just came out today, 55% of Canadians are worried that the expansion of MAiD will become a substitute for social services.

An ER doctor recently told my office that prior to COVID, mental health cases accounted for one in every seven ER visits. Post-COVID and post-restrictions, that number is one in three. According to research in the *National Post*, 2020 saw a 17% increase in MAiD deaths over 2019 that disproportionately involved the elderly. I see no reason why we will not see an even more significant jump if MAiD legislation is permanently expanded to include mental illness.

I recognize there are many for whom every day is a struggle and for whom mental health and physical health issues are debilitating. I will not begin to pretend that I know what it is like, and I want to be sensitive to that, but I believe that every human life, whatever the contents and challenges of that life may be, holds an innate and sacred dignity. Only God can give life and only God should be able to take life. It is my deeply held conviction that from conception to natural death, life is a precious gift.

• (1830)

It is the role of government to seek the best for all its citizens. We must adopt policies that embrace that gift, policies that uphold life and reinforce the value of every citizen. As Pope Francis put it during his recent Canadian tour, “We need to learn how to listen to the pain...of patients who, in place of affection, are administered death.”

We need to be there for the elderly, the infirm, the disabled. We need to be there for those who are suffering from mental illness, not offering the needle—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I have been quite generous with the time I have given the hon. member. We have gone way beyond it.

Questions and comments, the hon. member for Edmonton Griesbach.

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, in light of this important bill, there is a need to push it to a place where the government and members of this House have an opportunity to hear more. We need to ensure that those who are desperate, in need and seeking the kind of support that mental health supports can provide them actually have those resources and can get them without seeking MAiD. I support the member in his call for that.

However, I also support the need to ensure that those who are furthest behind and need support get that support through the mental health transfer or other means, like a guaranteed livable basic income. That is an important piece to this.

Can the member elaborate on the need to ensure that we support those who are living in poverty with real tools and solutions so they can live with dignity?

• (1835)

Mr. Ted Falk: Madam Speaker, absolutely we need to support individuals. We know that in the recent health care proposal from the federal government to the premiers of the provinces, there was no mention of mental health care support. That is very unfortunate. The Liberals had a wonderful opportunity to expand on and incorporate it into the funding they were providing to the territories and provinces and they chose not to do that.

In addition, with respect to providing supports for folks suffering from a mental health crisis, we know that the cost of living has become a huge burden for individuals and has intensified their feelings of hopelessness and exasperation. Under the Liberal government, we have seen the cost of living increase significantly, and we are going to see it increase more with its proposals for additional taxes.

Mr. Chad Collins (Hamilton East—Stoney Creek, Lib.): Madam Speaker, I listened with great interest to the last answer, and I have a question on it. We have heard in many speeches today by the opposition that it is all about supporting people, yet every time our government has provided supports, whether it was the one-time income support or assistance for housing, the members opposite have voted against those initiatives. I am not certain how they can have it both ways by suggesting that we need to be there for people in their time of need.

Why do opposition members continue to vote against the initiatives put forward by the government that are helping the very people they are referencing in their speeches today?

Mr. Ted Falk: Madam Speaker, I thank the member for Hamilton East—Stoney Creek for that really good question.

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On the surface, it might appear as though we are not supporting the people he made reference to, who need the help I spoke about in my speech. However, that is not the case. What we want to do is give people their freedom back, like the freedom to make choices, which the Liberal-NDP coalition has taken away from them. We want to give people back the freedom to pay for gas and buy the food they require for their children, rather than relying on food banks and skipping meals. We want to give people their lives and their freedom back, which would be a huge asset to their mental health. That is why we as Conservatives have been opposing the reckless spending of the Liberal government.

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Madam Speaker, in the opening part of his speech, my colleague said that he would be voting in favour of extending the deadline by another year. Is he optimistic that in that one year the government will be able to develop regulations, safeguards and guidelines to assist the medical profession in the responsible application of medical assistance in dying?

Mr. Ted Falk: Madam Speaker, I partially answered that question in my speech. I am voting in favour of Bill C-39, which will provide for an extension of one year. I think the government needs to sit back, take a pause and listen to what the experts and Canadians are saying. Is this legislation they really want? Is it something we should move forward with?

I hope the government takes the time to reflect on this. Based on the comments the Minister of Justice has made in this House and in the media, I am not optimistic that he is going to do that. I think for him this is a one-year delay of his plan of implementation to provide MAID to people who are suffering with mental illness. I hope he takes the time, together with his party, to re-evaluate moving ahead with this legislation. In fact, I hope they stop it, because it is wrong.

• (1840)

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Madam Speaker, there is something very broken in Canada today. I could talk about inflation being at 40-year highs. I could talk about interest rate hikes in the last 12 months that are doubling the average mortgage payments and making residential rental rates out of reach for many workers in Canadian cities that need workers. I could talk about the housing affordability crisis and I could talk about crime. We have talked about these things.

We are now learning in recent polls that two-thirds of Canadians feel that Canada is in fact broken. One of the pillars of our society they feel is broken is our health care system. Canadians used to be proud of our universal, world-class, leading-edge health care system. Now people wait for hours for emergency care and months for specialist appointments.

This does not line up with the view that we as Canadians have of ourselves as a prosperous nation. There is indeed something broken, and nowhere is this more evident than in our mental health care arena.

We are in the midst of a serious opioid crisis right across this country, and certainly in British Columbia, my home province. Decriminalization, safe supply and anti-stigma campaigns have had, at best, very little positive effect. At worst, they have contributed to

the skyrocketing number of opioid deaths in the last eight years. Clearly, what the government has been doing has not been working.

It is in this environment that we are now, as parliamentarians, talking about whether MAID, medical assistance in dying, should be made available to those whose only underlying health condition is a mental illness. Indeed, there is something broken.

There was a time when those suffering a mental illness got the help they needed. I want to note an editorial that ran in last week-end's Vancouver Sun by editorial writer Douglas Todd. He writes often but not often about himself or his family. This is a very personal story.

When Mr. Todd was a young man, his father Harold, a World War II vet, was diagnosed with schizophrenia. He spent many stable years in metro Vancouver's Riverview Hospital, where he received three meals a day, where he was kept safe and where nurses administered and monitored his medications. He was stable. Riverview was not perfect but it kept Harold off the streets.

Harold died 23 years ago, according to the story, right around the time that the provincial government started taking the view that hospitals and boarding houses for the mentally ill were inhumane and paternalistic, and that patients with mental illness should not be out of sight, out of mind, but should be allowed to live in a community. These facilities have been largely wound down and replaced with nothing, which has led to disaster.

The younger Todd noted that last year alone, 2,272 British Columbia residents died of toxic street drugs. He says this: "If my dad had not had stable housing, he would have been vulnerable to such a fate." That is where mental health is in Canada in 2023.

That brings me now to the question of recovery and the incurability of mental health issues. A number of my colleagues have spoken about that.

A member of my community shared with me a chilling story of how her daughter struggled with her mental health years ago. Through a proverbial turn of events, she happened upon a hospital during a serious bout of suicidality. My constituent is confident that if her daughter had been offered MAID in the hospital that day, she would have agreed to it. Instead, she found hope for a better tomorrow and access to real support. She has now recovered and is living a full life as a wife, mother and member of our community.

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This question of possible recovery is one that experts disagree on. What constitutes irremediability for mental illness? When is a mental illness incurable and how do we discern that? Our special joint parliamentary committee on MAID looked into these very troubling questions. One witness shared that he likely would have chosen MAID in his darkest days but now has a rich life with successful medication and therapy.

• (1845)

Dr. Vrakas gave the opinion that for people struggling with mental illness, offering MAID to them is a “clear signal of disengagement from mental illness”.

Dr. Sareen from the Association of Chairs of Psychiatry said in December 2022 to the committee that, “We’re in the middle of an opioid epidemic. And we’re in the middle of a mental health pandemic. Post-COVID, wait times for access to treatment are the highest ever.”

We cannot pretend that patients have a free choice between MAID and treatment when treatment is simply not accessible.

However, no consensus has been reached about such pivotal questions as: can this person be cured? There is a huge risk in assuming that they cannot. The reality is, providing MAID to a person suffering from mental illness is an irreversible reaction to a condition that we do not know is incurable.

Dr. Maher summed this up perfectly in his testimony to the committee when said, “The rallying cry is autonomy at all costs, but the inescapable cost is people dying who would get better. What number of mistaken guesses is acceptable to you?”

Dr. Mishara added that he has personally known countless people who have “convincingly explained that they wanted to die to end their suffering and are now thankful to be alive. If you proceed to allow MAID for persons with a mental illness, how many people who would later have been happy to be alive are you willing to allow to die?”

There are, of course, experts on the other side of the debate who assure us that we can discern between people who apply for MAID and people who suffer from suicidal ideation; experts who believe that, when a person is depressed and can see no brighter future, we should not try to change their mind by offering care, medication and therapy.

However, I am confident that this lack of consensus alone should be enough to definitively say no, that expanding MAID to those whose only underlying condition is mental health is not a responsible public policy choice. Instead, let us fix our health care system. Let us see this government deliver on its forgotten promise to fund mental health. Let us open or reopen our assisted living homes for people suffering from mental illness. Let us take care of our mentally ill people. Let us give hope for a better tomorrow and the support needed to live through today.

The very narrow question that we are addressing today is whether we will vote in favour of a bill that would extend the deadline. The government has a two-year deadline. That time has come and gone. I think March 17 is the deadline, which will soon be upon us. Do we give ourselves another year to develop the guidelines,

regulations and safeguards to make sure that MAID for mentally ill patients is administered in as responsible a manner as possible?

To be honest, I am torn on this. I voted against MAID in the first place, but like my colleague, I will be voting in favour of this, because I am optimistic that we can at least come up with regulations that will put safeguards in place to manage this very troubling public policy question.

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, my question is on a topic that the member did not really speak to, but he is from British Columbia and is aware of the huge indigenous population in British Columbia.

Does the member agree that there need to be provisions or regulations added to make sure that indigenous peoples are protected better, especially in the mental health care system, which does not recognize broadly enough their culture and the need for reconciliation? Mental health services need to be unique and more tailored for indigenous peoples. I wonder if the member can share his thoughts on that.

Mr. Tako Van Popta: Madam Speaker, yes indeed I would completely support the government doing whatever is necessary to make sure that indigenous people, and indeed all Canadians, receive the mental health care that they need.

I gave the example of Mr. Todd's father, which I think is just a great example of where Canada used to do this much better, but for some ideological reason, we have abandoned that. It is a disaster.

I am very sensitive to the fact that indigenous people are disproportionately represented in the Downtown Eastside of Vancouver. People suffering with their mental health need to have the care that is necessary for them to recover. Additionally, I have worked with the Kwantlen First Nation community in my riding to help them develop culturally sensitive seniors housing, seniors care, because I recognize that is absolutely necessary.

• (1850)

Hon. Mike Lake (Edmonton—Wetaskiwin, CPC): Madam Speaker, just over a year ago we had an election campaign, and in the Liberal platform there was nothing about the extension of medical assistance in dying for people with mental illness. What there was in the Liberal platform was a very clear promise to fund a Canada mental health transfer, \$4.5 billion over five years, of which it is very clearly laid out, and I think it is on page 75 in the costing document, that by now almost \$1 billion was to have been transferred already. We have not seen a cent of that almost \$1 billion that was to have been transferred.

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I wonder if the hon. member could speak to that disconnect that has a Liberal government that is not fulfilling its own promise to properly fund mental health but instead has moved forward and now is needing to pause, having moved forward on extending medical assistance in dying to people with mental illness.

Mr. Tako Van Popta: Madam Speaker, indeed Canadians are disappointed the government has failed to deliver on its promise to fund mental health to the extent that it is necessary, and they are doubly disappointed now the government is now talking about expanding medical assistance in dying for mentally ill people. They need help; they do not need assistance in dying.

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, I asked my Conservative colleague, who spoke just prior to this colleague of mine, the same question I will ask him. It is in relation to trying to deter one of the main contributors to the mental health crisis in Canada, and his colleagues have mentioned this all day, which is poverty.

New Democrats have tabled a solution, which is a guaranteed livable basic income. I understand the Conservatives might disagree with that, but what solutions can the Conservative Party offer, and not criticisms but solutions, to ensure those who are most vulnerable, those living in poverty and those who do not have the means to survive actually have that support so they can live with dignity?

Mr. Tako Van Popta: Madam Speaker, what is not the solution is to allow mentally ill people to live in tent cities or in squalor in some of the single-room occupancy hotels in the Downtown Eastside. This is terrible. The government is funding those homes, but it is inadequate. It is just slightly better than living in a tent. I completely agree that—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We need to resume debate.

The hon. member for Fundy Royal has the floor.

Hon. Rob Moore (Fundy Royal, CPC): Madam Speaker, I appreciate the opportunity to speak here today to an important bill.

We have to ask ourselves: why are we here this evening debating Bill C-39? What brought us to this place?

What brought us to this place was a government, once again, that had acted completely irresponsibly and with great overreach, ignoring the experts, ignoring Parliament and ignoring the most vulnerable.

We will back up a little bit. Bill C-7, which expanded medical assistance in dying in this country, went through the House of Commons and went through our committee, the justice committee.

Accompanying any piece of government legislation is a charter statement from the Minister of Justice and Attorney General of Canada. A charter statement is the government's certification that the legislation complies with our Canadian Charter of Rights.

I want to read, just briefly, from that charter statement. The minister's charter statement stated, for Bill C-7, that it excluded individuals with mental illness from eligibility to access MAID, because of:

the inherent risks and complexity that the availability of MAID would present for individuals who suffer solely from mental illness. First, evidence suggests that screening for decision-making capacity is particularly difficult, and subject to a high degree of error, in relation to persons who suffer from a mental illness serious enough to ground a request for MAID.

At the time, the minister said that there was not the public support nor was the infrastructure in place to allow medical assistance in dying for individuals whose sole underlying condition is mental illness.

The bill, Bill C-7, then goes to the Senate, the unelected Senate. The Senate amends the bill to include mental illness with no safeguards, no accounting for the fact that it was an extreme broadening of Canada's MAID legislation and would, in fact, lead Canada to become an outlier.

That bill came back to the House and was passed by the government, with the opposition from our Conservative caucus members. Conservative parliamentarians were strongly opposed, because we knew that MAID should not be expanded to those who are suffering with mental illness.

When we are reaching out to those who are struggling, for example through Bell Let's Talk, and I see members of Parliament posting that on their social media, the terrible message that it sends is that we as a Parliament think that, for those suffering with mental illness, offering them death should be an option.

One may say, well, that is not what this is about. Unfortunately, that is exactly what it is about. It is already happening. Many of us were horrified to hear of bureaucrats from the Canadian government in a department to which we entrust vulnerable veterans, veterans suffering with post-traumatic stress disorder. Can one imagine the family of a veteran who goes to Veterans Affairs for help and, without even mentioning the issue, is offered the opportunity to explore medical assistance in dying, when they are suffering from PTSD?

Imagine how that would make one feel, for someone who is struggling and who is trying to stay motivated to stay alive. The Minister of Veterans Affairs said that this was a one-off, that this was just one problematic situation.

Unfortunately, we found out that it was not a one-off and that it had happened many times, an untold number of times. We do not know how many times it happened. This is before medical assistance in dying is officially expanded to those suffering with mental illness.

Why are we here today? We are here because the Minister of Justice supported this and pushed this forward in spite of, we know, the Liberal caucus members who are very uncomfortable with this, because they know it is wrong.

Just today, we read an article saying that only three in 10 Canadians support the idea of allowing patients to seek MAID based purely on mental illness. Seven in 10 Canadians, the constituents that these Liberal caucus members represent, do not support this going forward.

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• (1855)

The Minister of Justice said, in the same article, “To be honest, we could have gone forward with the original date, but we want to be sure. We want to be safe. We want everybody to be on the same page.”

The government is saying that it needs everyone to think like it does and that everyone needs to warm up to the idea. We do not accept that. We are going to continue to fight for the most vulnerable. This is happening right now in Canada. It is very upsetting for many of us.

Then we read, in the same article, of a report that noted that an Ontario man recently made news after he requested MAID, not because he wanted to die, but because he thought it was a preferable alternative to being homeless. A disabled Ontario woman also applied for MAID after seven years of applying for affordable housing in Toronto with no luck.

The abuse of this system is happening in real time. It is happening now. Because of the passage of the amended Bill C-7, we were set for next month to have, without any safeguards, those suffering from mental illness be eligible for MAID. Bill C-39 is the government's attempt to kick this down the road another year.

Where have we seen these U-turns? We saw them with Bill C-75 on bail changes. The government overstepped, and now it is reversing course. On the gun legislation, the government realized there was a big overreach, and now it is time to climb down from that.

Canadians suffering with mental illness deserve better. They deserve a thoughtful approach. I stood in the House not long ago, back in October 2020, and Parliament was observing mental health week. Unfortunately, at that time, parliamentarians did not know that the Liberal government would soon include mental illness in its planned expansion.

The point in that speech was that one of the key foundations of Canadian society, in our collective identity, is that we are a caring and compassionate country. Canadians, many in this chamber, do not see anything caring or compassionate about making people who are living with mental illness eligible for medically assisted death.

What message does it send to Canadians who live with mental illness? They are not people who are at the end of their lives. These are not people who would otherwise die. Why is the Liberal government pushing to include them in its medical assistance in dying regime?

The president of the Canadian Medical Association said, “We have a responsibility, we believe, as physicians and as society, to make sure that all vulnerable Canadians have access to proper care and the support they need.” I listed two scenarios, and we all have these scenarios in our ridings of individuals in need who are not getting the help they need.

If we have not succeeded to make sure that every Canadian living with mental illness has access to timely mental health care or adequate support, how is it that the government and the minister were comfortable in proceeding with broadening medical assistance in dying in such a radical way to take effect next month? All this despite the fact that this radical expansion of MAID was passed in

early 2021. Conservatives have not given up the fight to do what is right and to protect vulnerable Canadians. We will not give up that fight.

The government failed to conduct a mandatory review of its own MAID legislation. That was supposed to happen, and it did not happen. The minister was to complete a charter statement. He did that on Bill C-7. The Bill C-7 charter statement very clearly rationalized why individuals suffering with mental illness were not included in Bill C-7. That is how they arrived at the constitutionality of the bill.

With this massive change, we do not see the updated charter statement. We do not hear the minister talking about the charter rights of those who are suffering. This is remarkable because the statement was written over two years ago.

• (1900)

A few days ago, more than 25 legal experts signed a letter addressed to the Prime Minister and members of the cabinet, challenging them to do better on this.

This expansion is wrong. Conservatives will support extending the coming into force by this year, but in that time, we will not give up the fight to protect the most vulnerable.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, the government has said that its approach is to try to eliminate from consideration those who are suicidal. In other words, those who are suicidal cannot have MAID, but those who are not suicidal can have MAID.

On the face of it, this does not make any sense, because by definition a person who is seeking suicide, facilitated through the medical system, is suicidal. The government is trying to make distinctions between concepts where no real distinctions exist.

The reality of the government's policy is that people who are experiencing suicidal thoughts and mental health challenges will be able to go to the medical system, and they will be facilitated in that by the medical system.

Would the member have a comment on the wordplay, the misrepresentation being used by the government to mask what is truly going to be the reality under its program?

• (1905)

Hon. Rob Moore: Madam Speaker, the member is absolutely right. If it were not such a serious issue, it would be laughable to suggest that those who are suicidal would not be eligible for assisted suicide. It makes no sense.

The medical assistance in dying expansion to include those who are suffering mental illness makes Canada an international outlier. Liberal members understand that, and that is why, internally, they are having such great discomfort.

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Conservatives have to continue, and all parliamentarians should continue, the fight to support those who are suffering with mental illness to make sure that Canadians have the supports they need, and to ensure that no government is offering medical assistance in dying to someone suffering with mental illness.

My hon. colleague is quite right in pointing out how ludicrous the position is that the Liberals are putting forward.

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, I am wholeheartedly in support of the delay of expanding MAID for those who have mental disorders as the sole underlying condition.

We know that people deserve to have access to mental health supports, a home and food on the table. However, the Liberals have yet to transfer a dime of the mental health transfer to provinces and territories. To make matters worse, people do not have access to the basics to meet their basic needs.

I am wondering if the member could share what he is hearing from constituents in his riding about the benefits they would have with access to affordable housing, a guaranteed livable basic income, and the mental health supports that they need.

Hon. Rob Moore: Madam Speaker, the member is quite right. In such a void that exists right now in the supports that people need, the last thing that a government should be offering by way of help is medical assistance in dying.

In my speech, I shared a couple of stories, but these stories are repeated across the country and in many of our ridings. I think we should all be shocked by them. Someone who cannot afford housing is now seeking MAID. We have heard of people going to food banks looking for food and also asking about MAID. We hear of government employees, bureaucrats within the Department of Veterans Affairs offering individuals who are suffering with PTSD the opportunity for MAID.

We have to ensure that we are supporting our fellow Canadians, not offering them assisted dying.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, given the circumstances that, if we do not pass this bill, the provisions that were included in Bill C-7 will automatically come into force, I assume the member will be voting for Bill C-39.

What steps would he and his party want to see taken before March 2024 to ensure that adequate mental health supports are provided to all Canadians?

Hon. Rob Moore: Madam Speaker, the minister seems to be of the opinion that, if we just let people warm up to the idea, it will somehow become a good idea.

What I am saying is that this is not something that should be offered to Canadians this year, next year or the year after that. Offering medical assistance in dying to someone who is suffering with mental illness is not the right move forward. The member is quite right in saying there are rules within Bill C-7 that certainly do not contemplate this massive expansion, rules that apply to someone who is near death or has a reasonable foreseeability of death. Those rules are not made to apply to someone who is suffering with mental illness.

I would argue that all of us in this place should agree to do better and to fight, hand in hand, for those who are suffering with mental illness.

● (1910)

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, it is always an honour to rise in the chamber. We have been discussing very profound issues today, perhaps some of the most profound issues we can ever discuss in Parliament, which are life and death. We are discussing the deaths of loved ones and the deaths of those who have no one to love them, yet this is all happening in the context of Bill C-39, which absolutely fails the test of profundity because it is a last-minute scramble. It is a papering over of an absolute failure to deal with something that should have been dealt with from the beginning, and the government continues to drop the ball, so I am going to speak a bit on how we got here.

It is really important in this debate to be careful with the language we use and to be careful with each other. I have heard it alluded to that this was some kind of Nazi regime, which is ridiculous. I have heard people talk about being loved and other people saying that we are not respecting rights. We are talking about the most intimate acts that a human experiences: birth and death.

It may sound odd to say that death is an intimate act. Death can be very traumatic. Death can be violent. Death can really tear families apart, but it can also bring families together. It is those moments of how we confront death and value death that really show who we are as a society. I am thinking right now of my sister Kathleen, who never made it out of her 50s. This week would have been her birthday. Nobody got a rawer deal in life than my sister. She got the bad end of the cards dealt to her every single time, and Doc Holliday had nothing on her when it came to facing down death.

I remember, as she was dying, that every morning she insisted that she look good, and her back was disintegrating from the cancer. One of us got the nerve to ask her about MAID. Man, she almost bit our heads off because that will to live, the will to be there one more day through the pain, was very, very profound.

I remember we sent her off singing *Danny Boy* because that is how we say goodbye. That is how we said goodbye to her husband when he died just before her, and to my dad and to my grandfather. Those are intimate moments. However, her death, and a natural death it was, was not somehow superior to those of people who have chosen MAID.

I think of my friend Liz from Vancouver Island. Wow, she was a force. She called me and said, "I can't live with the pain anymore and I'm choosing the date." I spoke to her the day before she went. I had a sense that this was also a very profound moment.

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I think of my friend Craig from CBC. I followed his last two weeks on Facebook because he posted every day. It was a very powerful thing to see someone choose that moment and choose how they were going to tell their story in those final two weeks.

We have to respect the choices that people make. The provision for MAID that was brought in was about ensuring that a fundamental respect was given. However, the flaw goes back to the fact that we are not just individuals. We are not just individuals with rights. We are brothers, fathers, uncles, sisters, aunts. We have come from family, and family is part of it because death without family is traumatic. That is a tearing apart.

We come from communities and a death in our community can be traumatic if we are not part of it. We come from neighbourhoods. I think of my father when he died, and he lived up in a townhouse project in north Scarborough. The neighbours were coming all hours of the day and night. They were Sri Lankan, Italian and South Asian families who could not speak English but who would say, "We brought food for Mr. John", because he was part of the neighbourhood.

Those moments of death are about our involvement with each other, and what concerns me with the changes that have been suggested to MAID, is that it is about separating those who are vulnerable, those who are isolated and those with mental distress from the larger community, which needs to hold them and care for them. We as legislators cannot just say that it is an individual choice. This is a societal choice we are making, and we are making it now on behalf of very vulnerable people who need our back.

● (1915)

We cannot just say, "They are depressed. They have always been depressed. It is their right. They are individuals." That is a failure of our obligation to be there as a neighbourhood, as a community, as a family to hold them and to get them through the darkness.

How did we get here? There is a lot of blame, enough to go around. We knew that the issue of medical assistance in dying was fundamentally an issue that Parliament had to confront. This was our job as legislators. It was a hard job, but it was our job. The Stephen Harper government just decided to ignore it. It did nothing on this, even though we all knew it was coming.

Then the Carter decision came down. The Supreme Court stepped in. I think it was a failure for the court to step in and do the job parliamentarians should have done. What it did was put a timeline, because it said it did not have faith in Parliament. I think it was also a mistake that the Supreme Court put such a short timeline, because these were profound decisions we were making.

Then, the original bill passed. I had a lot of questions about that bill. I had real concerns about what the protections were and how it would be implemented. When we talk about someone whose death is foreseeable, who is suffering from pain they cannot deal with it, how do we make sure that the legislation is not opening the door to something much broader? We were told at the time as parliamentarians to vote for the legislation and that we would have a review. I trusted that. I thought it was fair. I had a lot of questions, but I recognized there were legal obligations. We had the Supreme Court's ruling and Parliament would have a chance to look at this. We were

never given that opportunity. Parliament was never given the right to see the effects of the legislation we brought in.

Then the Truchon decision came in, where a Quebec court said that, with the charter provisions, limiting it to a foreseeable death was not fair and we had to throw the legislation out. That was a time when I think it would have been reasonable for the federal government to bring that to the Supreme Court and ask for a review. It did not do that. It accepted it. I think of how many decisions went in favour of indigenous communities and the government went all the way to the Supreme Court every single time, but on the Truchon decision it did not. That was another opportunity for it to say that the legislation was being expanded, perhaps for good, perhaps for bad, and that it needed to be reviewed. Still, Parliament did not get the chance to do the review.

Then it went to the Senate, of all places, the unelected, unaccountable Senate. These are people who cannot be fired once they are hired. They can do whatever they want. They can show up or not show up. They sent us back a bill that said they wanted Parliament, the elected members, to approve their change, which was that if people are depressed they should be able to die.

The government should have rejected that bill outright. It should have told the senators that, number one, they are not elected, not accountable, and that it was a ridiculous provision. It did not, so the bill sat on the Attorney General's desk, to come into effect this coming St. Patrick's Day. Now we are scrambling. We have to deal with this bill. It is not that we are responding to the bill; we are putting it off for another year.

I will support that, but I think it is a complete failure of our obligation to deal with something that needs to be reflected on and needs a profound answer from parliamentarians. It needs for us to stand up and ask what is right, what is fair and what provisions have to be in place to protect the vulnerable, particularly those who, in a moment of darkness, think they want to end their life.

I looked at the statistics of how MAID has been applied, and that alone would cause any parliamentarian to say that we should look at this. In 2016, 1,200 people died by MAID. It more than doubled in 2017. It more than doubled again in 2018, to over 5,000, and to over 10,950 in 2021. That is 30 people every single day in this country deciding to end their life.

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● (1920)

That is double all the deaths from breast cancer in this nation. It is more than double the national suicide rate, and we are not going to reflect and say, wait a minute, is this opening the door to a place where we should not have gone, and where none of us thought we were going, when more than double the deaths of what we see in the suicide epidemic in this country are from people going to the doctor and saying they just do not want to be here anymore?

We could be told that there are protections and measurements in place, and we have been told that. I heard that at all the hearings. Then we get examples. I do not want to wave around one example and say that this is proof of what went wrong and the perfidy of the government, but I look at an Associated Press article on Alan Nichols, who had a history of depression and mental illness, and the police brought him to the hospital because they were afraid that he was going to kill himself. His family said that we had to help him, that he had a history of mental illness. He decided to apply for MAID and he was dead. That is an outrage. His family was asking for help for him, but he was treated as an individual in his own right who could just come into the hospital, brought in by the police, who were trying to keep him alive.

I think of the suicide rates that we have had in the communities I represent. Some of the highest suicide rates in the world are in northern Canada, and we have done jack about that.

In 2019, I brought Motion No. 174 to this House, calling for a national suicide prevention action plan, and every single member of the House voted for that. I heard all the speeches, that we have to protect the vulnerable, that we are going to be there for them, that the government has a role to play. We voted for that, and nothing was done, nothing. People continue to die.

Now we have this panic legislation to say, oh my God, let us just put off for another year the fact that people just have to be depressed and they can walk in and say “I want to die” and we will let them die. One could be depressed for all manner of reasons. In Belgium, which had medically assisted suicide for many years, one can claim it for PTSD. My God, will PTSD be a reason for it? It could be depression, or injury at work. Yes, it is a crappy life to have serious chronic pain. It is going to be a crappy life, especially if people do not have a proper pension or a proper place to live, but they will be able to go, as an individual, and say “I want to die.” Are we going to let that happen on our watch? I do not think so.

Again, this is not about my moral choices over someone else's moral choices. This is about who we are as a society, whom we protect and whom we leave on the sidelines.

In Motion No. 174, to establish a national suicide prevention action plan, there were many factors that we brought in because we met with organizations across the country. We talked about what it would take to have a holistic life-supporting system for people in crisis. We talked about establishing national guidelines for best practices in suicide prevention based on the evidence and effectiveness, in a Canadian context. We said we would work to establish culturally appropriate community-based suicide prevention programs by the representative organizations of the Inuit, first nations and Métis people so that they would run the programs that work for them and they would be culturally appropriate.

We said we would create a national public health monitoring program for the prevention of suicide and the identification of groups at elevated risk. That is really important, because when we know where the elevated risks are, we know where to put resources. We talked about the creation of programs to identify and fill gaps in knowledge related to suicide and its prevention, including timely and accurate statistical data. Once again, if we do not know what the data looks like, we have no way to help. It is not the role of the government to go in and do emergency crisis prevention in every single case. That is not what we do, and we would be terrible at it, but it is that information, the analysis and being able to show where the shortfalls are that would allow funding to flow.

● (1925)

There would be the creation of a national online hub, providing essential information in assessing the programs in the various languages: English, French, indigenous and the other languages spoken in Canada. We would conduct, within 18 months, a comprehensive analysis of high-risk groups of people, the risk factors specific to each group, and the degree to which sexual abuse and other forms of childhood abuse and neglect have an impact on suicidal behaviour.

We would assess the barriers for Canadians in accessing appropriate and adequate health, wellness and recovery services, including substance use, addiction and bereavement services, and the funding arrangements required to provide treatment, education, professional training and other supports required to prevent suicide and assist those bereaved by a loved one's suicide. We would look at the use of culturally appropriate suicide prevention activities and best practices, and study the role social media plays with respect to suicide and suicide prevention.

If the government had done those things, then yes, it could come in and tell me it will pass this Senate bill allowing people who are mentally depressed to kill themselves. It could tell me that it has actually done the analysis and presented the information to Parliament, and then we would look at it and know where the gaps are. However, if the government has not done any of that work, it should not tell me that we are going to pass a bill that will let someone who has no support, no backup and no help say that life is tough and it is game over for them. This was the final thing we voted for in this Parliament. I know a lot of people were taking pictures and doing press releases about how great it was that they were standing up on suicide prevention.

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There should be an annual report to Parliament on preparations for and implementation of the national action plan for suicide prevention, including data on progress over the previous year and a comprehensive statistical overview of suicide in Canada for the year. If we had done that in 2019, if we had four years of statistics, if we had facts and we knew where the mental health dollars needed to go, if we were not just putting it out willy-nilly but actually had statistics, then we could talk about maybe, in certain circumstances, after all these other areas have been exhausted and after all these other supports have failed, a person who may have no other choice. However, that person, in the midst of darkness today, has none of those other supports because nobody at the federal level bothered to put that in place. We have seen our provincial government fail in so many areas as well.

I was deeply concerned when I heard the Attorney General do a podcast on this legislation. He deliberately connected the change of MAID to the right to kill oneself. He said:

Remember that suicide generally is available to people. This is a group within the population [meaning the people who might need MAID] who, for physical and possibly mental reasons, can't make that choice to do it themselves. Ultimately, this provides a more humane way for them to make a decision they otherwise would have made if they were able in some other way.

That is the Attorney General of Canada saying they physically cannot do it, they might not be smart enough to do it and they might be too depressed, but they have a right to kill themselves. That is what he said on a podcast just recently.

When I am told we are going to delay this for a year, I will vote to delay it for a year, but I want to see a plan to address this. I want to see the statistics that prove how this is being used, whether it is being exploited and whether the vulnerable are being targeted or being led to use this because there are no other supports. Until that happens, the last thing we should do as a Parliament of Canada is open the door further for more people to die.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as the member knows, for many years, in a substantial way, we have had legislation dealing with the issue. It stems from a Supreme Court decision. The member has made reference to that. There has been a great deal of dialogue over the last half a dozen years in regard to what we are actually debating today. We have a standing committee that has been overseeing it as of late. We have some deadlines. I think the legislation allows for more discussion by having the extension.

One of the things lost in the debate is the issue of situations where, because of the supports that are there when someone is looking for medical assistance in dying, they get some sort of treatment that ultimately takes them off the thought of having medical assistance in dying.

Could my colleague provide his thoughts on the medical professionals and others who are out there who are, in fact, providing a service that has been deemed by the Supreme Court as something that is necessary? How we define that is really what we are talking about.

• (1930)

Mr. Charlie Angus: Mr. Speaker, there are doctors who see their role and have a role of helping people who are suffering from terrible sickness, an irremediable medical condition, to end their life without pain, and we have voted for that and we supported that. However, I have seen no consensus from the medical community that people who are depressed should be able to have assisted dying and no medical consensus that children should be able to. That consensus does not exist.

The only place that consensus exists is in the unelected, unaccountable Senate, and I would not take its advice on anything, yet the government did. The reason we have this legislation is because a bunch of unelected, unaccountable senators, people who flipped pancakes for the Liberal Party and Conservative Party fundraisers over the years, decided that if one is depressed they should be able to die. Not on my watch. Forget it.

So, yes, we have had a lot of talk, but we have had no review that Parliament was promised. This government did not do that job. It would rather listen to the Senate than actually do the hard work of reviewing this legislation and getting down to what is happening. Is it working or is it not? Why, in God's name, are we talking about expanding it when we have not addressed what we were committed to under the previous provisions of this legislation?

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Mr. Speaker, I wonder what the member's thoughts are on what is going to happen in the next year. We have had two years to develop guidelines, regulations and safeguards around MAID for those suffering a mental illness, and yet we have not developed a consensus at all. What we did was hear conflicting evidence and conflicting opinions at committee. Is the member confident that in the next 12 months we will actually come to a consensus, or are we going to be here a year from now seeking another extension?

Mr. Charlie Angus: Mr. Speaker, that is an excellent question. We are debating until midnight tonight, for folks back home, because the government is scrambling to put this paper band-aid on the wound, and that wound is the failure to do due diligence. These are profound issues, and I do not know how that evidence is going to come down. I do not know where the guardrail should be. I do not know what the good reasons for use are and where it has been exploited. We need that evidence.

If the government waits until the 11th hour next year to either move forward or delay it again, we continue to fail. We have an obligation here. The statistics and numbers are concerning. We have to get to the bottom of it.

Again, I am not making a moral judgment on people who have used MAID. I have had very close friends use it. I can see its provision, and I support that, but I cannot go along with being told "Trust us, this thing is going to work" when we have not seen any evidence that this continual expansion is in the interest of individuals or society.

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Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, there are real concerns from indigenous communities about MAID. I have heard from constituents of mine who have family in places like British Columbia who are vulnerable, have severe mental health disorders, and have love from their family, but are separated from their family. A mother is very concerned about her daughter. She heard from a friend that her daughter had applied for MAID and was being considered.

When I talk about MAID, I do not see it as an issue about suicide. Suicide is very different for indigenous communities. MAID is about dying with dignity. It is a privilege that most indigenous people do not have. It is more about how we can make sure that we are protecting indigenous people.

I wonder if the member has any ideas about what this government needs to do in the coming year to protect those most vulnerable communities, especially indigenous peoples who we need to make sure are not being taken advantage of.

• (1935)

Mr. Charlie Angus: Mr. Speaker, I want to say that the whole plan we had developed as New Democrats, the national suicide prevention plan, came out of the groundbreaking work in Nunavut because of the understanding that statistics were important. Documentation and identifying the factors were key to being able to go in and bring down those numbers. We can dramatically decrease those kinds of deaths when we have actual facts.

That is what we have found, and I share my colleague's concern. We know that people from our region who end up in the city do not have the family supports. There is fundamental racism, and it has to be said, in the medical system. There are people who are coming in who are in distress, people who may be homeless, and they are not with their families and their loved ones. It concerns me that these decisions would be made without trying to find out where the family is. Where is the support?

If we do not have that, people will be using this, because they do not know what else to do when they are in distress. These are factors that have to be looked at, because vulnerable populations will be susceptible to this, and we have to find ways to support them. If they have the love and the support and they can get housing, in the vast majority of cases, they are going to be able to live much better lives.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to thank the hon member for Timmins—James Bay for such a heartfelt and sincere exploration of how it has made all of us feel in this place. I remember feeling entirely conflicted on the vote on Bill C-7, because I could not see how we could deny advance directives for people who had a terminal diagnosis and were told they had to wait for the day of their MAID procedure, and be of sound mind and confirm.

We knew that people were actually choosing MAID procedures earlier than they needed to because of the failure to have advance directives in Bill, C-14. I know, as I did vote for Bill C-7, that I was approving something to come into place automatically by default that I thought was wrong, so I thank the hon. member.

Has the member ever explored the ideas of things like psilocybin? There are mental health illnesses where the psychiatry profession says there is no hope for a person, they are chronically depressed and nothing will ever lift them out of it. Does the hon member for Timmins—James Bay have any thoughts about what other medical procedures could assist in lifting people out of the deepest of despairs?

Mr. Charlie Angus: Mr. Speaker, far be it from me to provide medical advice to anybody. I warn people back home to not ever take medical advice from a politician; that is not what we do, but I think what we look at in our job is to make sure people have access to housing. Our job is to make sure that, if people are on the streets, they can get mental health supports.

My brother is a subway driver, and he has seen the impacts of the pandemic and mental health crisis in real time in Toronto with the rising violence. We can talk all we want about getting tough on violence, but it is our job as politicians to put in place the supports. For people who are chronically depressed and people with mental illness, our job is to make sure there are places they can receive treatment. Then I think the vast majority of cases of what we are talking about and debating tonight would not be necessary, and it would be reserved for those who are suffering from illnesses, and they have a right to die in dignity.

Mr. Mike Morrice (Kitchener Centre, GP): Mr. Speaker, it is an honour to rise this evening to speak on Bill C-39. Before I do, I want to let you know I will be splitting my time with the member for Saanich—Gulf Islands.

This legislation might be the simplest one I have had the chance to speak on in the House since being elected, but it is also one of the more serious and emotional ones. Simply put, it would allow for an extension for mental illness to be a condition for eligibility for medical assistance in dying.

I strongly support this delay for several reasons. The first is about concerns I heard about from so many neighbours of mine in Kitchener. In particular, I remember one conversation a group had in their backyard on a colder afternoon just last month. It was between Hannah, Peter and some friends of theirs, and they wanted to share with me specifically some of their serious concerns with medical assistance in dying being expanded further than it already had been.

I really appreciated them sharing their stories, concerns and recommendations. In my view, that was the best of how our democracy is supposed to function, which is for folks like myself who are sitting in legislatures like this one, who have a say in laws like this, to be hearing from neighbours about their concerns. In that conversation and in emails since, it has been almost been universal that folks in my community want to see at least a delay, if not more.

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Second, I am supportive because we heard the concerns of experts across the country, such as doctors and health care professionals. On December 1, I really appreciated hearing from the Association of Chairs of Psychiatry in Canada, which includes the heads of the psychiatry departments of all 17 medical schools across the country, as they appealed for the governing party to delay what was then an expected expansion of MAID for those with mental illness.

The third reason I am supportive is because I believe we should spend more time closing the social safety net before we expand medical assistance in dying. I would put it to all colleagues here and ask why it is we are seeing a movement to expand medical assistance in dying much more quickly than we are seeing an expansion to the social safety net. I will give a few examples.

In my community, as colleagues well know as I have shared it many times, the unsheltered population has tripled in the last three years from just over 300 to over 1,000 people living rough. It is clear what is being done when it comes to the affordability of housing is not nearly enough, that we are going in the wrong direction and that more needs to be done.

As well, there are income supports, whether that is a guaranteed livable income for all or as many in this place, myself included, have pushed very hard for, a guaranteed income for those with disabilities across the country. Although we have made progress, and I am glad to see that Bill C-22 was passed in this House and is now in the Senate, the fact is it is yet to be funded. I would strongly encourage the governing party to fund the Canada disability benefit to get on with closing the social safety net with the urgency it deserves.

Next is mental health specifically. Just last week we saw a big announcement about health care, and yet absent from that announcement was dedicated mental health funding. It is all the more egregious when in the 2021 campaign the governing party ran that campaign on a commitment for a \$4.5-billion Canada mental health transfer.

I hope there is no sleight of hand here, that with this new health care announcement we are not going to continue to see dedicated mental health funding. It is imperative that all parliamentarians in this place continue to apply pressure to ensure the Canada mental health transfer is in budget 2023. When I last asked the parliamentary secretary about it on Wednesday night, I did not get a clear answer, and it should concern all of us to not see dedicated mental health funding.

● (1940)

In fact, it was because of this absence of sufficient supports for affordable housing, income supports and mental health care that I joined the CEO of the Canadian Mental Health Association of Waterloo Wellington to encourage the Minister of Justice to follow through on the delay that had been promised in December of last year. I am glad to see him follow through on that.

With my remaining time before I close, I just want to quickly mention the importance of quality journalism in this country and how it relates to this legislation.

I am glad to hear that all parties are supportive of Bill C-39, but I am not surprised to hear that, because of the work of Althia Raj and the Toronto Star. Specifically, back in November, as other members have shared, Ms. Raj spoke with the Minister of Justice. At the time, he said nothing could be done and that it would be a “challenge in the current Parliament” to delay the expansion of medical assistance in dying.

Ms. Raj then did something very reasonable. She reached out to all of the opposition parties, including the Green Party, and asked them if they would support what is now Bill C-39. Opposition parties responded, and days later, on December 11, Ms. Raj published an article sharing that all opposition parties were supportive. Then the question was put back to the Minister of Justice, and days later, on December 15, it was announced that this legislation would come before this House.

While there are many advocates and many campaigns that lead toward legislation such as this one, I think it is important that we call out and appreciate non-partisan journalists across the country doing important work to help bring to light the agreement that is sometimes there to move forward with important changes like the ones we are discussing, and to call out what might be certain rebuttals that may or may not be justified. In this case, they were not, and I appreciate Ms. Raj, as well as the medical professionals I mentioned earlier, like those from the Association of Chairs of Psychiatry in Canada, for their advocacy, which brought us to this point.

In closing, I applaud the governing party for introducing Bill C-39 and following through on the promise that was made back in December, and for listening to the need to slow down. I have no doubt that other parliamentarians across the country heard concerns similar to the ones I heard from Hannah, Peter and so many others. I also encourage the government to move more quickly on the social supports that are needed in my community and across the country.

● (1945)

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I agree with my friend from Kitchener Centre that there is obviously a need to invest more heavily in mental health supports.

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Looking at how medical assistance in dying has evolved in the last seven years, as well as the way that Bill C-7 brought forward the issue of mental health as a sole underlying condition and where we are at today, can my colleague reflect on whether we are moving at the right pace or moving too fast? I think what I heard from him is a suggestion that we are moving really fast, but we are moving based on the science that is available. In fact, the expert panel report suggested that we are in fact ready to move forward. Could he comment on the available science on this issue?

Mr. Mike Morrice: Mr. Speaker, the Parliamentary Secretary to the Minister of Justice is a person and member in this place whom I really enjoy working with. He is focused on working together to get things done for people as opposed to parties, and I really appreciate that.

I think this question is an important one, but to answer it honestly, I have not yet seen the result of the special committee in place, which is meant to report back to Parliament on the research it has been doing. I think it is important to rely on committees of this House to share the research and work they have been doing. I am looking forward to reading what it comes out with. I hope that we will have time over the coming year to look at what it recommends and that the governing party will take the recommendations seriously, move forward on them and ensure that sufficient changes are put in place.

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Mr. Speaker, the bill, at this point, is necessary for us to ensure that we are protecting the most vulnerable. To me, and to many of us, as we are hearing, it speaks to a bigger issue: The government is leaving many behind.

I appreciate that my colleague spoke to the importance of closing the social safety net and spoke about the importance of disability supports, appropriate mental health supports, affordable housing and a guaranteed livable basic income. There are many components necessary for us to move forward to address the bigger issue.

I wonder if the member can share with us what he is hearing from constituents in his riding regarding what is most vital for us to move forward with so that those who are struggling the most have what they need to get through each day.

• (1950)

Mr. Mike Morrice: Mr. Speaker, I thank the member for Nanaimo—Ladysmith because I know what a champion she has been in this place in pushing for people with disabilities to get the follow-through they have been promised and have advocated so strongly for over so many years. We could cut poverty by 40% in this country by providing a guaranteed income for every person with a disability, who are right now disproportionately living in legislated poverty. It is a national embarrassment, in my view, that we have not done more already.

Whether it is related to providing a guaranteed income for folks with disabilities and funding the Canada disability benefit or following through on the Canada mental health transfer, it is important for our democracy that political parties and leaders follow through on promises they have made. I am going to continue to push, alongside the member opposite and others in this place, in the lead-up to

budget 2023 to see those important commitments followed through on.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to begin by thanking my colleague, the hon. member for Kitchener Centre, for such a thoughtful speech, one that anticipates much of what I want to say.

We have not done enough in the year since Bill C-7 passed to know with any degree of certainty that we have lived up to our obligations when passing that act to fully study what it would mean to extend medical assistance in dying to those who are dealing with deep suffering that comes from a mental health issue, not from a medical diagnosis of traditional medicines, such as ALS, cancer or the other cases that moved us forward on this trajectory.

I want to briefly canvass what brought us here and the way in which the Parliament of Canada and the Supreme Court of Canada have dealt with medical assistance in dying, and I want to suggest, in closing, that when one looks to the Supreme Court of Canada for guidance, I do not believe we can say that the Supreme Court of Canada's guidance takes us to the availability of MAID in cases of deep mental health distress.

Going way back, as the member of Parliament for Saanich—Gulf Islands, I want to reflect on one of the champions, heroes or, as one might even say, martyrs on the issue of access to medical assistance in dying. I speak of Sue Rodriguez. She lived in North Saanich, in the electoral district that I am honoured to represent. She had ALS. She famously said, “[W]hose body is this? Who owns my life?” She went all the way to the Supreme Court of Canada back in 1993 in an effort to get access to the alleviation of suffering from a disease that would kill her. This was not in doubt. However, the Supreme Court of Canada, in 1993, denied her request.

As others have mentioned in this place over the last couple of days of discussion, a colleague and friend of many of ours and a dear friend of mine, Svend Robinson, stayed with Sue Rodriguez when a doctor assisted her illegally, and she took her own life, with the doctor's assistance, in probably the first public case of medical assistance in dying in Canada.

The courts took a long time to change, and that decision in 1993 was not changed until 2015 in the Carter case. In the Carter case, the Supreme Court of Canada found, taking a different view, that the charter rights in section 7 to life, liberty and security of the person were violated by not allowing a person to make such a decision and to have access to medical assistance in dying. The Carter case changed things by putting squarely to the Parliament of Canada that it had to deal with this.

I will quote from the Carter case. The Supreme Court of Canada said, “competent adults who seek such assistance as a result of a grievous and irremediable medical condition that causes enduring and intolerable suffering”. That was the basis for creating legal access to medical assistance in dying.

When Bill C-14 went through, I tried so hard to put forward amendments saying we have to allow advance directives. It was not right not to allow them for someone who knows they are terminally ill and are facing incredible suffering. It is their choice and they should be able to access medical assistance in dying with an advance directive. However, back when Bill C-14 went through, this was rejected. My amendments were rejected in the House as well. Similar amendments were then passed in the Senate, and we all recall it came back here without those amendments having been accepted.

Bill C-7 repaired that but opened the door to something entirely different. I do think it is entirely different to say that when people are suffering incredibly and intolerably due to a deep, chronic and unsolvable mental health condition, they should also have access to medical assistance in dying.

I will go back and say what the political promises were when we started down this road. I first want to address the medical conditions.

When Bill C-14 was first debated, a lot of members in this place were asking about palliative care: Would people choose medical assistance in dying if they had the option for palliative care? We heard many promises from the government benches that we would see increased funding for palliative care. That has not happened. That is one thing that concerns me greatly.

● (1955)

We have also heard, since we passed Bill C-7, that there would be more supports for mental health. That has not happened either.

What would we do if we were serious about making sure that every Canadian could exercise, fully, their rights, under section 7 of the charter, to life, liberty and security of the person?

At least, one would know that the health care system should be working well. I am pleased to see that the premiers accepted the federal offer today. I hope that the federal government will defend our public health care system with every ounce of its energy and make sure that the deals with the provinces are specific and tied to outcomes and results.

However, our health care system is in trouble. I was just talking to an incredible indigenous woman. I will not say her name; it was a private conversation. She is Cree. She lost a dear friend recently because that Cree dear friend could not get access to medical care in time to diagnose and treat her cancer. She leaves two small children behind.

The health care system in the country is not equal, any more than the litany of deeply racist and distressing conditions in which the system works against justice for indigenous peoples. We all know it. In the context of the health care system, how can we not know it?

In terms of mental health care supports, we know even more deeply that the suicide rates among youth in this country are a huge source of concern. We know that mental health issues have been worsened among our youth, through the pandemic, through isolation, through all kinds of things, through being preyed on by social media.

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We know that our schools, universities and post-graduate programs are failing young people because they cannot get the mental health supports that they need when they need them. They need help to avoid addictions and to kick addictions. Our young people need so much help and we are failing them.

Opening up MAID is not a solution to solvable mental health care issues where we are just falling down on the job because we are not providing the mental health supports that we have promised over the years.

What would we do if we wanted to be serious about section 7 rights? We would bring in a guaranteed livable income, to ensure that no Canadian is living in poverty, poverty being the number one social determinant of ill health, in terms of physical health and mental health. We would address poverty and end it through guaranteed livable income.

We would do more, as I mentioned, for the end-of-life issues and access to palliative care. There is such a thing as having a good death. We do not like talking about death in our society. We are all supposed to be young and preferably sexy forever. Let us face it: people get old and it is a lovely experience. It is a good thing to be healthy in old age and enjoy it right up to the moment when whatever one thinks is going to happen to oneself happens: meet one's makers or feed the worms, whatever. A good death is a good thing.

Medical assistance in dying does give people that option of a good death, surrounded by family, feeling loved. I am very supportive of the work that we have done in Bill C-14 and half of what we did in Bill C-7, but where are the mental health supports?

Again, to the point that the hon. member for Timmins—James Bay made, I totally agree. I say yes to housing, to supports and to ending poverty.

However, I do think that we have to explore and open up. In the next year, let us get serious at looking at non-traditional therapies for people dealing with what appears to be irremediable depression. Do psychedelics make a difference? I am not going to prescribe. As the hon. member for Timmins—James Bay said, do not take health advice from politicians.

However, the evidence is coming in on using such products as psilocybin to actually trigger something that results not just in a bit less suffering and mental health conditions. There are certainly papers out there that are peer-reviewed and very interesting, that one can cure depression. I certainly would not want to turn my back on a potential cure and then embrace medical assistance in dying for people who could be cured.

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Neither do I want to turn my back on people who are suffering and who are saying that we are making them wait another year and asking why we are doing that. These are not easy issues but these issues, life and death issues, are at the heart of the sacred and they are at the heart of our work in Parliament.

• (2000)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, we have had a number of speakers make reference to the issue of mental health and this member, the leader of the Green Party, also referred to palliative care. The greatest contribution that Ottawa can do in regard to the areas of mental health, health in general, palliative care and hospice care is provide the financial resources and then use the Canada Health Act and raise the profile of the issue itself. We can put a checkmark on all three of those with respect to the last five or six years of this government. At the end of the day, we do need to see more working together with provinces and indigenous communities, in terms of continuously raising the profile of the issue to make sure the resources are being properly allocated.

When she reflects on the legislation and the special joint committee that is out there, is there something specific that the leader of the Green Party would filter out or like to see?

Ms. Elizabeth May: Mr. Speaker, to my hon. colleague and parliamentary secretary's first set of comments, absolutely I am looking to the federal government to defend public single-payer universal health care as under the Canada Health Act. I am looking at threats to that system. For as much as people say we have to do it because things are bad right now, that is the work that has never stopped to undermine our public health care system in Canada by the forces for privatization, and they must be resisted.

I would throw one door open here. Before deciding that this is up to a group of experts, please let us get a reference to the Supreme Court of Canada to ask whether extending MAID to mental health conditions falls within the Supreme Court of Canada's understanding of the ruling in Carter.

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I want to thank my colleague for talking about some opportunities and she also cited broken promises when it came to palliative care. As members know, I was here last Monday and the Monday before and would have been here tonight on Adjournment Proceedings, to drag the government here to talk about mental health, but it was disrupted so I am back.

I asked the minister about mental health just last week. She cited:

Through the proposed bilateral agreements on the shared health priorities, we are working with the provinces and territories to integrate mental health and substance use as a full and equal part of our universal health care system.

However, when it comes to the reality on the ground, the Liberals have still not delivered on their promised mental health transfer of \$4.5 billion. Even the agreements that they signed with the provinces today do not assure that.

Does my colleague agree that we need, enshrined in the legislation, parity between mental and physical health to have a proper conversation in this House about expanding medical assistance in

dying for those whose sole identified underlying medical condition is a mental illness?

• (2005)

Ms. Elizabeth May: Mr. Speaker, this is one of my favourite recommendations from medical doctors around mental health. Because the hon. member for Courtenay—Alberni is from such a beautiful place in the world, I do not know if he knows that Dr. Melissa Lem prescribes visiting national parks to get out into nature.

To answer the member's question simply, yes, I agree with parity.

Mr. Gary Anandasangaree (Parliamentary Secretary to the Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I would like to thank my friend from Saanich—Gulf Islands regarding her relationship with Sue Rodriguez and the first battle toward medical assistance in dying that took place decades ago, which has brought us here.

The expert panel that was convened reported in the summer and outlined a number of different areas in which the systems are ready. As a government, we have heard from a number of different parties about the need for an extension. I wonder if my friend could advise what specific issue she has with the expert panel report with respect to medical assistance in dying, in respect of mental health as the sole underlying condition.

Ms. Elizabeth May: Mr. Speaker, yes, there is an expert panel looking at the medical and mental health conditions, but I think we have skipped a step in making sure what we are doing remains constitutional.

Mr. Gerald Soroka (Yellowhead, CPC): Mr. Speaker, I am pleased to rise in the House today to speak on Bill C-39 regarding medical assistance in dying, which proposes to delay for another year the implementation of provisions that would expand the availability of medical assistance in dying to those whose sole underlying condition is mental illness. I think we really need to start looking at how we got to this stage.

It went to the Senate and we had no issues with it, to some degree. Most of Parliament was fine with it. However, when it came back, the Senate had added in a provision with respect to one's mental state.

I started thinking about the many people I have spoken with over the years when I was either a mayor or now as a member of Parliament. When people would phone me, they would usually start the conversation easily by talking about whatever issues they were dealing with. Then they would start talking about themselves. I do not know if it is me, my voice or my appearance, but they would open up to me and start telling me about how they were going through these troubles and the difficulties they were facing. It was not necessarily financial. Sometimes that was the trigger, but most times it was their mental state itself. As they would start talking, I would start getting very worried about people like this who have a mental condition and whether there was somebody there to help them. As they kept talking, sometimes they would break down crying or get angry, and that would change throughout the whole conversation.

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However, as I was dealing with them, I would hope that they had some kind of assistance from some medical professional. If they did not, then who would be there to help them? I am worried this is the help they are potentially looking for, but I hope that will never be the case. When I was speaking with these individuals, I would usually try to steer the conversation gently and ask if they had a psychologist or psychiatrist working with them. They would say something like they did, but that person does not know anything, and they would start getting angry again. Then I would start to get worried because I did not want to see them in that state of agitation. I wanted to try to help them as best I could. I am not a psychologist or psychiatrist, so I do not have the expertise, but I would try to at least direct them to where there was help.

Probably one of my biggest concerns with respect to this legislation is the fact that we are relying on our medical professionals more than ever. We all know that there is an extreme shortage of doctors and nurses right across this country, so when we start talking about people having the ability to apply for MAID due to their mental state, how is that going to help them if there are no doctors to assist them?

My next concern is whether we are really there to assist them, to cure them or help them out of that state. That to me is where it seems like we as a society have failed on so many fronts.

When I was talking to a grade 10 class during COVID in 2021, the students asked what I thought the number one issue in Canada was going to be when we came out of COVID. I said that was very easy because the number one issue was going to be the mental state of Canadians. It was surprising that the class all responded with, "Really?" I asked them what they thought it was going to be and they said that it was the economy. I said that was not something we really had to worry about and that once people started getting out again and businesses started opening up that, yes, it may be slow at the start, but eventually we would get back to some sense of normal again, but that the mental state of Canadians was something that was going to be with us for years. That was just during COVID.

Unfortunately, before COVID, the mental state of Canadians was suffering. That is something the current government has yet to help with. It promised in the last election that it was going to put more money toward the mental state of Canadians and assist with more doctors, medications and facilities to help those people. However, as we debate here today, it seems that it is easier for the government to offer medical assistance in dying instead of assisting them in achieving the mental state they so deserve.

● (2010)

I have spoken to many people, and they have asked what this MAID legislation is about. Why are so many people concerned about it? I said it is not so much about MAID. It is more about the addition of someone with a mental illness, without a foreseeable death, to actually apply for MAID. People have given me looks, asking what I mean by that. I have said that someone who has a mental illness, depending on what mental illness they have, may or may not qualify for MAID. I would still get people asking why there would not be a doctor, psychologist or somebody there to help them, as opposed to offering them MAID. I replied that that was a

very good point and that it is one of the reasons I am speaking out against this legislation.

With moving Bill C-39 forward to extend it for another year, Canadians also need to understand some of the legislation that we are putting forward in the House and how it is not necessarily helping all Canadians. I am not going to bring up someone who has ALS or another disease. That is their right, and that is absolutely fine. To me, they are in charge of their faculties. However, when someone has a mental illness, my biggest concern is whether they are mentally capable of making these decisions.

I know someone will talk to me later and say there will be two psychiatrists evaluating them. Everyone knows that people, when they have a mental condition, have different states of mind where they may seem better at one time, and then they may seem worse or go into a depression, whatever the case may be. Is someone truly getting a fair assessment of the condition someone is dealing with at the time? To me, it is very cold and heartless that people can say, yes, we think someone is acceptable for medically assisted dying, as opposed to really diving into the areas as to how we can help them.

Over the years, there are people who have reached out to me and it is heartbreaking. I do not know if many other MPs have had to deal with something like this, but it is a very sad state. When we start getting into all the funding, or lack of funding, to deal with a mental state. Before COVID, it was estimated that about one-third of all Canadians had had some form of mental condition at one time or another. I cannot imagine what it has grown to after COVID. Are we at 40% or 45%? I do not know the numbers, but we can see how we are escalating the mental stability of Canadians.

Is the government reaching out to them, trying to make their lives any better? I do not believe so. That is one of the reasons I am so happy that we are able to take another year to look at what we can do to either refine or change this legislation, or actually start dealing with the problem itself. We need to deal with the mental state of Canadians and get the people the help they so rightly deserve.

For people to keep living on with a mental condition, they do not get better until they get help. Without the doctors, nurses or facilities out there, there is no way Canadians are going to see a better society. When we start looking at the mental state of Canadians, there are other areas that we can possibly improve upon, such as our criminal system, because a lot of people are addicted to drugs or whatever else, but we need to start dealing with that as best as possible.

I wanted to focus more on what we can do to assist people with their mental state, as opposed to offering them MAID. We need to start getting into the real cause of the problems and the real situation on why they got to this state. If we can accomplish that, we can build a far superior society than the one we have today. As parliamentarians, our number one goal is to make Canada a much better place to live, as opposed to the alternative being proposed tonight.

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• (2015)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would like to think no one inside this chamber would advocate using MAID legislation as an alternative because of a lack of services to mental health, from a federal government's perspective.

I do have a question I would put to the member. He talks about the importance of mental health, yet when we take a look at it, the government has put a great deal of emphasis and financial resources behind the issue of mental health. The Conservative Party is more inclined to say it will give provinces the money and not have any conditions at all on how they are giving the money. The member cannot say that they want to have more mental health and not say that the Conservatives are going to enforce their will with provinces by encouraging the provinces and the territories to spend more on mental health, because from the Conservative Party's perspective, they just want to hand over the money.

We believe in the Canada Health Act. We believe mental health is a part of health, so this is something I think is quite different between the Conservatives and the Liberals. Would the member, on the record today, say that he would be encouraging, through the Canada Health Act, provinces to invest more into mental health?

Mr. Gerald Soroka: Mr. Speaker, I always do enjoy my hon. colleague's little fairy tales. He likes to talk about how great the government is doing, but if it were the case that the Liberals truly believed this, why are they not having a better effect on Canadians right now?

We have many people suffering. The Liberals promised in the last election that they were going to put more money into mental health. Did they? No, unfortunately, they did not, and that is typical for the governing party. It likes to talk a lot, but it actually does not deliver as much as it likes to talk. I can assure the House that the member sure likes to talk.

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, given that Canada is founded on indigenous peoples' lands, Canada's colonial history and the impacts of its genocidal policies on indigenous peoples, does the member agree there needs to be regulations and special provisions to make sure indigenous peoples are getting the culturally appropriate, trauma-informed assessments they deserve?

• (2020)

Mr. Gerald Soroka: Mr. Speaker, very much so, that is what needs to be done. We have a different culture, completely, in Canada, that needs to be dealt with differently, and I will give her an example of that.

When I was mayor, I was also the chair of our seniors foundation, and one of our board members from the MD of Greenview had said he wanted to build an indigenous lodge right in Grand Cache. That is actually in the works right now. It is going to be 12 rooms. It is only going to be breaking ground this spring, so we are getting ahead of ourselves, but I know when he brought that forward, he said it was going to be a round building with a lot of cultural amenities, so I am very much in favour of making sure we take care of the needs of our indigenous peoples.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Mr. Speaker, there is one aspect, when we talk about health care or access to mental health care, that quite often gets forgotten about or just more or less put onto the back burner. It is people living in rural Canada and the access people have to the different types of care and services they need.

I am wondering if the member wants to talk about the importance of having services for rural Canadians. That needs to also be part of the conversation when we talk about supports for mental health.

Mr. Gerald Soroka: Mr. Speaker, that is a very good point. Like I said, when I was mayor, that was one of the things we also talked about. Our county started about half an hour west of Spruce Grove. That was our closest location to get assistance for mental health, and unfortunately in rural Alberta, and I should say rural Canada for that matter, we do not have nearly the level of assistance compared to our urban partners. We need to really balance out and make sure we have equal access right across the country to deal with the mental issues in Canada.

Ms. Lisa Marie Barron: Mr. Speaker, on a point of order, I would like to provide an opportunity, if I could, for the member. I realize that it was probably made in error, but just for the record, I do want to correct the statement he made of "our indigenous people." Perhaps that was a mistake.

We know that indigenous people are not our property, and I just want to offer an opportunity for the member to correct the language he used to ensure that it is on the record what he intended to say.

The Deputy Speaker: While not a point of order, it is a great suggestion, which we have heard a number of times in this chamber. I did not hear it said, but if someone wanted to retract something, I would be more than happy to allow that to happen.

The hon. member for Yellowhead.

Mr. Gerald Soroka: Mr. Speaker, I did not mean "our" as in possession, absolutely. I just meant "people as well". I thank the member for bringing that forward, and I do apologize for that.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Mr. Speaker, right before Parliament resumed following the Christmas break, countless Canadians participated in Bell Let's Talk Day. They took the opportunity to talk about mental health, raise awareness, share stories and remind each other that it is good to offer or ask for help whenever it is needed. There are many members of Parliament from all parties who have joined this effort, and it is only fair to assume that they have done so because they sincerely wish to help people.

Every year, after the day comes and goes, it helps us realize that promoting mental health is actually a huge task and it is easier said than done. Over time, there has been some progress with how we approach mental health, but it can sometimes be discouraging to see that we still have to deal with some of the lingering problems or to know how much work there is left for us to do. It puts everything into perspective and shows that the results and decisions we make about an issue are more important than just talking about it.

In that light, Bill C-39, along with the larger issue surrounding it, is a real test for us. It forces us to consider what exactly we mean when we say that we want to promote mental health. Unfortunately, we are looking at a government bill that signals that we are going to take a wrong turn and fail vulnerable people who are suffering with their mental health. In a way, it is good to see Bill C-39 come forward, but it should also be clear that it is not good enough. At the very least, there will be a year before this new change takes effect, but that is nothing but a brief delay of the inevitable instead of reversing a terrible decision.

What is going to happen a year from now? Is the government going to bring another bill like this one forward to delay it another year? Will all the major problems raised by the provinces, professionals, advocacy groups and concerned citizens miraculously get resolved before the year is over? How is that even realistic? Does the government really expect Canadians to believe that?

The timeline is obviously ridiculous. It does not make sense practically and, more importantly, it will not take care of the issue at stake in the first place. There might be different views on assisted suicide for mental illness as the sole condition, but no one on either side of the debate can seriously say that it has been carefully considered in this country, if such a thing were possible. Instead, the whole process has been rushed and incomplete.

If the Liberals truly cared about making the right decision, the new legislation would be quite different. Even on their own terms, they will not be any more ready for the coming change next year than they would be if it was next month. It was only public pressure that made them slow down, but it is not going to stop them entirely. Clearly, they are planning to go ahead with the plan and hoping to get away with it again next spring.

It is highly irresponsible if we take a step back to consider the larger issue. First, I will look at this bill as it has been presented to us. We normally do not have to think too much about the official title of a bill as it comes through Parliament, but in the case of Bill C-39 it does matter, and it might even be fair to say that its name is somewhat misleading. It says that we are amending the Criminal Code related to the medical assistance in dying system, but that is only a technicality. In reality, this bill is not touching the substance of Bill C-7 as it was passed in the last Parliament. All it would do is delay the implementation of Bill C-7 or the aspect of the expansion for one year. That is definitely not a helpful or encouraging response to what Canadians and experts have been telling us since Bill C-7 became law, both inside and outside Parliament.

When Bill C-7 passed in 2021, 91% of Ontario psychiatrists opposed the expansion of euthanasia, but they were ignored. The government has not bothered to listen to critical advice and feedback. Make no mistake, there are ordinary citizens across the country

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who are horrified when they learn of what is happening here with expanding accessing to MAID for mental illness. I have heard from a lot of people in my own riding who are concerned. They came up to me at hockey rinks. They came up to me at my various town halls that I hosted over the winter break and told me how unimaginable it was for this to happen in Canada.

There has been the same reaction around the world when people in other countries found out what has happened here in Canada. We stand out compared to other places that offer assisted suicide, and not in a good way. International media coverage shows how Canada's reputation has suffered as a result. It is long past time for the government to get outside of its bubble and hear what Canadians are thinking and feeling. Despite the Minister of Justice trying to claim that our system has strict safeguards, we need to look around and realize that something is not going right.

Canada reported 7,300 deaths in 2020 and 10,000 deaths in 2021. It is interesting that if we compare with another jurisdiction, it gets even more troubling. The state of California started to allow assisted suicide the same year that we did in 2016. The size of its total population is similar to that of Canada, yet it only reported 495 deaths in 2020 and 486 deaths in 2021. The difference in proportion is striking.

• (2025)

People see these numbers and they cannot believe that this government is considering expanding access even further to people with mental illness as a sole condition. They cannot help but wonder if these people are already slipping through the cracks and are caught up in the numbers we have here in Canada.

If we want to understand the background of how we found ourselves in the situation today with Bill C-39, we need to recall what happened with the previous bill. Back then, this Liberal government brought forward a piece of legislation that was a significant expansion from the way MAID was originally set up a few years before. It allowed assisted suicide for conditions where natural death was not reasonably foreseeable.

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At the time, we heard overwhelmingly from many advocates, organizations and members from the disability community who were deeply concerned about the government's new direction. They pointed out the flaws and the risks involved for people with disabilities who could find themselves in a vulnerable position, and experience abuse rather than receiving the support and the resources they needed. They also worried about the stigma and the message it could send to the disabled as well as to wider society. It was clear that it would not be unacceptable for anyone, whether they live with a disability or not, to get the impression that these human lives are inferior or not worth living.

Here we are seemingly caught in a similar position once again. It was shocking when the Liberals accepted the last-minute amendment to include mental health as a condition for assisted suicide. Since then, they have had time and opportunity to reconsider, but they refuse to listen and protect the lives of vulnerable Canadians. If government members do not put a stop to the expansion of MAID for mental health, it will be impossible to take them seriously when they try to talk about a mental health crisis.

I want to take a moment to talk about Michael Landsberg, who spoke very passionately about mental health a number of years ago, and I consider this man to be a pioneer and a trailblazer.

Michael Landsberg was the host of *Off the Record* on TSN. Mr. Landsberg has a foundation called “#SickNotWeak”. A big part of what he talked about 20 years ago, and what he talks about today once again, is the stigma that people with mental illness quite often face and that people with depression face. When we look at the disability community and what we talked about earlier with the stigma around them, we are seeing that happen again for people with mental illness. I think it is important that we look at the stories of people like Michael Landsberg who has spoken so clearly and passionately around making sure that we do not provide harmful stigma for mental illness. When we look at the statistics that I quoted earlier, there is a real and present danger here if we do not address this properly while we have the opportunity.

Across the country there is a lack of mental health support, especially in rural ridings like mine. It is absolutely shameful to offer death as a solution. While Bill C-39 brings a pause in this expansion, it is inappropriate to use it as a selling tactic with the hope that public opinion will shift to their direction in the meantime.

However, a delay is not enough. We need to exclude mental health as an eligible condition for assisted suicide. This government must stop and review what it has done with the system. If not, it only shows that it is untrustworthy. There has been no sign of meaningful reflection about its previous legislation. Because of this, it has failed to reassure Canadians about further changes. We talked about the safeguards earlier; people are wondering if they even exist.

How can we ignore the veterans who are offered MAID instead of mental health support? How can we proceed when we have seen people in poverty and distress offered it against their will? These types of reports are coming far too often, and we cannot say that we had no warning. The predictions of experts and from many of us here on the official opposition have been proven to be correct so

far. If this expansion happens in March 2024, how can anyone possibly pretend that these problems cannot get much worse?

Because the Liberals will not do what is necessary, one of my Conservative colleagues has taken the initiative to introduce a bill that will remove eligibility for mental illness. It would give us another chance to prevent this catastrophe, and I hope my colleagues support it.

• (2030)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, one of the things that I have witnessed over the years while we have been debating the issue of MAID, from 2016 and onward, is that there is no unanimous consent coming from the Conservative benches. There are many individuals even within the Conservative Party who have differing opinions in terms of what it is that the member himself is suggesting. If I am wrong on that I would be very much interested in the member telling me that I am wrong.

The reason I say that is because there was a special joint committee for MAID that has been out there doing a great deal of consulting, working with Canadians, looking to health experts and talking to individuals who are either direct or indirect stakeholders. There has been a great deal of discussion.

On the legislation itself, I suspect that the member is going to be voting in favour of it, but I am wondering if he could provide his thoughts in regards to the fact that even within his own political party there is no overwhelming sense that what he is suggesting is in fact the best way to be going.

Mr. Jeremy Patzer: Mr. Speaker, there was a great phrase coined by our interim leader that “unity does not mean uniformity.” The reason that is important is because MAID is a deeply personal issue. We are not here to talk about the merits of MAID in and of itself. What we are here to talk about today is the expansion of mental illness as a sole reason for people to be eligible for medical assistance in dying.

If we look at the results Canadians are seeing, it is quite alarming and astonishing to see the government is willing to proceed with that as a reason for people to access this. Where we are united as a party, and I think where most Canadians, generally speaking, across this entire country are united when it comes to this issue is they want to see people have access to the supports they need for mental health.

I referenced Mr. Landsberg and how for over 20 years he has been advocating for the conversation around mental health and to try to eliminate the stigma that for so many years was assigned to people with mental illness. When we proceed with allowing mental illness to be a sole reason, it sends the wrong message. That is where Canadians want to see us go, which is to make sure we are sending the right messages and giving people hope as they go forward when they are going through their darkest hour.

• (2035)

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, my colleague talked about supports for people with mental health issues. One group we have not talked about is public safety personnel. This is definitely not partisan; it is about us both coming from rural communities. That includes border services, corrections services, firefighters, operational intelligence personnel, paramedics, police, public safety communications and search and rescue personnel. Half those individuals experience some sort of mental disorder in their career in their lifetime and one in 10 will actually consider death by suicide.

These professionals and their families have remained decades behind. We know about the military and veterans with regard to supports for their well-being, and we are just scratching the surface in addressing their considerable mental health needs. Their core funding comes from the Canadian Institute for Public Safety Research and Treatment and concludes on March 31, just six weeks from now. Without a renewed commitment on that funding, it will end.

Maybe my colleague can speak about some of those public safety personnel in his riding who have suffered through PTSD or some trauma and how important it is we get the proper resources to support them, especially those heroes who have put their lives on the line and the sacrifices they made, as we know coming from rural Canada.

Mr. Jeremy Patzer: Mr. Speaker, I really appreciate the member's question, because too often people from rural Canada are forgotten about. With the uniqueness of working with the provinces, letting the provinces decide how that is going to be spent is going to be beneficial. Every province has a different geography. They have different programs. They have different needs and different ways of having that set up. There might be a federal workforce like CBSA, but the provinces are going to be best situated to make sure the funding gets rolled out properly. There is a healing lodge in my riding, and it would have the opportunity to advance cultural practices that would be suitable to the needs of indigenous people. Allowing each region of the country to have a bit more control of that funding would be appropriate.

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, it is an honour to rise this evening and speak to Bill C-39. This legislation aims to extend medical assistance in dying to those with the single underlying cause of mental illness for one year. If we do not approve of this legislation, it comes into effect on March 17.

I must begin by expressing my disappointment with the timing of the legislation before us today, with mere days before the House of Commons runs out of time to debate and vote on this, in order for it to go to the Senate to also be debated and voted on prior to March

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17. This is the date that medical assistance in dying comes into effect for those with the single underlying cause of mental illness.

As it stands, this eleventh-hour legislation will only create a new arbitrary deadline of March 2024, replacing the present deadline of March 2023. There is no basis in science or evidence for this 12-month delay, only the shuffling of government timetables, although I am grateful that it will not take effect next month if all parliamentarians vote for this bill and it goes through the Senate.

This timetable was originally set, at the government's decision, when it accepted an amendment from the Senate to the original medical assistance in dying legislation, Bill C-7.

Despite the Minister of Justice initially expressing his concern at committee that medical assistance in dying could be done safely for those suffering from mental illness, he accepted that expansion upon amendment from the Senate and then shuttered debate on this issue when Bill C-7 returned to the chamber. He now returns to Parliament, trying to undo a problem that he started.

I will be voting in favour of this legislation, not because I think that the government has gotten this right but because if I do not support it, and if most members in the House do not support this legislation, medical assistance in dying would automatically become available to those suffering solely from mental health issues on March 17.

Abandoning people with mental illness to turn to medical assistance in dying instead is heartbreaking. When the Ontario Medical Association surveyed Ontario psychiatrists in 2021, 91% opposed the expansion of MAID for mental illness. Only 2% supported it.

The Special Joint Committee on Medical Assistance in Dying heard from a range of experts on the topic, clinicians, psychiatrists, and mental health advocates. They all expressed the same concern. Clinically determining that a patient will never be able to recover from a mental health challenge is impossible. It cannot meet end-of-life MAID criteria by any objective standard. Dr. John Maher, a clinical psychologist and medical ethicist, told the committee, "Psychiatrists don't know and can't know who will get better and live decades of good life. Brain diseases are not liver diseases."

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Canadians are rightfully horrified by news reports detailing the increasing prevalence of Canadians seeking MAID for circumstances for which it was never intended. Multiple Canadian military veterans who fought for our country, seeking help from Veterans Affairs, claimed to have been pressured by Veterans Affairs staff to consider medically assisted dying. It was reported that the matter was turned over to the RCMP for investigation and that the Veterans Affairs department was doing an internal review. A food bank manager from Mississauga reported clients asking about assisted suicide not for physical illness reasons.

Despite these stories, the government was undeterred in proceeding with its original March 2023 deadline. Thankfully, Canadians stepped in, phoned, emailed and wrote to every MP in the House. They called for us to think again on this matter and there was pressure put on the government. People were concerned about protecting the most vulnerable, and rightfully so. The legislation before us today is a sign of their efforts.

I was very touched by some of the correspondence from my own residents in Kelowna—Lake Country. I often try to be the voice of my residents in Ottawa.

● (2040)

Judith, in Kelowna, wrote to me with her concerns after hearing about the delay in the planned expansion of MAID for those with mental illness as the single underlying cause. She acknowledged that many people have brought forth many concerns to the government, and she was surprised that the Liberals were now just delaying the expansion.

Not every community has the same mental health services, especially rural areas. I was speaking in person to a young man last week who was movably shaken by the thought of medical assistance in dying being considered to be made available to individuals whose sole underlying condition is mental illness. His deceased mother had struggled with mental illness, and he was extremely angry to hear that the Liberal government had not cancelled outright the option for people to seek MAID under these parameters. Instead, this legislation delays it.

The public outcry and concern about this is really what forced the government to take this first step of MAID delay for people with the single underlying cause of mental illness. There are mental health stories from people I know or have met that I could share in the House, but I am not going to because I would not be able to get through them.

I do not want to give up on people, and the government is giving up on those experiencing mental illness. We must focus on giving people help and hope. We must focus on treatment for mental illness rather than assisted death. Conservatives do not want to give up on people.

As I said earlier, this legislation only creates a new arbitrary deadline. Parliament would be better served in our responsibility to Canadians, particularly vulnerable Canadians who feel lost in their lives, to abandon this reckless expansion of MAID to those with mental illness as the sole underlying condition. We cannot, and should not, give up on persons experiencing mental illness, and we

must make it clear and ensure support is there for help and treatment.

Medical assistance in dying cannot be the most accessible solution for individuals with mental illness. Instead of bringing forth changes to expand MAID to persons with mental illness, the Liberals should instead be focusing on proposals to bolster mental health support for Canadians, many of whom are facing challenges in a postpandemic world and the impacts of the last eight years of the Liberal government, which has divided families and neighbours, and of its inflationary policies, which are squeezing peoples livelihoods.

The Liberals have failed to keep their pledge from the snap election in the summer of 2021 for a permanent multi-billion dollar mental health transfer to the provinces and territories, which was to ensure that they have the funding and support needed to expand mental health care. We are in a mental health crisis, yet the Liberal promise appears to have gone to the back of the line.

We have to remember that it was the Conservative member for Cariboo—Prince George who spearheaded a three-digit suicide prevention hotline in Canada, 988. All parliamentarians unanimously supported this motion in the House of Commons. This was over 900 days ago, and it still does not exist.

Now, that is not surprising considering the Liberals gave the task to their catch-all department, the Canadian Radio-television and Telecommunications Commission, the CRTC, to implement. What did the Liberals do instead?

They did not bring in legislation to cancel the implementation of MAID for those with the sole underlying condition of mental illness, they just delayed it. Building the mental health support systems Canadians need to live healthy, fulfilling lives will be a top priority for Conservatives in this Parliament and a future Conservative government.

People deserve mental health resources to help them. People deserve hope. Families deserve hope. This is what we will be focused on.

● (2045)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I support the need for additional mental health for Canadians. That is why I am very proud of the fact that we have a \$198-billion agreement with the provinces now over the next 10 years, as provinces will determine how best to use that money. There are some qualifiers for that. There is going to be more accountability. There is going to be transparency.

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Let us contrast that, as Conservative members stand up and are critical of the government, saying that we are not doing enough on mental health. I think we need to be honest with Canadians in what the Conservative Party is proposing to do on mental health, which is nothing. There is no commitment coming from the Conservative Party to deal with mental health, rural or urban. If there is, I ask the member to please tell me where the announcement is. What is the Conservative Party doing? Give me another half-hour, and I will be more than happy to explain what it is the Liberal Party is doing in support of mental health.

Depression is not going to be used as access to medical assistance in dying. I have more confidence in our medical profession.

Mrs. Tracy Gray: Mr. Speaker, we have to look at the results of the government. The Liberals have been in government for eight years, and one result of the government, which I gave as an example during my speech, was to implement a 988 suicide hotline across the country. It was unanimously supported by the House, but here we are more than 900 days from it happening. This is one very small step and the government cannot even implement it.

We have to look at some of the other results. We have to look at the mental health and addiction crisis we have across the country. We have to look at the results of eight years of the government. When looking at the cost of living, we see the price of houses has doubled in eight years and we have record-high inflation.

Regardless of what the Liberals say they are doing or hope they are doing, we have to look at the results of their actions after being in government for eight years, and it is not very good.

• (2050)

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, we know that the government has not delivered a single dollar after its promise of mental health transfers. The member talked about the importance of support. We agree with her given what I heard in her speech.

The government still has not tabled legislation to create parity between mental and physical health, which is absolutely critical. We have heard from the disability community, especially people who are suffering with mental health issues as their underlying illness, and they are all saying they need better supports, such as access to treatment. They are also saying that it is tough to pay their bills, buy groceries and pay for rent.

We put forward a proposal for a guaranteed livable income for those living with disabilities and for seniors. We know tax breaks are not going to help people in that category because they do not have the income. I am hoping my colleague can talk about some of the solutions to help support those who are struggling so they are not considering medically assisted dying for an underlying mental illness.

We can talk about solutions. I know the Liberals want to deflect because they do not want to talk about their track record. That is what they just did in the question to my colleague. I am hoping we can hear more proposals to help support people.

Mrs. Tracy Gray: Mr. Speaker, I thank my colleague for his question. I see his other colleague, whom I sit with on the HUMA committee and work with very closely.

I am really glad the member brought up people with disabilities. We worked really hard on Bill C-22, and it is a classic example of a real failure from the government. It championed that it was going to be bringing in this disability benefit act, and we spearheaded it through Parliament, but people with disabilities still do not know how much they are getting, when they are getting it or when it will be implemented. Everything will be done by regulation instead of legislation.

There is so much uncertainty, and that is how the government governs. It has grand announcements and big fanfare, but its actions have no substance to them. A perfect example is what we saw with that legislation.

The Deputy Speaker: I have allowed two questions and two answers throughout the question and comment portion, and I want to make sure that we try to keep ourselves brief so that other members can participate in the debate.

Resuming debate, the hon. member for Louis-Saint-Laurent.

[*Translation*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, I rise with great pride and emotion to take part once again in the debate on medical assistance in dying.

I have had the privilege of being a member of Parliament for nearly eight years now. I was also a member of the Quebec National Assembly from 2008 to 2015. I, along with my colleague from Bourassa, am one of the few here who have participated in the debate on medical assistance in dying as a member both at the provincial level and the federal level. I can say in all modesty that this gives me a very unique perspective. I will expand on this in a moment.

If there is one issue that calls for political partisanship to be put aside, it is medical assistance in dying. I have a fundamental belief that has not altered one bit in the time I have been involved in these debates: There is no right or wrong position, there is only the position that each person, as a human being, is comfortable with.

When we hear an opposing viewpoint, we should listen and respect it, not attack it in a partisan way. I will always remember something that happened in June 2014 in the National Assembly. A Liberal MNA at the time, Saul Polo, was sharing his views in the debate on medical assistance in dying. He was vehemently opposed to it, to an extent that is hard to imagine. I remember it very well, because I was sitting along a line in the National Assembly that was perpendicular to where he was. His face was flushed with passion and his fist was clenched, and he was saying that we should not touch this subject. When he finished his remarks, I stood up and applauded him, not because I agreed with him, but because I was celebrating the fact that in that legislature we could have completely divergent, but respected and respectful views.

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That is the approach we should be taking when dealing with an issue as personal, sensitive and human as medical assistance in dying. We can trade jabs back and forth all day long, and let us just say that I do pretty well when it comes to attacking my opponent. There may be 1,000 good reasons to attack one's opponent, but please, we must not use MAID to attack one another. We must respect opposite views.

We have come together today because the government has decided to set aside its goal to allow access to medical assistance in dying for people with mental illness. It is the right thing to do. While I personally support a well-regulated MAID regime combined with extensive palliative care, the issue of medical assistance in dying for people with mental illness is extremely sensitive, so these kinds of measures must not be rushed through.

The government had intended to expand access to MAID as soon as possible, that is, in just a few days, to include people struggling with mental illness. It has since decided to take a pause. I cannot call it a step back, because the government still plans to go ahead with this, but in a year from now. This is not the right way to go, and I will explain why.

Any number of personal reasons may be in play when people decide where they stand. I imagine we all know one person who has experienced serious mental health issues and hit rock bottom, never to recover—or so those around them believed. We all also know people who have bounced back from terrible trials that dragged them into a downward spiral, an abyss of profound sadness. With time, they managed to adapt to their reality, gradually build themselves back up and regain the sense of self-worth we all need.

That is why, as I see it right now, medical assistance in dying cannot be for people tumbling in the darkness. I have found the Quebec experience to be helpful in pondering this issue. To be clear, I am not saying that Quebec is better than anyone else. That is not it at all, but the fact is, there has been more legislative work and more studies on medical assistance in dying in Quebec than anywhere else. In Quebec, we have been talking about it for 15 years. I know what I am talking about because I participated in the debates in the National Assembly and in the House of Commons.

Here is a statistic that members might find surprising. More people are dying with medical assistance in Quebec than anywhere else in the world. The statistics published in *Le Devoir* in January show that 5.1% of the deaths in the province were medically assisted.

● (2055)

That is more than in the Netherlands and Belgium, which have rates of 4.8% and 2.3%, respectively.

Should we be proud of that situation? Should we be ashamed of it? No. It is just something that we should be aware of. It is not up to me to judge the fact that 5.3% of people in Quebec are currently choosing to have medical assistance in dying. That is just the reality. The figures do not lie.

The Quebec nation worked hard on this issue at the parliamentary level and, a few years ago, the government opened the door to studying the idea of whether medical assistance in dying should be made available to those suffering from mental illness.

After many weeks of thorough and rigorous work and hearing from as many as 3,000 people and hundreds of experts as part of a consultation process, the committee that examined the issue and the government in office decided not to move forward on medical assistance in dying for those suffering from mental illness. Why?

Here is what it says in the committee's report, and I quote:

We note, at the conclusion of our work, that there is no clear medical consensus on the incurability of mental disorders and the irreversible decline in capability that would be associated with them. There are differing positions among specialists. As legislators, it is difficult for us to comment on this issue.

The Liberal MNA David Birnbaum explained:

There is no clear consensus in the medical community on the incurability and irreversibility of mental disorders. Yet [these criteria] are part of the fundamental guidelines in the current legislation. Persistent doubts about the evaluation of these two criteria lead us to exercise [the greatest] caution.

That prompted the former Parti Québécois MNA for Joliette, Véronique Hivon, to say:

This decision proves that the goal is not to open up access more and more, to expand, but to open up the right amount of access to respect the individual while protecting the vulnerable.

That comes from Quebec, where 5.3% of the population chooses medical assistance in dying. This legislative measure came from Quebec. For 15 years, Quebec has been studying the issue of medical assistance in dying in an objective, neutral, non-partisan manner. I know what I am talking about, and so much the better.

The current government wanted to proceed hastily on this issue. No. I applaud and will vote in favour of this bill we are discussing this evening. It will allow us to take a lateral step to delay the Liberals' ambition. We will see where things stand in a year and whether they want to go further on this.

Everyone needs to understand one thing. By its very nature, medical assistance in dying is irreversible. Louise-Maude Rioux Soucy said it well in an editorial that appeared in *Le Devoir* on January 4:

MAID is offered as part of the continuum of care... There is an unwritten obligation attached to it: the quality and universality of palliative care must be beyond reproach in order to guarantee, at all times and in all circumstances, that medical assistance in dying is an exception.

I will now talk about a much more personal story. Last year, I was confronted with the reality of death. My mother, aged 97 years and 10 months, died in May, and my father, aged 99 years, four months and two days, died in December. As we can see, they died seven months apart and lived for a century. They were seriously ill at the end of their lives. In the winter of their lives, my mother and father fought to survive and death came for them.

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MAID never came up because it was a non-issue. They were not interested. Our family was lucky. They got the most excellent palliative care available, and we are grateful. We were able to talk to them. Their children, grandchildren and even their great-grandchildren were able to talk to them. I wanted to share this because, at the hospital where my mother was, there was a section for people receiving palliative care who were about to die in a matter of days and, just down the hall, there was another section for people about to receive MAID. I had some great conversations with family members and even the individuals who requested MAID. The point is, we can and must respect the wishes of every individual. There is no right or wrong. There is only what we are comfortable with. I am comfortable with MAID as long as palliative care is available.

• (2100)

[*English*]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I appreciate the comments from the member opposite because, for the most part, I concur with what the member is saying. In the debate that took place in regard to Bill C-14, if the member looks at Hansard he will see that the issue of palliative care and hospice care was huge. Members on both sides of the House understood how important it was that we have that in our communities, as we did not want to see people using MAID as an escape because of not having that care.

Again, when I reflect on what we are talking about now, more and more members are talking about the issue of mental illness. It is good that we all have a consensus. No one is talking about depression as being something that would allow someone to apply for MAID. If they do apply, the doctors and medical professionals are not going to authorize something of that nature. We are talking about the extreme situations. That is my understanding.

It is good to hear those independent voices on this particular issue and, as much as possible, I would concur. I would just ask the member to continue to expand upon why it is important that we take the party politics out of it, because it is very much a personal issue.

Mr. Gérard Deltell: Mr. Speaker, yes, for once I can agree deeply with my colleague from Winnipeg North. As I said earlier, there are hundreds of good ways to attack an opponent. Let us please not take medical assistance in dying to address a political issue.

For sure, we have to be very careful. This is why, when we talk about mental illness, it is very tough to trace the line exactly on what is good and what is wrong, what is mental illness and what is incurable. This is why we have to be careful and we have to listen carefully. It is a bit too early, to say the least, to address it. Based on the Quebec experience, with 15 years of parliamentary work, two bills have been passed and it is very progressive, if we can use that adjective, in this area, where 5.3% of people die with medical assistance in dying. We have to be careful and the Quebec experience told us not to touch it right now.

• (2105)

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Mr. Speaker, certainly I agree that there needs to be more investment in

palliative care and it is a very important aspect of our society. Today, we are talking about mental health and MAID. We know that one of the pillars of recovery from mental illness is a financial pillar: the ability to have a house, to buy food and to get access to medication and supports. Does the member feel that a guaranteed livable basic income is something that could alleviate suffering in the wake of the mental health crisis in this country?

Mr. Gérard Deltell: Mr. Speaker, in my life as a member of Parliament, and before that as a journalist, I have seen people with so much money and they had deep trouble with mental illness. Also, I have seen people with a huge family and a very tough life, because their income was not as good as expected, but they were happy, all together. Therefore, I do not think that we can put a price on mental illness.

[*Translation*]

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to say a huge thanks to my colleague and dear friend from Louis-Saint-Laurent for his speech. I totally agree with him.

Perhaps he would agree with me that in the debates on Bill C-14, the government promised to do more for palliative care, if I remember correctly. That was a few years ago. I think those promises have been broken.

I would like to hear what my colleague thinks.

Mr. Gérard Deltell: Mr. Speaker, that is a debate for the provinces. It falls under the issue of health care funding, which, as we know, is a provincial responsibility.

I will let the provincial legislatures debate the ongoing funding for medical assistance in dying, especially for palliative care.

[*English*]

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, I rise to talk about this issue tonight, because for me it is deeply personal. As someone who has suffered with depression and mental health issues at various times in my life, including a severe depressive period for which I was seeking treatment, I think the expansion of medically assisted death to those with mental health conditions is incredibly troubling. The fact that this is where we are, almost a month away from when this would be available to Canadians suffering with mental health issues, is a catastrophic failure of the government to properly deal with this issue. I am so unbelievably disappointed that the Liberals are rushing through legislation now to try to delay the implementation of this because they did not do any of the hard work that was necessary in order to get this right. The problem is that there is so much evidence out there on how they could have gotten it right, yet they chose not to.

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I want to talk a bit about an article that was written on December 15, 2022, by Dr. Karandeep Gaiind, a professor of psychiatry at the University of Toronto and the chair of his hospital's MAID team. If anyone has not done it, they should read this article, because it outlines and summarizes the incredible challenges with this issue and how the government has failed in examining it.

I am going to start here: “[E]vidence shows it is impossible to predict that a mental illness will not improve in any individual.” He goes on to say, “Yet expansion activists mistakenly believe they can make such predictions.” Research, which he cites, “tells us their chance of being right amounts to chance or less, with precision modelling showing only 47 per cent of [irremediable medical condition] predictions end up being correct”.

This means that 47% of the time when a doctor says a person's mental health will not improve, they are wrong. This evidence was readily available to the government at any time, yet we find ourselves having to push through legislation to delay it at the last minute.

He goes on to say this: “[W]hen expanded to those seeking death for mental illness, evidence shows MAID becomes indistinguishable from suicide.” We should remember that this is a psychiatrist talking. He says, “We cannot differentiate those seeking psychiatric euthanasia from suicidal individuals who resume fulfilling lives after being provided suicide prevention, rather than facilitated death.”

Let that sink in for a minute. This is a psychiatrist who teaches at the University of Toronto and is the chair of his hospital's MAID team. These are the things he is saying. He has been saying them for a very long time, and the Liberals still could not get this right.

He then talks about the federally appointed panel:

The government-appointed federal panel...was responsible for providing safeguards, standards and guidelines for how to implement MAID for mental illness. Instead, the panel recommended that no further legislative safeguards be required before providing death for mental illness, and did not provide any specific standards for the length, type or number of treatments that should be tried before providing MAID. Its report even suggested society had made an “ethical choice” that MAID should be provided even if suicide and MAID were the same.

This psychiatrist is summarizing what the government panel found. To me, it is absolutely and truly shocking.

He goes on to say, “I am not a conscientious objector.” There are many who are. There are members in this place who conscientiously object to medically assisted death. I am not one of them. I think it can be appropriate in certain circumstances, and Dr. Gaiind is in that group as well. He says, “However it is clear to me that Canada’s planned expansion of MAID to mental illness is based on ignorance—if not outright disregard—of fundamental suicide prevention principles.”

• (2110)

Let that sink in. Again, I go back to who is saying this. This is not me saying this, not a parliamentarian saying it who does not have experience in mental health. This is a psychiatrist at the University of Toronto and the chair of the hospital's MAID team. He finishes, “It appears to ignore what drives the most marginalized people to consider death as an alternative to life suffering.”

This again is the incredible challenge. We have heard all the reports about people thinking they should now get MAID as a result of mental health issues. I cannot believe that we let it get this far, that we do not have rules in place and that we have to go forward and put this off.

The government had so much time to get this right and it could not. It did not even come close. This to me is just a symptom of how the government does things without thinking them through, without thinking of the consequences. What is going to happen if we do not get this bill passed by March 17? Then it is open and available. How is this legislation just being introduced now to push it back? The government knew ages ago that it was not going to meet this deadline. It knew ages ago that it did not have safeguards in place, and yet here we are now. I find that breathtaking.

The doctor's final comments in the article, I think, we should all listen to. They read:

Postponing the March 2023 expansion of euthanasia for mental illness is the only responsible course. Canadians and mental health organizations recognized this and called for it, with the Canadian Association for Suicide Prevention and over 200 individual psychiatrists so far signing a petition to this effect, and the academic chairs of the departments of psychiatry across Canada joining this call for delay.

That article was written in December and here we are now dealing with this legislation. It is a catastrophic failure by the government and the minister responsible for this. Let us hope it is not a catastrophic failure for Canadians.

Someone who is dealing with a mental health issue needs help. Let us be clear. I went through a period in my life where I did not want to continue to live. It was a deeply dark, terrible period of time.

The government is moving forward with this legislation with absolutely no safeguards in place to protect people who are in that terrible place. Eminent psychiatrists have been banging the clarion bell on this for ages and the government did nothing until the last minute. Now it is saying we have to put it off.

I can tell colleagues that I have absolutely no faith that the government is going to get it right. As the quotation I cited in the article stated, the panel got it wrong. I do not know if there has been any ministerial direction to make sure it gets it right. What I can say is this. On this side of the House, we are going to stand up for people with mental health issues. We are going to protect them and not let the government just throw them under the bus.

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• (2115)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, just to provide a little bit of clarity on the issue of mental health, I challenge the member or others who want to make this more partisan to tell me of another government that has invested as much money in health care or mental health, and has focused so much attention on mental health, as this national government has. Stephen Harper definitely did not do that.

My question to the member is related to the special joint committee. There is a special joint committee whose membership comes from all sides that is doing a lot of work on the issue. Does the member believe there are no exceptions himself where any form of mental illness could be eligible for MAID?

Mr. Kyle Seeback: Mr. Speaker, the member said they do not want to make it political, but then talked about a former prime minister, spending and other things. I am not making it political. I am reading the words from a psychiatrist who has more experience than the member, or any member of the government, will ever have on this issue. He is outlining a litany of concerns and how they went down the wrong path on this.

If their investments in health care have been so incredible, why are the premiers screaming that health care is in a terrible state of disarray? That happened under his government. If it is spending more money, it is not doing it well. That is the problem.

It is not political. I am begging the government to get it right on behalf of Canadians who suffer from mental health issues. They need the help.

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Mr. Speaker, I share my colleague's concerns. That is why I voted against the Senate amendment to Bill C-7 in the previous Parliament. I have been a member of the special joint committee on medical assistance in dying. It is very clear that Bill C-39 is necessary. We do need to have that delay in place.

The concepts we were struggling with at committee were individual autonomy versus protection of the vulnerable. I would like to get my colleague's thoughts on those concepts. What is his understanding of the capacity of a person who may have a mental disorder to make an informed consent decision and their own internal understanding of what they are going through?

This is a genuine question. I am genuinely curious as to what the member thinks about it because this is a really important debate that our country is having.

• (2120)

Mr. Kyle Seeback: Mr. Speaker, I think that this issue is so complicated that it is incredibly difficult for members of Parliament to try to set those parameters without extensive study.

I want to go back to the figure that was cited by the professor where he said that 47% of the predictions of people's mental health issue being irremediable are wrong. We look at that stat that 50% of the time they are wrong, and if someone with an irremediable mental health issue goes for MAID, 50% of those predictions are wrong, so the possibility is that 50% of the people getting medically assisted death could have had treatment and got better. That is a

statistic that every member in this chamber should be haunted by until we get this right.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to thank the member for Dufferin—Caledon for being extremely open and honest about his own experience of deep pain and darkness. I also want to keep everything with respect to this issue as non-partisan as possible.

We have a year. Bill C-39 is going to pass. I have not heard any souls in this place say they are not going to vote for it. What do we do in the coming year? What would the hon. member recommend?

Mr. Kyle Seeback: Mr. Speaker, that is difficult. I think the challenge with trying to come up with something at committee is the limitations of committee. Witnesses come, give a five-minute intervention, and we have a five or six-minute opportunity to question. Quite frankly, on an issue like this, I just do not think that is going to do it.

We need professors of psychiatry from well-renowned universities putting in the guardrails to protect Canadians by telling us what those are, and the government has to listen.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Mr. Speaker, I am thankful for the opportunity this evening to speak to Bill C-39.

At the outset, I believe it is important, first of all, that my constituents know that this bill is not a complicated one. It does not propose anything new to Canada's euthanasia laws, nor does it propose to appeal laws that are currently in place. This is a simple bill that delays the expansion of medical assistance in dying to those living with mental illness by 12 months, one year. On those grounds, Conservatives support its swift passage, but only as a temporary solution.

However, this bill is what happens when a government moves too fast, too aggressively, and fails to take into account the pleas of experts and everyday Canadians living with mental illness and family members living with them. These Canadians include our family members, our friends, our neighbours and our co-workers. They live with mental illness that, to them, should not be a death sentence. They see the provision of MAID for their illness as yet another step along the road to devaluing life in this country. They know it is not going to accomplish anything to end stigma around mental illness, and they know that it puts vulnerable Canadians from all walks of life with illness seen and unseen at risk.

That is why this bill is little comfort to me and to Canadians at large. The extension of assisted death to mental illness must not just be delayed; it must be scrapped completely.

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Assisted death has been a highly emotional issue since this place first considered its legalization in 2016. It was the first bill that I debated in this House. Debate has been passionate due to our personal experiences, personal beliefs and convictions on what constitutes dignity in end-of-life decisions. However, today's debate takes on an even greater heaviness in that respect.

Statistics indicate that one in two Canadians by age 40 has or has had a mental illness. The chances are even greater for young people, and among those who have answered surveys on the topic, respondents report that they would be three times less likely to disclose a mental illness than a physical one, like cancer. The numbers are grim but paint a realistic picture of mental health as it relates to all Canadians. It is universal. No one is immune to life's difficulties, whether in the short or the long term. That is precisely why stakeholders are asking the government to show true compassion by reconsidering an expansion of MAID to those with wounds that are largely unseen.

The Canadian Mental Health Association points to socio-demographic factors beyond age, education and income levels as driving forces behind a request for MAID. Racism, poverty, homelessness and gender-based violence have harmful effects on mental health and symptoms of mental illness. Over these past couple of years, we can tell too that isolation, persecution for one's beliefs and hopelessness impact our mental health.

The Ontario Hospital Association is clear that these complex issues must be addressed through appropriate legal safeguards, coupled with societal supports, before assisted death expansion is considered. On the other hand, I believe that we must consider the realities of mental health in Canada among certain groups close to my heart and why expansion must never be entertained.

This summer, Canadians were shocked to learn that a Canadian Armed Forces veteran struggling with PTSD and a brain injury was repeatedly advised of MAID as a solution to his suffering by a Veterans Affairs Canada employee. The veteran had never inquired about MAID, but even after asking the VAC employee to stop pressuring him over and over again, the employee persisted. We know that veterans face a greater risk of suicide compared to the average population. It is truly frightening to know that instead of facilitating the most appropriate care available, this public servant chose to repeatedly suggest MAID as a solution to suffering. This frightens me to know, and I wonder how often this kind of advice has led to tragic consequences.

Debbie Lowther of VETS Canada said that it is like planting a seed within someone who is already struggling with their mental health or may even be contemplating suicide. No matter how isolated the Veterans Affairs issue may be purported to be, and I do not believe it is, it is clearly a result of the government's attempts to muddy the waters on suicide. It did a lot to draw Canadians' attention to the normalization of assisted death in this country and just how rapidly it is becoming a "fix-all" solution, not just for end-of-life issues but for treatable illnesses among vulnerable people. When accessing an assisted death takes less time than accessing disability benefits for our veterans, we are completely failing them. Sadly, veterans are not alone in this respect.

• (2125)

Some Ontarians, for example, face multi-year wait times for special mental health care. That is years of living with mental health issues when they could be receiving treatment. Why are they not? We need to ask ourselves that question. Disability advocates have been crystal clear with this government for years that Canadians do not have access to all the supports that they need and deserve and are even available.

In a piece in the Hill Times this past week, Spencer van Vloten of BC Disability is correct when he states that, "too much time is spent considering who should die, rather than how to help people live." He goes on to note all-time highs in wait times, nearly 30 weeks, for those seeking mental health treatment.

To paraphrase one disability rights advocate, those living with treatable illnesses likely would not put MAID anywhere near the top of their list if they had unimpeded access to support and treatment.

Indigenous Canadians also face an increased risk of preventable harm as MAID becomes more accessible. Tyler White, CEO of Siksika Health Services noted that, "Indigenous elders work hard to tell young people that suicide should not be an option, and the medical assistance in dying (MAID) bill [Bill C-7 in this case] says the opposite."

Many indigenous Canadians can speak to negative experiences with the health care system, including procedures that were done against their will. It is my belief that an assisted death regime, with ever-expanding boundaries and ever-diminishing safeguards, will not help to heal mistrust. It will only worsen it for our indigenous people, our veterans and those with disabilities.

It comes down to this simple fact: The same majority of Canadians who desire empowerment in their end-of-life decisions want Parliament to carefully weigh the risks of MAID for those living with mental health issues, such as depression. Sixty-nine percent fear that depressed individuals could see MAID as a means to escape dealing with the underlying causes of their condition. The experts say they can, over time, deal with those conditions.

Government Orders

The slippery slope does exist, and Canada is spinning out of control. We have to apply the brakes here. We are not only listening to those who will personally be affected by these laws, but we also need to take lessons. I know this government says, “We take no lesson”. Well, do not take them from us then, take them from jurisdictions with a long-standing MAID regime for mental illness.

In Belgium and the Netherlands, MAID laws once limited to mentally competent, terminally ill adults now include adults and children with mental deficiencies, severely disabled individuals, and those with treatable psychiatric conditions such as anorexia and depression. Between 2012 and 2017, the Netherlands alone saw a 600% increase in euthanasia which was sought to address psychiatric conditions; conditions that the experts say cannot be determined to be irremediable.

So, this government has made a choice. This minister has claimed that this is only a pause. It cannot claim as a government that it stands as a champion for mental health treatment while simultaneously cheapening the value of that treatment and, indeed, human life itself.

The minister claims that MAID expansion can be done safely, but experts have been clear that expanding eligibility of medical assistance in dying to Canadians living with mental illness cannot be done safely. It is impossible to determine irremediability in individual cases of mental illness. This expansion will only blur the lines further between suicide assistance and suicide prevention.

Canadians cannot trust this Liberal and NDP government to protect the lives of our most vulnerable, including those who are simply asking for a hand in the seasons of need. Every action they have used for MAID since 2015 has achieved the opposite.

So, let us not further stigmatize those with mental illness by placing euthanasia ahead of other solutions. We need to reject a culture of death on demand and instead let us make Canada a champion for suicide prevention at all stages of life.

• (2130)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, it is somewhat offensive to even give an impression that we want death on demand, or that any member of the House of Commons would want death on demand. That is really quite an extreme statement.

As a government, we have invested an immense amount of resources towards mental health, far more than previous governments.

I do want to address one issue. When an agent of veterans affairs, a civil servant made that recommendation, I think it greatly offended every member of the House of Commons. My understanding is that that person is no longer talking to veterans.

I am wondering if the member would provide this clarification. Would she not agree, whether it is a veterans' agent or individuals who do not have the authority to even deal with the issue of MAID, they should not be recommending, in any circumstances, that MAID be—

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member for Yorkton—Melville.

Mrs. Cathay Wagantall: Madam Speaker, the truth of the matter is that this issue exposed something that is happening in our society, and it is happening without oversight.

When the previous minister of justice indicated in the House that the first bill on assisted suicide, or MAID, had to be studied extensively before we moved forward with any other considerations, the government just flew right by that and immediately brought in another piece of legislation that, again, has opened it up.

I am sorry, but I do not know how much closer to death on demand it can get when a veteran is told that by someone. Yes, it was illegal, doing what they did to even suggest it because it was out of their purview. To open it up to that point is to say to someone, “You know what, with all of your issues, this would be a better alternative to your life.”

• (2135)

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, my colleague said something, a quote that I think is haunting, profound and accurate. She quoted someone who said that we spend too much time helping people to die and not enough time helping people to live. For a government member to try to diminish what happened with veterans affairs, I find that disgusting.

I was wondering if my colleague would like to take a little more time talking about some of the really good things that she mentioned that the Canadian government should be doing to help people to live, as opposed to this measure that is front of us, which should never have been contemplated.

Mrs. Cathay Wagantall: Madam Speaker, there is so much that is being left on the table in the back room, I do not know where, that is not being done, and it raises doubts in veterans' minds as to the true intent of the government in truly meeting their needs. I am serious.

We have a backlog that continues to grow, while the minister is talking about the billions of dollars we are throwing at this, and it is the same with mental health, yet things are not improving. They are getting worse.

We have a responsibility in the House to do everything we can to make life valuable. We should have top-notch palliative care across the entire nation. We should be taking care of our veterans from the moment they enlist until the moment they are successful in a civilian life after they are done serving. There are so many things that could be done by the government.

Government Orders

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, notwithstanding the many leading psychiatrists who have made it very clear that this expansion cannot be implemented safely, and notwithstanding the Association of Chairs of Psychiatry calling on the government to stop this expansion, the Minister of Justice, even though he has moved this bill forward, has actually said that the government could have gone ahead with this anyhow, notwithstanding that irremediability, suicidality and other legal and clinical issues remain unresolved. Does this not speak to the degree with which this minister is blinded by ideology—

The Assistant Deputy Speaker (Mrs. Carol Hughes): That was not quite a short question, but if the hon. member could give a short answer, that would be great.

The hon. member for Yorkton—Melville.

Mrs. Cathay Wagantall: Madam Speaker, the truth of the matter is that the minister has shown his hand. He has no intention of not making this law come into effect. That is where Canadians have drawn the line.

The reason they have stalled is because they realize they are not reflecting the values and the desires of the majority of Canadians. For once, I would love to see the Liberals function as a government on behalf of Canadians.

Mr. John Barlow (Foothills, CPC): Madam Speaker, as we have heard this evening and throughout the day, there is no question that this is a personal issue for many of the representatives in this chamber. I can speak to that as well. When the legislation for MAID first came up two parliaments ago, I held a number of open houses and town halls in my riding, and I have never had a larger turnout than I did for doctor-assisted dying.

In fact, my colleague, whom I have a great deal of respect for, the member for St. Albert—Edmonton, attended one of those open houses to help explain and walk my constituents through what this legislation meant. The biggest concern and biggest worry for my constituents at that time was the lack of strong and strict safeguards for the expansion of access to MAID. Certainly, what we are seeing now is a frightening broadening of access to MAID.

If there are any red flags for the Liberal government, it would be the fact that when MAID was first legislated in 2016, about 1,000 Canadians accessed it, and that number is now more than 36,000 in one year. If there was ever a reason for the Liberal government to stand up and take notice that this legislation has far exceeded its original intentions, that would be it. It was based on a foreseeable death, a terminal illness or someone being in unbearable pain. This is who should have been accessing MAID.

Now we are seeing those lines so blurred that they almost do not exist. The fact that the Minister of Justice has only delayed implementing access to MAID for those with mental illness is again a very stark red flag. That is why we are seeing so many Canadians stand up, and in many cases emotionally, to say that this has gone much too far. We are hearing so many anecdotes and examples, not only from our constituents but from people across the country, of people who are already accessing MAID who never should have been eligible.

A constituent of mine, Mark Meincke, who is a very well know veterans advocate, called me one afternoon and told me about a friend, a veteran, who had been on the phone with his Veterans Affairs caseworker. When he talked about his mental health issues and wanting to access mental health resources, the caseworker told him they could offer him MAID if that was something he would rather do than contemplate suicide. Actually, the caseworker's language was much starker than that.

Initially, I thought it could not be true and that Veterans Affairs could not possibly be offering MAID to the men and women in uniform who served our country and made such an incredible sacrifice that most of us could never possibly fathom it. When the heroes of our country were reaching out in their vulnerable moment, they were being offered the easy way out.

It is no wonder that many of our veterans now feel they are not getting the services they need from the federal government, because it is just too costly. The government is trying to clear a backlog of files off its desk, and that is why it is offering access to doctor-assisted dying. That is not what we should be offering our veterans, those who sacrificed everything for us. We should be ensuring they have access to the mental health care and PTSD treatments they deserve, not access to doctor-assisted dying.

Of course, this is coming from a government with a Prime Minister who said to veterans that they were just asking for more than the government could give. We can see why there is frustration and why a seed of doubt has been planted among veterans and first responders across this country.

I am glad to hear that the government took action on that one caseworker. Unfortunately, even though we were told this was a one-off, we have now heard several stories of other veterans being offered similar services from other caseworkers. As someone who has been around government for a while on both sides of the House, I know these caseworkers are usually given a script that they go by. What is worrisome is that this was not just a one-off and was something Veterans Affairs was offering our men and women in uniform.

I would urge my colleagues across the floor in the Liberal caucus to see that giving this a one-year delay is not enough. If there was ever a piece of legislation in the House of Commons that we had to get right and that we could not make mistakes on, try to rush through or base the decisions on ideology or activism, it is this one. I do not know if I have ever said this standing in the House, but lives literally hang in the balance and are at risk if we get this wrong.

● (2140)

I would urge my Liberal colleagues across the floor to listen to the stakeholders in their communities, to listen to the community-based service groups and charities and mental health programs in their communities that are standing up and saying, “Stop; this is going way too far.” I cannot be the only one who is getting dozens of calls and emails from those groups in my riding who are asking me to meet with them and try to relay that message and those concerns to the Liberal government. They have lost hope and, instead of providing hope for life and offering the essential resources that Canadians need, the Liberal government is offering them death.

As parliamentarians and as Canadians, is that really what we want our country to be? Is that really the bar that we are setting for ourselves? Rather than invest in palliative care and mental health services and services for our veterans and those with disabilities and mental illness, are we going to take the easy way and just make doctor-assisted dying more accessible? I do not believe that is the result we want.

A constituent of mine, Pilar, called me the other day and said, “I have worked in palliative care for several years, and in several other domains of medical care, and I can tell you, it will be the most vulnerable who will suffer the most from this, and experience undue pressure and coercion to allow the state to end their lives.” That is very profound from someone in the health care system.

I have heard similar comments from groups like Inclusion Foothills, which is a group in my riding that works with folks with disabilities, including mental and emotional. I met with the group before Christmas. Its members have a profound fear with respect to this MAID expansion of access for mental illness and concerns for their clients who have disabilities. Time and time again, they said, they were hearing from families who are concerned they may lose their loved ones because they were offered MAID in a stressful time or moment of weakness and vulnerability.

All of us have had those moments of vulnerability and anxiety and we would hope that in those times of need the services that we require would be made available to us. At Inclusion Foothills, they were saying that Canadians with cognitive disabilities or depression and anxiety are easily more susceptible to offers of coercion, well-meaning or otherwise, perceived or real, of an option to end their suffering. I know, again, that I am not the only one who has families and persons with disabilities and mental health concerns and concerned residents reaching out to my office and begging for safeguards to be put in place to protect their vulnerable loved ones, their friends and certainly our neighbours.

The Government of Canada's own website acknowledges that, “Mental illness is experienced by 1 in 3 Canadians during their lifetime” and that suicide “...is a significant cause of premature death in Canada.” The website goes on to state:

Most mental illnesses can be effectively treated by health professionals and community-based services....

Unfortunately, because of the stigma of mental illness, many people avoid or delay treatment.

The most important part of that statement is “mental illnesses can be effectively treated”. That should be the focus, and not the option of doctor-assisted dying.

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Finally, I want to address another community in my riding, and that is the agriculture community and rural Canadians. A survey that was done last year said that 76% of farmers who were surveyed are suffering from medium to extreme mental health concerns and stress. Worldwide, male farmers are at higher risk of dying by suicide and they are less likely to ask for help. “Cowboy up” is what we hear all the time. In fact, we had a unanimous consent motion in this House asking for the government to provide a mandate in Farm Credit Canada's mandate to support mental health programs. The Liberals voted against that.

My constituents are unequivocal: MAID was never meant as an emotional decision; it was never meant to be outside the bounds of those as an exceptional reason. I would encourage the Liberal government not to just delay this for a year and not to put a timeline on it. Let us do this right. Let us make sure that we stand up for all Canadians with disabilities and mental illness. Let us do it right.

● (2145)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, as someone who has actually served in the Canadian Forces, walked with World War II veterans and World War I veterans and sat in the legions and listened to the horror stories they had to endure, I find it exceptionally offensive to try to imply that the government would, in any way, in any form, or any member of the House—

An hon. member: Oh, oh!

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member for Sherwood Park—Fort Saskatchewan does not have the floor and he is not the one who will be responding to the questions and comments. I know that his colleague for Foothills is able to answer those questions.

The hon. parliamentary secretary.

Mr. Kevin Lamoureux: Madam Speaker, I do not believe it is appropriate for any member of the House to try to imply, in any way or any form, that there is any member of the House of Commons who would actually suggest that it is okay for a veterans service agent to recommend MAID to a veteran.

Would the hon. member not agree with that assertion?

Mr. John Barlow: Madam Speaker, I would agree that it is inappropriate for a case worker from Veterans Affairs to offer a veteran access to medical assistance in dying rather than the mental health resources that they need. However, Veterans Affairs, under the current government, did exactly that. For that member to just try to say that this never happened is a complete fallacy. It did not happen just once; it happened numerous times.

Government Orders

It is absolutely inappropriate but, unfortunately, the government did exactly that.

• (2150)

Mr. Alistair MacGregor (Cowichan—Malahat—Langford, NDP): Madam Speaker, when we were looking at Bill C-14 two Parliaments ago, there was a statutory requirement for a review. The government went ahead and introduced Bill C-7 before we ever did that review. It accepted the Senate amendment to its bill before it established the special joint committee, of which I was a member, both in the previous Parliament and in this one. We struggled with many of the issues the member highlighted in his speech. Two of the themes we were grappling with as a committee were respect for individual autonomy versus protection of the vulnerable.

I share the member's concerns with this. How, in his mind, do we try to rectify those two concepts, so that we are respecting a person's autonomy to make decisions that are in their own interest but also making sure that we as a society are protecting the most vulnerable?

Mr. John Barlow: Madam Speaker, I think my hon. colleague touched on the crux of the issue. That review should have occurred. We would have had better insight into what we are dealing with right now.

The issue he is talking about, that balance, is when someone is suffering with mental illness or a disability and how difficult it is to understand if they are making that decision in the right state of mind, let us say. The Liberal government opened this door so wide, when there is no question that Canadians, at their most vulnerable moment, will be making an irreconcilable decision that they may not be making in the best position of their mental health and, certainly, the position they are in economically and financially. Most importantly, are they in the right state of mind to make such an important decision?

That is what we have to take the time to decide.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, certainly as the debate has continued through this evening, I think there is a remarkable amount of non-partisan agreement, with areas of difference. I think one of the areas of difference, and I am hoping the hon. member for Foothills will agree, is that it is better not to try to suggest that people have a motivation in this place.

We all agree, I think, that the pace at which MAID extended from irremediable medical conditions to mental health conditions took a lot of us by surprise. I voted for Bill C-7 because I wanted to see the advance directives being made available to people who were suffering with a terminal medical illness. The mental health conditions were suddenly before us.

We welcome the chance to have an additional year's delay, but what could we do in that time? I ask the hon. member for Foothills what he would recommend in this next year to make a difference and have the precautions and protocols in place.

Mr. John Barlow: Madam Speaker, I agree with my colleague. When those numbers went from 1,000 per year to 37,000 Canadians accessing MAID, that was a severe red flag that this has gone much too far. All of us have loved ones who are impacted by mental illness or disability. This certainly hits home for all of us.

I would say that my suggestion would be not to put a timeline on this. We are putting this off for one year. My concern is that the Minister of Justice certainly does not agree with most of us in the House. He said it himself, that the government could just plow ahead and go ahead with this legislation without any additional discussion. I think that is a wrong decision. We are certainly hearing from our constituents and from Canadians that this has gone far enough.

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, we are here tonight, at nearly 10 o'clock in Ottawa, discussing a difficult topic, but one that every Canadian should be concerned about. I would like to outline what we are talking about tonight so I can give my argument in that context.

In 2020, a bill was tabled to discuss and put forward proposals to expand medically assisted dying, and then in the other place, the Senate, there was an amendment made after committee study, and after due diligence, which the government rammed through. Without scrutiny, the government rammed through an amendment that was put forward by an unelected and unaccountable body to expand medically assisted dying to persons with mental health issues.

That bill ended up passing, and now we are here today debating an initiative that the government now wants to undertake to extend the date that service would become available to Canadians from this year and month, to a year from now.

I want to be very clear. I am going to vote in favour of extending this timeline, but under no circumstances in this country right now should medically assisted dying be extended to persons with mental health issues. For colleagues who are in the Liberal caucus who have the ability to speak to their leaders behind closed doors, our country is suffering. There are so many people who are hurting who may have had some mental health issues before the pandemic due to job loss, lack of access to services, issues that happened in relationships or so many things.

We are a country that is in the middle of a mental health crisis, yet today the most amount of time we have spent debating how we, as Parliament, and the government are going to support Canadians with mental health issues is to offer medically assisted dying. I just find it reprehensible and an abdication of responsibility of every person in here of every political stripe to allow medically assisted dying to be extended to Canadians, given the abject and miserable state of mental health supports for Canadians across this country.

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Nobody can access mental health services in this country. Even privileged people have difficult times accessing mental health supports. Everybody in this country will need somebody to talk to or will go through crises, and every once in a while we get something from a corporation, such as Bell Let's Talk day, but when the rubber hits the road and somebody needs someone to talk to, those services are not adequately there, or they are too expensive. For the government to even contemplate allowing this for such people, where one of the symptoms of mental health issues is to express, in certain circumstances, wishes to die, is so irresponsible. My opinion is that we should not only delay this from coming into force for a year, but also not do it at all.

The government promised \$4.5 billion for mental health services, and that is nowhere to be found. The NDP is in a supply coalition with the government. This should be number one on its list of demands. There should be no support of medically assisted dying without some sort of plan to address the lack of staff in mental health support services, the burnout in mental health services and the lack of funding. In my province of Alberta, the amount of funding the government just offered the Province of Alberta, \$500 million, in this last round of talks was about the same it spent on airport COVID testing after it had lifted restrictions for airport COVID tests.

● (2155)

The government has its priorities all wrong. This is not just about spending or waste. This is people's lives. It is suggesting that we should be extending medically assisted dying at a time when we have not even begun talking about destigmatizing mental health issues. There are a lot of people who would never talk about it. They feel like it is a shame to struggle. They do not have someone to talk to or have a support network. As parliamentarians, we are contemplating normalizing offering medically assisted dying. How did we get to this point? How did the government even think this was appropriate? It even snuck it in on a Senate amendment. No. We should be pushing this deadline off.

My colleague from British Columbia tabled a bill to remove this provision and I support his legislation 100%. It is smart, it is compassionate and it should receive cross-party support. There is nobody in here who can argue, with a straight face, that the mental health support services for Canadians are anywhere close to adequate at all. It is our duty, as parliamentarians, to give people hope to live. That is our first goal.

That is what we should be doing, not sitting in some academic chamber listening to people argue legal technicalities around maybe something means medically assisted dying. We have to have a moral compass sometimes in this place. There is no way this should proceed in Canada. Even my colleague from Saanich—Gulf Islands talked about the explosive use of MAID and the slippery slope that actually happened. It was not a logical fallacy in debate. We have evidence of it. There are no safeguards and there are no supports to help Canadians make the choice to live.

I am begging everybody in this place, first and foremost, help Canadians live. We need to help Canadians live by pushing this off and by supporting my colleague from B.C.'s bill. We should not even need this private member's bill. We should not be wasting

time in the House of Commons pushing this decision off for a year. We should not even be talking about it at all. We should be debating late in the night about how we give Canadians the support they need.

In a CBC article from February 2, the justice minister was quoted talking about why he wanted to extend it for a year. It was not for any of the reasons that I gave or colleagues of other political stripes have talked about. He said, "We want, in particular, those health practitioners, those faculties of medicine, colleges who had some concerns to have the time to internalize what is happening."

His concern and motive for delaying this was not to protect Canadians. It was to foist this ideology upon our top medical practitioners at a time when they are burnt out, suffering and underfunded after two years of a pandemic and a woefully broken health care system. There is no way we should be extending medically assisted dying to mental health in Canada given how broken our health care system is and the lack of hope Canadians have right now. It is our job to be offering them hope and to be doing everything possible for Canadians who have mental health issues to have that hope.

For anybody who is listening to this tonight, there are so many lines out there. If someone is struggling with mental health issues, they can reach out and know that there are people in this place who understand that everyone has a right to live. They have a right to live with dignity, with hope and with compassion, and that is what we are fighting for. That is why there are people of differing ideologies in this place who will fight tooth and nail to get the government to focus on what is good, just and beautiful.

● (2200)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I would concur that there are many ways in which people can access the types of supports that are out there, and it would be good to see more support going into mental illness, health and well-being. We hope that is what we will see with our provincial and territorial governments, and work with our different communities, rural or urban. The issue I have is when we take a look at the legislation, the legislation is proposing a pause. There will be some time for members to continue to reflect on and hear what health care professionals and experts have to say.

To what degree should health care experts and other stakeholders play a role in this debate?

● (2205)

Hon. Michelle Rempel Garner: Madam Speaker, my colleague from Winnipeg just said that he would hope that we would have more resources for mental health. He is part of the government. He has a government appointment. He sits around the table.

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We do not have those supports because the government has not provided them to Canadians. Honestly, he is listening, and he should think about this. This is not a talking point. His government has not got the job done, and that is why we are here. This should not be a pause. We should not be talking about this. This should not happen.

When it comes to his question about medical professionals, we have medical professionals. We have got all sorts of groups from disability experts to indigenous leaders saying there is no way this should be offered in Canada. What we should be focusing on is helping people to live with hope and dignity, something that the government has not yet done. That is why the government should not be proposing this at all. Based on science, based on morality and based on any outcome right now, we should not be offering medically assisted dying to Canadians with mental health issues.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Madam Speaker, earlier the member from Winnipeg talked about how we all agree that it was wrong that a staffer at Veterans Affairs Canada was talking about euthanasia with a veteran who called looking for help. He asked if we do not all agree on that.

I think what confuses me about the government's position is that apparently it objects to the fact that over and over again, when a veteran called in for help at Veterans Affairs Canada, they were told to consider euthanasia or medical assistance in dying, yet if that same veteran had gone to see a psychiatrist or visited a nurse practitioner, the government would be totally fine with that person being given that advice. The government is fine with people being told by the medical system that they should consider or pursue this option, just apparently not when it comes from Veterans Affairs.

Does the member think there is an inconsistency in the government's position that we should be supporting people in all cases, regardless?

Hon. Michelle Rempel Garner: Madam Speaker, that cuts a little close to home for me. My husband is a combat veteran. I know what it is like when he casually tells me that one of his colleagues that he served with has taken their own life.

This is not a joke. We should not be offering medically assisted dying as the first intervention of Parliament, which is what the government would be doing, instead of telling Canadians they are worthy, they have value and our government is here to help them with their needs, be it a veteran, be it somebody who has lost their job or somebody going through divorce. We should be offering hope, value and dignity, not medically assisted dying for people with mental health issues.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, would my hon. friend from Calgary Nose Hill support one of the things that many of us in opposition are calling for, which is a guaranteed livable income, so that no one would be in such a desperate state that they would actually think of taking their own life because of economic pressures.

Hon. Michelle Rempel Garner: Madam Speaker, the government has spent us into oblivion. Our government has put us into a situation where we are broke. Talking about all the things that could help Canadians is so much farther away because of the waste, the corruption and the lack of priorities on Canadians.

There are so many things we could be talking about and should be talking about to help Canadians, but the first thing we need to do is get the government out of the way. I cannot even believe that this proposal is on the floor.

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Madam Speaker, as always, it is an honour to rise in this place to talk about this important issue facing Canadians, being signalled last week and coming into debate today, and to understand the gravity of the conversation that is Bill C-39. We have before us a bill that presses pause, a one-year pause, on the implementation of the state being able to, through a medical assistance in dying regime, see individuals take their own life for the sole underlying cause of having a mental illness. It is moments like this where one has no option but to pause and think about the gravity of the issues that we discuss here.

Certainly, when it comes to this delay, I support it. I think that a year is not nearly long enough, and like many other colleagues, I believe that a delay simply does not go far enough regarding something that should never be on the table.

When it comes to mental health, we have heard today something that has been mentioned a lot, the idea of hope, the fact that we need hope, and offering death to someone who feels hopeless is not hope. I find it very troubling and a tragic irony that over the course of the time that I have had the honour and responsibility of serving the people of Battle River—Crowfoot we have talked a lot about suicide prevention and mental health. I think back to one of the debates that took place during my nomination campaign. I made a simple statement that I did not realize would have the effect it does today. It was when I and the other nomination contestants in Wainwright, which is home to a military base, were asked a general question about what was required for mental health. It was a productive discussion, but one of the statements I made in response to that was that I believed mental health is health. A young man came up to me afterward, the child of a veteran, and said he was so encouraged by the fact that somebody finally was willing to say that mental health was health.

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I cannot emphasize enough how vitally important that context is to the discussions we are having around Bill C-39, and specifically the honour I have of representing a military base. The fact that there are veterans who have called Veterans Affairs asking for help yet were offered death defies what I thought was possible. The reality is that in this country we need to make sure we prioritize hope. When we look at the context of where we got to, this bill is happening a whole lot faster than the three-digit suicide hotline that this Parliament unanimously called for more than a year ago. Where political will exists things can move quickly, but unfortunately when it comes to the idea of help, health care for those struggling with suicidal thoughts, and ensuring that those who have mental health challenges are given the care they need, we have before us a bill that simply delays for one year the offer of death.

● (2210)

I have reflected much on this issue, although being elected in 2019. In much of the debate that took place over medical assistance in dying, we were told that the concerns raised by many members, both those who sit in the Conservative caucus today and others, including but not limited to the former attorney general and I believe representatives from all parties represented in this place, were simply considered a slippery slope, a logical fallacy, yet here we are.

In fact, in the context of this discussion, a story was sent to me, which I would like to read in this place: “Recently, my friend’s mother, Carmen, was a victim of a physician attempting to coerce her into MAID. He was quite insistent on it, to the point of causing severe distress. His main point of sale was that it would save the hospital a lot of money, and it was her duty to do the right thing for the hospital and her family to agree to it.”

I could not think of a circumstance where somebody would be more vulnerable, dealing with the challenges associated with mental health and some of the challenges associated with underlying health conditions, as was the case with this individual. Instead of being given that opportunity for life, it was presented as a duty to save the state a few dollars and to save her family from having to journey beside her through an illness.

The folks from Battle River—Crowfoot will know very well my faith background. I often think of some of the Bible verses that I was taught as a child and remember here today. I would like to read one here today, which is certainly one that has offered me hope during challenging times. It is Jeremiah 29:11. I think that many in the House will have heard this verse before. It goes, “For I know the plans I have for you, says the Lord. They are plans for good and not for evil, to give you a future and a hope.”

As we enter into the discussion around the idea of whether or not somebody who is facing a challenging circumstance in their life and facing the challenges of mental health distress, to the point where they would be led to or, heaven forbid, coerced into making an irreversible decision such as medically assisted death, let us remember, as others in this place have mentioned, that as members of Parliament, as leaders in this country, and certainly as members of the government across the way, we should always endeavour to be catalysts for hope. We should ensure that, whether it be in partisan discussions, which members in the House will know well I love to participate in, or whether it be in coming to the assistance of those

who walk through my office door in Battle River—Crowfoot, we do everything we can to extend the hope that is so desperately needed.

As we have this discussion, as we have this now one-year pause on the implementation of mental health being the sole underlying factor for medically assisted death, let us pause and think very carefully, not only as parliamentarians but as a country, as a society, as those who are called to look out for the most vulnerable among us, whether that be indigenous people, immigrants, women and the list goes on, to ensure that we respond not with the extension of a mechanism that would allow somebody to take their own life, but for those who are facing the most severe mental health challenges, let us ensure that our automatic response would be to offer that olive branch of hope.

● (2215)

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, since the Supreme Court decision in 2015 and going into 2016, the government has been working very closely with members on all sides of the House, even today, in passing legislation. It takes more than just government members to pass legislation.

I suspect that virtually all members will be supporting and voting in favour of this legislation because they see the value in what the government is proposing, which is to put off and ultimately delay things for a year so we can feel more comfortable in making sure we are getting things right.

Does the member acknowledge that the Government of Canada has appointed a task group of experts to develop MAID practice standards in collaboration with provincial and territorial governments, regulatory bodies and clinicians across Canada? Does the member feel that those organizations and stakeholders should have any say in the future of MAID legislation?

● (2220)

Mr. Damien Kurek: Madam Speaker, given the very bureaucratic explanation the parliamentary secretary just read, what bears mentioning is the tragic irony that exists here.

We are debating the extension of medical assistance in dying to those with mental illness as the sole underlying condition, yet this House unanimously, only a number of years ago, passed a motion to bring about a 988 suicide prevention hotline, which certainly seems to be progressing at a snail’s pace. Canadians do not need more bureaucratic language, more task forces and more excuses from a government that is refusing to acknowledge that instead of the expansion of medically assisted death by the state to those with mental illness, we should be talking about ensuring that all Canadians have hope to live for the future.

Government Orders

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Madam Speaker, I have heard a lot of talk tonight about the need for support, so I will ask the member about that. In the year, potentially, during which there is time for additional consultations, and I hope the government will listen to the outcomes of those consultations, what kind of financial supports would the member suggest?

On the NDP side, we would like to see pharmacare. We think that people being healthy and able to afford their medication is important. Affordable housing is another opportunity to increase supports for folks. I wonder if the member could expand on some of the opportunities in the next year.

Mr. Damien Kurek: Madam Speaker, I find it interesting that in the calls I have taken specifically over the last eight months or so, it seems there has been a real pickup in the number of seniors, single parents and women endeavouring to get out of difficult situations who, when going to the grocery store, are not able to afford the bare minimum that it takes to feed themselves and often their families.

We need to make sure we have a compassionate approach to welfare in this country to ensure that the most vulnerable get support.

We also need to make sure that every opportunity for Canadians to succeed is granted to them. I often see in this place that this is being denied to Canadians. I see that in my own constituency.

The member has supported the shutdown and loss of tens of thousands of jobs in my constituency. Let us take a pause, and instead of promoting plans that would worsen the economic circumstances for many Canadians, like those promoted through the just transition the Prime Minister is pushing for, let us make sure we provide hope and opportunity for absolutely every Canadian. Let us make sure we are there to support those who need help when they need it most.

The Assistant Deputy Speaker (Mrs. Carol Hughes): There being no further members rising for debate, pursuant to order made earlier today, the debate is deemed adjourned and the House is deemed adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 10:24 p.m.)

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