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Speaker: The Honourable Anthony Rota



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HOUSE OF COMMONS

Thursday, February 16, 2023

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

• (1005)

[*English*]

FOREIGN AFFAIRS

Mr. Maninder Sidhu (Parliamentary Secretary to the Minister of Foreign Affairs, Lib.): Mr. Speaker, pursuant to Standing Order 32(2), and consistent with the current policy on the tabling of treaties in Parliament, I have the honour to table, in both official languages, the treaties entitled “Amendments to Annexes I and II of the International Convention against Doping in Sport”, notified on October 1, 2022; “Protocol on the Status of International Military Headquarters set up pursuant to the North Atlantic Treaty”, done at Paris on August 28, 1952; and “Convention Abolishing the Requirement of Legalisation for Foreign Public Documents”, adopted at the Hague on October 5, 1961.

* * *

MISCARRIAGE OF JUSTICE REVIEW COMMISSION ACT

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.) moved for leave to introduce Bill C-40, An Act to amend the Criminal Code, to make consequential amendments to other Acts and to repeal a regulation (miscarriage of justice reviews).

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

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[*Translation*]

COMMITTEES OF THE HOUSE

TRANSPORT, INFRASTRUCTURE AND COMMUNITIES

Mr. Peter Schiefke (Vaudreuil—Soulanges, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the eighth report of the Standing Committee on Transport, Infrastructure and Communities entitled “Enhancing the Efficient, Affordable Operation of Canada’s Airports”.

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

I also want to add that the committee has done an outstanding job. Thank you to the members, witnesses, clerk and analysts.

[*English*]

Mr. Dan Muys (Flamborough—Glanbrook, CPC): Mr. Speaker, it is an honour to rise today and table a supplementary report on behalf of my Conservative colleagues on the Standing Committee on Transport, Infrastructure and Communities. This supplementary report is tabled in both official languages. It is in response to the report that was just tabled by the committee chair, and I would echo his words. We thank the chair and our colleagues on the committee from other parties for their collaboration on the recommendations contained in that report.

However, Conservative members believe that the recommendations do not go far enough and are tabling this supplementary report as a result. Our report makes four additional recommendations that reflect witness testimony we heard. They include a comprehensive review of airport governance, operations, training, accountability and fee structures, a competition review, the removal of the federal carbon tax on air travel and to permanently scrap the ArriveCAN app.

Conservatives believe that any effort to enhance the efficient, affordable operation of our airports is incomplete without these steps, and more. We ask for a government response to our supplementary report.

* * *

PETITIONS

JUSTICE

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Mr. Speaker, I rise to present a petition initiated by my constituents Mike and Dianne Ilesic, whose son Brian, along with two other victims, was brutally murdered in an armed robbery. A fourth victim survived but sustained permanent head injuries.

Routine Proceedings

Mike and Dianne felt some sense of relief believing that they would never have to face Brian's killer at a parole hearing, after he was the first mass killer to be sentenced under a law passed by the previous Harper Conservative government that gave judges the discretion to impose consecutive parole ineligibility periods for mass killers to take into account each life lost. However, that law was struck down unjustly by the Supreme Court last year. Now Brian's killer could be eligible for parole in just 14 short years. Mike and Dianne were alarmed when the Minister of Justice failed to respond to the decision and even went so far as to say that he respected the decision.

Mike and Dianne, along with petitioners, are calling on the Minister of Justice to, for once, stand up for victims and respond to this decision by invoking the notwithstanding clause so that families like theirs never have to endure a parole hearing, and so that the worst of the worst mass killers in this country remain behind bars, where they belong.

Mr. Kevin Lamoureux: Mr. Speaker, on a point of order, just listening to the last presentation, what I heard was more of an explanation, followed by what the essence of the petition was. I raise it to your attention so that members are aware that it should not be in that fashion.

• (1010)

The Speaker: I want to remind the hon. members that when presenting a petition, they are here to give us a very concise explanation of what the petition is, not to go very long and make a statement. We will keep that for the debates that come out later on when they are dealt with in the House.

The hon. member for Courtenay—Alberni.

THE ENVIRONMENT

Mr. Gord Johns (Courtenay—Alberni, NDP): Mr. Speaker, I will be concise.

My constituents from Union Bay have signed a petition calling on this House and the Minister of Environment to respond to the environmental disaster that is taking place in my riding. They cite that there is significant risk to workers and the environment associated with ship recycling due to the presence of a wide variety of hazardous materials in end-of-life vehicles.

Most importantly, unlike other jurisdictions, they cite that Canada lacks standards on ship recycling and that unregulated ship recycling activities are putting our oceans, coastal communities and workers at risk. They are calling on the government to develop enforceable federal standards to reduce the negative environmental and social impacts of ship recycling that meet or exceed those set out in the EU ship recycling regulation; provide assistance through loans and grants to long-term, reputable ship recycling companies to facilitate implementation of new federal standards into their operations; and develop a strategy for recycling end-of-life federally owned marine vehicles.

This is an obligation of Canada under the Basel Convention, and the petitioners are calling on the government to act.

IRAN

Ms. Leah Taylor Roy (Aurora—Oak Ridges—Richmond Hill, Lib.): Mr. Speaker, I rise to present a petition on behalf of the residents of my riding of Aurora—Oak Ridges—Richmond Hill, principally Iranian Canadians, who are urging the Government of Canada to expedite the implementation of the sanctions that it placed on the Iranian regime and the IRGC and to continue to support the fight for human rights for Iranian women, children and political prisoners. While this government has implemented some of the most far-reaching sanctions of any country and there are signs that the pressure from the protests internally and from sanctions from many countries, including Canada, is resulting in positive movement, the sanctions must continue.

The petitioners are calling on the government to invest resources to expedite the continued enforcement of these sanctions and not only ban sanctioned persons from entering Canada, but investigate and remove those who are in Canada as soon as possible. They also petition the government to freeze and/or seize any Canadian financial assets belonging to those who are sanctioned.

I would like to add that many Iranian Canadians were hesitant to sign this petition requiring their full name and location, for fear that they or their families would be targeted by the IRGC, both abroad and in Canada. Their fear is real and they call on the government to continue to implement and increase these sanctions until freedom and peace for Iranians in Iran, Canada and elsewhere are restored.

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, I am so proud to present this important petition, and I am hoping that we will see many more of these come forward, demanding that the Canadian government urgently follow through with the actions against the Iranian regime, which includes making the regime, the IRGC and top leaders inadmissible to Canada, expanding sanctions against those responsible for human rights violations and denying them entry to Canada, and investing more money to allow sanctioned Iranian persons' assets to be quickly frozen and seized.

Petitioners ask that the regime and its most senior officials, including the IRGC, be immediately banned from entering Canada, that current and former senior officials who are present here be investigated and removed from the country as soon as possible, and finally, that the Government of Canada, along with its partners and allies, have Iran removed from the UN Commission on the Status of Women, which is the principal global intergovernmental body exclusively dedicated to the promotion of gender equality and the empowerment of women.

I am so proud to present this with 31 signatures from Aurora—Oak Ridges—Richmond Hill.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I am also honoured to rise today, like my hon. colleague from Aurora—Oak Ridges—Richmond Hill and my colleague from the Conservative Party. A number of us have received petitions from constituents and concerned Canadians about the appalling situation for the citizens of Iran.

The Islamic Republic of Iran, the petitioners note, has demonstrated a history of violence against its own citizens, including the killing of 1,500 protesters in November 2019, and the Islamic Revolutionary Guard Corps is at the epicentre of the Iranian regime. We know that women in Iran have long faced legal, political, economic and social challenges, and we have seen increased violence in a crackdown against women and girls, who are being killed even for the simple failure to wear a scarf as prescribed by the regime. The women and girls have been at the forefront of the recent uprising.

The petitioners are calling on the Government of Canada to follow through with actions against the Iranian regime, which include making the regime, the IRGC and top leaders inadmissible to Canada, expanding sanctions against those individuals responsible for human rights violations, denying them entry into Canada and, through the Minister of Global Affairs and the Government of Canada, along with our partners and allies, having Iran removed from the Commission on the Status of Women within the United Nations.

These and many other measures the petitioners hope the Government of Canada will pursue with vigour.

• (1015)

Ms. Rachel Blaney: Mr. Speaker, pursuant to Standing Order 43(2)(a), I would like to inform the House that all New Democratic Party speaking slots will be divided in two.

* * *

QUESTIONS ON THE ORDER PAPER

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

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—PUBLIC HEALTH CARE FUNDING AND DELIVERY

Mr. Don Davies (Vancouver Kingsway, NDP) moved:

That, given that,

- (i) during the 2021 federal election campaign, the Prime Minister was harshly critical of the Conservative Party of Canada's proposal to encourage "innovation" in the health care sector by expanding for-profit provision of publicly funded services,

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(ii) the Prime Minister has now dramatically changed his position and has lauded as "innovation" Ontario Premier Doug Ford's proposed expansion of for-profit clinics,

(iii) for-profit clinics would poach workers from the public system and lead to longer wait times,

(iv) there are multiple public reports of two-tier health care in Canada, where people are charged for faster access to care, such as family doctors or surgery,

the House call on the government to:

(a) express disappointment that the Prime Minister has promoted Ontario's for-profit health plans as "innovation";

(b) ensure that recently announced health care funding is not used for the expansion of for-profit health care, but instead used to rebuild and innovate within the public system by hiring more staff and reducing wait times; and

(c) enforce the Canada Health Act and immediately move to close loopholes that allow for the growth of two-tier health care in Canada.

He said: Mr. Speaker, Canada's health care system is based on the principle of access to care based on need rather than ability to pay. A well-designed, well-funded single-payer system can provide fair, effective and high-quality care to make this a reality.

Our public health care system is certainly facing some challenges, but the solution lies in strengthening our public health care system, not weakening it.

If we introduce private funding, then need will come second to ability to pay. That would result in less accessibility, longer wait times and higher costs in the public system. It would also lead to increased administrative costs, in other words, more money for insurance companies and less money for health care.

• (1020)

[English]

Introducing private payment prioritizes care based on ability to pay, not need. It leads to worse access and wait times, as well as higher costs in the public system. It also leads to higher administrative costs, which means less money for patient care.

There is not only little evidence that private, for-profit investor-owned corporations can provide better quality care or reduce costs. In fact, there are many examples that show precisely the opposite. Those seeking to improve the quality, equality, access, efficiency and equity of health care services in Canada can do so by focusing on strengthening our public system rather than dismantling it.

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Proponents of privatization claim that increasing private pay and/or private for-profit delivery will reduce wait times, either overall or for those in the publicly funded system specifically; reduce costs to the public system; and lead to better health outcomes. There is perhaps no more serious and dangerous myth in Canadian politics today than that statement. I want to review the situation today and some of the factors that show this is not the case.

Everyone deserves health care when they need it, no matter the size of their wallet. No one should need to wait in pain because there are not enough health care workers or because the wealthiest jump the queue.

However, under successive Liberal and Conservative governments, today people are waiting in pain for hours, days or weeks, and sometimes months or years. Folks are losing their quality of life while they wait for surgery. In addition, health care workers are run off their feet, burned out and exhausted in every corner of this country.

The Prime Minister could make things better for patients by hiring and rebuilding the public health system. Otherwise, he can contribute to making the crisis even worse by helping to fund for-profit schemes that will poach staff from the public system.

We are not surprised the Conservative Party loves for-profit care. It will make billions for corporations and rich CEOs. This is right out of the Conservative playbook: starve a public service and use that as an excuse to hand it off to the private sector.

A condition of federal health care funding should be investing to fix public universal Canadian health care, not funnelling funds and staff into for-profit facilities. New Democrats want health care to move towards more public delivery, not farther away from it.

If new bilateral health agreements do not result in thousands of new health care workers in our public system, it will fail. Ottawa urgently needs to partner with the provinces and territories to help provinces train and hire more health care workers, respect current health care workers and pay them better, and recognize the international training of thousands of health care workers who are already in Canada and ready to work.

During the 2021 election, the former Conservative leader said that “he would support provinces in introducing privately led health care ‘innovations’”. At that time, our current Prime Minister told Canadians this was evidence that a Conservative government would threaten Canada’s public health care system, saying that the Conservative leader “believes in a for-profit, private health care system and he will not tell people what exactly he wants to do with that.”

My, how things change once one is in office. The Prime Minister recently reversed his position by calling Ontario premier Doug Ford’s private for-profit clinic scheme an example of “innovation”.

Let us just quickly review the privatization plans by Conservative premiers across the country. Doug Ford has said that he wants to divert funding from his province’s hospitals towards for-profit surgical clinics.

His plan includes an expansion of private cataract surgeries, MRI and CT scans, minimally invasive gynecological surgeries, and knee and hip replacements. Ontario’s plans to contract out to private

for-profit clinics for cataract surgeries is expected to cost the government 25% more per surgery. Moving only hip and knee replacements to for-profit clinics will benefit owners, with an estimated windfall of half a billion dollars annually. The owners of Herzig Eye Institute, one of the top private surgery clinics that lobbied the Ford government to expand private cataract surgeries, have donated thousands of dollars to the Ontario Conservatives.

In a recent throne speech, Manitoba premier Heather Stefanson announced her government’s intention to seek out private partnerships to deliver health care.

Saskatchewan is moving forward with plans to reduce its backlog of surgeries by privatizing certain procedures.

In January, Alberta announced that it is contracting Canadian Surgery Solutions to perform more than 3,000 orthopaedic surgeries covered by the provincial medicare plan.

Why are they doing this, and how are they getting away with it?

There are several loopholes here, but I want to itemize one of them. There is a serious loophole in the Canada Health Act. As we speak, private clinics across Canada are advertising to prospective patients that within weeks they can get surgeries that typically take six months or more under provincial health plans. All the patient has to do is pay them \$20,000 to \$30,000, depending on the clinic.

CIHI estimates that the average cost per joint replacement operation in public hospitals in Canada is \$12,223, which means that the private clinics are charging patients roughly double what the surgery costs the provincial medicare system.

To those who claim that private surgery is cheaper, one can tell right away that when one adds profit and extra administrative costs, diverting money to the private system will cost our public system more.

Doug Ford says, “Oh, that is okay. We are still paying for it with public dollars”. Why would Canadians ever tolerate paying twice as much for surgery in a private system than they would in the public system?

The Canada Health Act prohibits extra billing. This means that doctors are banned from charging patients more than the medicare rate for an insured service. However, private clinics are getting around that by operating only on patients from other provinces.

Imagine the loophole in this country where, if one is in Manitoba, one can sell a private surgery to someone from Ontario but not somebody in Manitoba.

This violates the fundamental principle of the Canada Health Act. It is a gaping loophole in our system. We are calling on the government to close that loophole right now if it truly cares about public health care as it says.

It is not only those kinds of surgeries, though. Maple, a Loblaw-funded virtual care business based in Toronto, is charging patients \$69 per doctor's visit or \$30 per month for 30 visits per year if one wants to go bulk. In-person service would be covered by Ontario's public insurance plan.

Ontario has insured virtual visits under OHIP, but Maple has found a way around the province's rules by connecting patients with a nurse practitioner or physician outside of the province. This is another gaping loophole.

That is not to mention the odious practice that has been going on in this country for years, where people appear at private clinics only to be upsold. They come for cataract surgery but are told that if they want a better lens, they have to pay more. That kind of introduction of private pay and access to health care is a fundamental violation of the medicare system that Canadians hold so dear in this country.

Let us talk about the evidence against privatization. A recent study led by Dr. Shoo Lee, a professor emeritus at the University of Toronto and former pediatrician-in-chief at Mount Sinai Hospital, looked at international experiences to determine what impact private financing would have on Canada's health system. That study found that private financing, both private for-profit insurance and private out-of-pocket financing, negatively affects the universality, equity, accessibility and quality of care.

It is not just that study. A recent study of England's National Health Service found that as outsourcing to the private for-profit sector increased from 2013 to 2020, so did the rates of death from treatable conditions.

• (1025)

I look forward to hearing any questions. Let us stand up for public health care in this country and make sure that every dollar of public funding goes to public health care in Canada.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I appreciate the motion brought forward by the New Democrats. I have always felt that a good, healthy debate and discussion about Canada's health care is long overdue. I welcome the idea of bringing the Canada Health Act into the debate.

My question to the member is specific. When I was the health care critic in the province of Manitoba, I used to argue that one of the greatest threats to Canada's health care system was not only the issue of financial resources, albeit that is critically important, but

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also the way we manage changes. We could probably have a healthier health care system if we saw more provincial comparisons, learned the best practices and looked at ways to improve or manage the changes necessary to meet future demand in our health care system.

Can he provide his thoughts on that?

• (1030)

Mr. Don Davies: Madam Speaker, I do not disagree that provinces and territories should be sharing information and best practices, but the debate today is about national leadership. It is about the member's government and what it is going to do to help ensure that we not only protect but also strengthen and expand our public health care system.

When the Prime Minister of the member's government is applauding a privatization plan by a Conservative premier in this country, that is not the kind of national leadership we need. We want the government to say plainly to Canadians that every additional dollar of health care funding in this country will go to strengthening our public health care system and not be diverted to private, for-profit care. That would make our public system worse. It would increase costs, extend wait times and make care for Canadians worse.

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Madam Speaker, I thank the member for Vancouver Kingsway for his presentation and for speaking on this. I know he is very well aware that there is a difference between federal and provincial health care. The majority of health care in Canada falls into the provincial jurisdiction.

He sort of alluded to this, but could he provide his thoughts on whether we need to sit down, look at the Canada Health Act and consider that section straight off the bat? Do we need to address that for Canadians?

Mr. Don Davies: Madam Speaker, we absolutely need to open up the Canada Health Act, but we need to do it for the purpose that the NDP is talking about today. This is to close the loopholes that are allowing private, for-profit care to creep into our system. Right now, we have a shortage of doctors in our hospitals. We have a shortage of nurses in this country. Staff are burnt out at every hospital. How can it possibly be a positive development to allow private clinics to drain people from that system and then allow access based on private access to care?

We have to add profit and administrative costs to the system. By the way, the United States pays 31¢ out of every dollar to administration. In Canada, we pay under 2%. Administrative costs are much higher in the private system. If we drain those workers, what is going to happen to the wait times in the public system? Obviously, they will get longer.

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We need to close the loopholes to make it clear that all publicly insured services in this country are delivered in the public health care system. Let us build up our public system. Canadians deserve to have timely access to world-class care. They are not getting it now. New Democrats will continue to make proposals so they can get that.

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Madam Speaker, it is very nice to hear my colleague speaking French. His accent is excellent.

I would like to once again remind him that Quebec and the provinces are the ones responsible for the health care model. The Supreme Court clearly ruled in that regard in Chaoulli. It stated that a person who is waiting for surgery cannot be banned from using private health care.

What does my colleague think about that?

[*English*]

Mr. Don Davies: Madam Speaker, I respect my hon. colleague's position. Actually, health care has been ruled by the Supreme Court of Canada to be a shared jurisdiction in this country. We cannot even find the words "health care" in our Constitution. The provinces have jurisdiction over the establishment and maintenance of hospitals and also regulation of the professions. The federal government has its spending power; the criminal law power; and peace, order and good government. We will not fix health care in this country.

By the way, I do not think Canadians care about jurisdiction. What they care about is that, when they get sick and they need care, they can go to their public system and get timely access to world-class care. That is going to take all levels of government working together to deliver it.

• (1035)

[*Translation*]

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Madam Speaker, the pandemic was hard on Canadians. It was particularly difficult for health care workers, including nurses, doctors, personal support workers, long-term care workers, maintenance staff, and so many others.

[*English*]

For three years, they have been on the front lines of this pandemic with no relief in sight. The government called them heroes, but those accolades have not been backed up with tangible investments in pay, working conditions or mental health supports. It is absolutely unacceptable that investments in mental health have not come to frontline workers, including health care workers, when the Liberal government is sitting on \$4.5 billion of unspent mental health dollars. I remind the government that this needs to change.

Today, we are talking about the privatization of health care in Canada. The Liberals' recent health care negotiations with the provinces have not produced change or protections. The solutions that Canadians were expecting to hear to improving their access to care in this country did not come to fruition. Canadians did not hear of plans to address the staffing shortages of doctors or nurses.

As Tim Guest, the CEO of the Canadian Nurses Association, said, "While CNA is encouraged by the federal government's commitment to prioritizing health-care workers, the need for a pan-Canadian health human resource (HHR) strategy and urgent action to address critical nursing shortages were not clearly addressed."

The current Liberal government must address the human resource crisis in the care system in Canada immediately. The Prime Minister has an opportunity to make things better for Canadians by working with the provinces and territories to hire and rebuild the public health system and its human resource sector. Alternatively, he can continue to make the crisis worse by funding for-profit schemes that will poach staff from hospitals and the public health care system that all Canadians rely on.

I remind the Liberal government that allowing for-profit care to take over Canada's health care system is not only a contravention of the Canada Health Act, but also a costly project for Canadians, both in dollars and in lives, as the hon. member mentioned earlier. We have only to look at the catastrophic outcomes in private long-term care during the pandemic to see that.

The courts are also warning us of the folly of private health care. The Supreme Court of British Columbia looked at the impact of private, paid health care in its 2020 ruling on the Cambie case and found that "the introduction of duplicative private healthcare would lead to increased costs and diversion of human resources, which would be contrary to the purpose of the provisions to preserve and ensure the sustainability of the universal public healthcare system."

This decision was upheld by the B.C. Court of Appeal in 2022. In its ruling, the justice found that suppressing all private care is necessary to ensure that access to medically necessary care is based on need and not on ability to pay.

It also stated, "The introduction of even small scale duplicative private healthcare would create a second tier of preferential health-care for those with the means to either acquire private insurance or pay out-of-pocket once their benchmark was exceeded."

That is worrisome. No Canadian should have to fight for equal care in this country, but that is exactly what privatization, for-profit care, does.

It is not just me saying this. It is the law of the land saying it. This is why it is imperative that the new bilateral health agreements result in thousands of new publicly funded health care workers to fix and support a growing sector of our economy, the care economy, where one in five Canadians already works. If the federal government cannot facilitate this in the agreements, they will be a failure.

The current nursing shortage has certainly proven that a lack of human resources in care is past critical levels. I will mention again that it is affecting the mental health care of caregivers.

Dr. Katherine Smart, the former president of the Canadian Medical Association, said:

What we're learning is more than alarming. It's potentially catastrophic.

Time is of the essence. More than a quarter of practising physicians claim low rates of overall mental health. Recent figures show that 20% of front-line health care workers have thought about suicide. A crushing 6% have planned an attempt.

A crushing 6% have attempted suicide, and we know that it has happened. The Liberals need to get to work to assist in solving the shortage of doctors and nurses in this country.

• (1040)

As the leader of the NDP pointed out, when the Prime Minister took office, there was a shortage of 5,800 nurses. Things are now five times worse.

Dr. Smart said that over 50% of physicians and medical learners reported high levels of burnout, compared to prepandemic levels of 30%. Moreover, nearly half of physicians reported that they would likely reduce their clinical hours. Canadians cannot afford any more reductions in access to doctors.

With that in mind, I am going to take a moment to highlight, for the Liberal government, news from the labour shortage study out of HUMA this year. The report holds critical testimony outlining solutions that would improve working conditions for health care workers, attract and retain health care workers, and allow for a pan-Canadian human resource plan.

These solutions come from health care professionals who know the problems in the system. I would note that not one of the solutions presented in the study was to jeopardize the public health care system by introducing private, for-profit care. Here are eight of the recommendations.

First, “work with the provinces, territories and other stakeholders to promote the alignment of educational and training opportunities in health care and other care economy sectors”.

Second, “in collaboration with the provinces and territories, expand training and upskilling capacity for high demand industries, skilled workers, the care economy [and] health care workers”.

Third, “work with the provinces and territories to remove barriers to labour mobility in the health care sector, including through the interprovincial/territorial coordination of regulation and licensing requirements.”

Fourth, “support access to care in rural and remote communities by providing further incentives for in-demand health care professionals to work in these communities, including through tuition assistance, loan forgiveness, or tax benefits”.

Fifth, “consider offering additional permanent residency pathways to temporary foreign workers with in-demand skills or experience, including in the care economy”.

Sixth, “review the Foreign Credential Recognition Program with a view to determining how it can better support efficient foreign credential recognition for internationally trained health care professionals.”

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Seventh, “review compensation and benefits for care economy workers under its jurisdiction with a view to ensuring decent work and a regionally competitive wage; and further, that it work with the provinces and territories to improve working conditions for other workers in the care economy (including but not limited to migrant workers, and those in non-standard employment) and provide adequate compensation, basic health benefits, paid sick days, and workload management.”

Eighth, “consider establishing a national Care Economy Commission to develop, implement and monitor any workforce planning strategies for the care economy, including a centralized health care human resources strategy”.

These are the real solutions to the health care crisis. These are the real solutions that would benefit people over corporate profits, and these are the real avenues to solving the human resource challenges in health care.

I am going to quote Michael Villeneuve, the former chief executive officer of the Canadian Nurses Association, who said:

Canada needs targeted federal funding to help health care systems train, retain, recruit and improve education and working conditions...The federal government has an important convenor and coordinator role to play. It needs to work together with provinces and territories on both short- and long-term strategies. Maintaining the status quo cannot be an option.

In closing, at the same time that the Canada health system is on the verge of collapse, workers are burning out, fatigued and taking early retirement. More federal investments are needed.

As economist Armine Yalnizyan has been saying loudly, labour needs are set to rise due to an aging population. She says, “there is no more pressing labour market issue than how we prepare the Care Economy for the decades of population aging ahead”

The federal government needs to take on this challenge and stop wasting time on for-profit corporations and privatization-hungry premiers trying to breach the Canada Health Act that belongs to all Canadians.

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• (1045)

Mr. Adam van Koeverden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Madam Speaker, I would first like to commend the hon. member for Port Moody—Coquitlam for her work on labour shortages in the care economy. I appreciated all the quotes she used to re-emphasize what I believe are common characteristics and shared priorities with respect to these investments in the health care system going forward.

I would also like to share a quote from Dr. Alika Lafontaine from the Canadian Medical Association:

Today's commitment by the federal government to significantly increase health transfers to provincial and territorial governments is an important step to stabilize and transform our health care systems. The emphasis being placed on primary care, health workers' support and the modernization of health care is welcomed.

I would ask my hon. colleague, who has done considerable work on this, how she would react to all the positive quotes that I have here from SEIU, the Canadian Nurses Association and the CMA? They all seem very pleased. Why is the hon. member not pleased?

Ms. Bonita Zarrillo: Madam Speaker, I was not going to share this today, but I will. My mother is 77 years old and she went into an emergency room recently in Alberta because she was having trouble with her eyes. The emergency room doctor treated her, but sent her off-site to a private clinic and told her she would benefit from some additional things. My mother paid \$5,000. She is a 77-year-old woman.

When my mother walked into the waiting room on the day of her surgery, there were, she told me, dozens of people over the age of 75 sitting in that area. She paid \$5,000 to have additional surgery on her eyes. When she went into the operating room, she thought she was getting the doctor whom she had spoken to in the emergency room. It was not until she went back for her second visit that she was told that was not the doctor who did the surgery. She was not told, and she still has not seen that doctor.

Mr. Bob Zimmer (Prince George—Peace River—Northern Rockies, CPC): Madam Speaker, I have a daughter who is interested in becoming a surgeon, and she is pursuing that as we speak. However, I have heard many stories. Even 20 or 25 years ago, friends of mine tried to get into medical school in Canada and simply could not, yet they found places somewhere else outside our very own country of Canada or outside our province of B.C.

I have not heard this member talk once either about facilities to train doctors and nurses or about the gatekeepers who are controlling the applicants getting into our current system to become students and then to become doctors and nurses in our very own country. I am kind of curious whether she has a solution or has talked to those entities about possible solutions to fix that problem.

Ms. Bonita Zarrillo: Madam Speaker, there is talk about that in the study on the labour shortage in the care economy. About 15 years ago when I was living in Quebec, I was at a dinner and there were conversations around the table then. We knew 15 years ago that there were not enough spots and placements. That is a serious issue. The Liberal government has the opportunity to start working with those organizations and with the provincial and territorial organizations to lift that.

I want to point out, though, that we have known this was happening. People were sitting around tables talking about this 15 years ago and the Liberal government and the Conservative government before it did nothing about it.

[*Translation*]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Madam Speaker, we agree with the substance of the motion, in other words, the need to strengthen our free universal public health care systems.

In Quebec, we watch these issues closely, but this is not the place to be debating them.

We see what is happening in Ontario and Manitoba, as well as the potential abuses, and I think there are some battles to be fought. However, the most important battle to wage, when we talk about staffing, working conditions and labour shortages, is getting the federal government to provide adequate funding to the provinces so that they can carry out their responsibilities.

Why did the NDP not call out the federal government's inadequate investment in the latest agreement with the provinces?

• (1050)

[*English*]

Ms. Bonita Zarrillo: Madam Speaker, I really appreciate working with the member at the HUMA committee. The member and I had worked alongside each other on the labour shortage study, and we had very similar thoughts, so I thank her for that.

The NDP members have been talking for a long time about the need for additional health care transfers and for the Liberals to make up for the deficit funding that the previous Conservative government pulled away. This is something that the New Democrats have been talking about for a long time. This is a failure of the Conservative government of the past and a failure of the Liberal government now.

Mr. Adam van Koeverden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Madam Speaker, it is an honour to rise in the House today to address the motion from the hon. member for Burnaby South and provide an update on our government's commitment to support and strengthen Canada's health care system. It is also a great opportunity to re-emphasize our number one priority, which is to ensure that our health care system continues to be publicly funded, universally available and equitably delivered.

[*Translation*]

Canadians are proud of our universal health care system, a system that is accessible to everyone regardless of their ability to pay.

However, this system is under pressure. The accessibility and universality of the system that we all rely on are under threat. We have all heard the devastating stories about the system failing us. There are for example the long waits at emergency rooms and the difficulty people have finding a family doctor, not to mention the years-long wait lists for consulting a specialist or to plan a surgery.

[English]

While many of these issues existed long before COVID-19, the pandemic has both exposed and worsened a number of systemic problems that must be addressed.

Canadians deserve a health care system that delivers results. That is why we are working with provinces and territories to increase funding in our health care system right across the country. Our goal is to ensure that all Canadians get the universal, accessible and high-quality health care they need and deserve when and where they need it.

Last week, the Prime Minister announced the Government of Canada's proposed investment of \$198.6 billion over the next decade, including over \$48 billion in new funding for provinces and territories to improve health care services for Canadians.

I will speak more about how this investment is structured in just a few moments. It is about more than just money; it is a true investment in the health system that will yield tangible results for Canadians in the areas they care most about.

Before I go any further, I would like to say a few words about COVID-19 and the enormous pressure the pandemic has placed on the health system, resources and workers. It has been health care workers who have borne the brunt of the pandemic's impacts, on the job, every day. From high patient workloads, to scarce resources to fear for personal health and safety, the pressure on health workers has been unrelenting for over two and a half years.

Last week, I had a chance to sit down with some representatives from SEIU, a labour union that represents a lot of workers in personal support and long-term care. The meeting quickly turned into one that was very emotional, because personal stories and anecdotes were shared. I do not mind saying for the House, and on the record, that everybody in the meeting was crying by the end of it. These people work so hard. They are so compassionate. They are there for society's most vulnerable, for our parents and our grandparents as they age. They are angels and saints, every single one of them.

They asked me to re-emphasize for the Prime Minister and the Minister of Health the importance of wages for those workers, and they were so grateful for the increases they saw in these agreements.

I take this opportunity to thank health care workers for their perseverance, professionalism and unwavering commitment to their patients, Canadians and people right across our country. Our government owes them a debt of gratitude for their continuing compassion, care and courage in these extremely challenging times.

Given the pressure they are under, it should come as no surprise that health care workers are exhausted and burnt out. Many have left the profession altogether. Those who remain are grappling with

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very challenging workplace conditions, leading to low retention and a lot of turnover. This is unacceptable.

Health workers are the backbone of our health care system. A crisis for health workers is a crisis for the whole system. They have taken care of us, they have taken care of our loved ones and we need to take care of them too.

Therefore, we, as governments, now find ourselves in the position to try to find ways to rebuild the health system so it can continue to be there for us now and into the future. This is a shared challenge. We have been working closely with the provinces and territories to identify actions that are needed to improve the health system, while adapting to the changing needs of Canadians.

Last week, federal and provincial leaders came together to discuss tangible actions that we could take now, which would help modernize the system and ensure results would be there for Canadians.

After months of discussions, including with patients, health workers and experts, our government has proposed a sound, reasonable and pragmatic approach to obtain concrete results for Canadians as well as our health care workers.

This past Monday, premiers across Canada announced that they had accepted this approach, and we welcome the opportunity to continue working with them to improve the universal, public health system on which we all rely.

• (1055)

Our government will increase health funding by nearly \$200 billion over the next 10 years. This funding includes an immediate and unconditional \$2 billion Canada health transfer top-up to address immediate pressures on the health care system, especially in pediatric hospitals and emergency rooms for long wait times for surgeries. This builds on previous top-ups that total \$6.5 billion provided throughout the pandemic.

It also includes a five per cent Canada health transfer guarantee for the next five years. This is projected to provide an additional \$17.3 billion over 10 years in new support. With this guarantee, the Canada health transfer is projected to grow by 33% over the next five years and 61% over the next 10 years.

It will also include \$25 billion over 10 years to advance shared health priorities through tailored bilateral agreements that will support the needs of people in each province and territory in four areas of shared priority: family health services, health workers and backlogs, mental health and substance use, and modernization of our health system.

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In addition, \$1.7 billion will be invested over five years to support wage increases for personal support workers and related professions.

On top of this, we will continue to work with indigenous partners to provide additional support for indigenous health priorities. Notably, the government will provide \$2 billion over 10 years for an indigenous health equity fund to be distributed on a distinctions-based manner with first nations, Inuit and Métis to address the unique challenges indigenous peoples face when it comes to fair and equitable access to health care services.

We will also provide an additional \$505 million over five years to the Canadian Institute for Health Information and Canada Health Infoway. These federal data partners will work with provinces and territories on developing new health data indicators, among other efforts to use data to improve safety and quality of care right across Canada.

We have been very clear about the obligations under the Canada Health Act. We will work with provinces and territories to ensure our investments are used in the best interest of patients and health care workers in a way that respects the principles of the Canada Health Act to ensure access to insured services is based on health needs, and not the ability or willingness to pay.

Our investment supports work in shared priority areas that matter to Canadians, such as family health services, the health workforce, mental health and substance use services, and building a modern health care system. Helping Canadians age with dignity, closer to home, with access to home care or care in a safe long-term care facility is also an area of shared priority.

I would also like to speak for few minutes about each of our shared priorities and why they are important to Canadians.

The first priority is to improve access to family health services, especially in rural and remote areas and in underserved communities. Whether provided by a doctor, a nurse practitioner, a pediatrician or a multidisciplinary team, family health services are essential for effective, resilient, sustainable and equitable health care delivery, and yet more than 14% of Canadians over the age of 12 do not have a regular family health provider.

This gap affects us all. When people do not have access to a regular family health service provider, they rely heavily on walk-in clinics and emergency rooms that are already overburdened. This needs to change. With this new investment, we will work with the provinces and territories to ensure timely access to comprehensive, integrated and person-centred family health services, including in rural and remote areas.

Our second shared priority is to support our health workers and reduce surgical backlogs. As I mentioned at the outset, health care workers made enormous sacrifices during the pandemic, and they continue to suffer the consequences of working in a system that is under strain. We need to invest in supporting and retaining health care workers. This includes training for recruitment as well as recognizing the skills of health care workers trained both in Canada and abroad.

We also need to look to the future with better workforce planning. We can do this with improved health care service data with respect to our workforce and by seizing opportunities to scale new models of care to directly address these key barriers. This includes streamlining foreign credential qualifications and recognition for internationally educated health professionals and advancing labour mobility, starting with a multi-jurisdictional recognition of health professional licenses.

As the member of Parliament for a diverse community of people who come from all over the world to make Canada their home, this is a personal priority for me as well.

Third, we want to improve access to mental health services and substance use services for Canadians. Right now, one in three Canadians say that they are struggling with their mental health. It is clear that there is no health without mental health. It is as integral and important to our needs as physical health.

● (1100)

That is why we are working to provide Canadians with a multi-disciplinary system of care, one that integrates mental health services and substance use services right across all of those shared priorities with provinces and territories. This means better access to mental health and substance use services in the community as part of publicly funded care.

For example, by better integrating mental health services within family health teams, we can strengthen access to needed mental health supports for all. We will ensure that every Canadian and those who need referrals can get them in a timely manner.

Next, we need to work together to modernize the health system, which means improving the way we collect and manage health information. This will be foundational to achieving progress, because data saves lives.

Let me explain what I mean. Better access to health information is essential for health workers to provide safe and high-quality health care, regardless of where in Canada patients might live or happen to be when they need care. Think of a nurse or a doctor who cannot see a patient's medical history, including any medications he or she is on, allergies the patient might have or tests that have taken. In an emergency situation, this can be very dangerous.

Many of us have had the frustrating experience of being referred from one health provider to another only to be asked to repeat our medical history over and over again or take same tests multiple times, all because medical records were not shared in a modern manner. This is inefficient and results in duplication and increased costs.

That explains why we need to modernize the health system with standardized health data and digital tools. Canadians should be able to access their own health information and benefit from it being shared between health workers across health settings and across jurisdictions, providing a seamless experience for the patient while respecting their privacy.

To access the federal funding announced last week, we are asking provinces and territories to adopt common standards on how health information is collected and shared. This commitment will include an agreement to develop and use comparable indicators through the Canadian Institute for Health Information.

These commitments will improve the efficiency, the quality and the safety of patient care, provide decision-makers with more complete pictures of the health care system and help manage public health emergencies.

Finally, we are committed to helping Canadians age with dignity, closer to home and with access to home care or safe long-term care. Many seniors want to remain in their homes as long as possible, but they lack the support they need to do so safely.

Collaborative work is under way with provinces and territories to help them support access to home care and long-term care. This includes existing investments of \$6 billion for home and community care. The investment we announced last week will also include an additional \$1.7 billion over five years to support wage increases for personal support workers and related professions. That was so important, and it was highlighted to me by the workers from SEIU just last week.

Investing in these five areas of shared priorities will help repair the damage caused by COVID-19 and ready the health system for future challenges.

We recognize each province and territory faces unique challenges. That leads me to the next point on the bilateral agreements.

Provinces and territories will have the flexibility to tailor their bilateral agreements to meet the unique needs of their populations and geography. The health needs of Canadians are diverse across our country. Yukoners, New Brunswickers and Islanders all need something perhaps a little different. These agreements will also include action plans to ensure real progress is made and measured.

On the Canada Health Act, each bilateral agreement will need to reinforce common core principles. The first among these is our shared responsibility under the Canada Health Act. This means governments must ensure that medically necessary services are provided on the basis of need, not one's ability or willingness to pay.

In Canada, all people should need to get health care is their health card, not a credit card. It also means that under the act, where there is evidence of patient charges for medically necessary health services, such as for abortion services, mandatory deductions to the Canada health transfer payments of a province or territory must be taken. There is a precedent for this.

As the Prime Minister pointed out last week, the Canada Health Act requires that governments protect, promote and restore the physical and mental well-being of residents of Canada and facilitate

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reasonable access to health services without financial or other barriers.

• (1105)

Governments must also ensure equitable access to health care services and that such access is supported by a strong public health care sector.

Next, the bilateral agreements we negotiate would reflect our joint commitment to health equity and reconciliation with indigenous peoples. We will work together to ensure indigenous peoples across the country are able to access quality and culturally safe health services, which are free from racism and discrimination, anywhere in Canada.

Finally, agreements would also support improving equitable access for other underserved and equity-deserving groups, including Canadians living in rural and remote areas, as well as those living in official language minority communities.

[*Translation*]

Canada's health care system is facing a major challenge. As Canadians, we all count on the system to take care of us and the people we care about. We expect it to be there when we need it.

We are at a critical juncture. There are cracks in the health care system, and they are getting wider. Now we have to act fast to save the system we all cherish.

Provinces, territories, stakeholders, care providers and the Government of Canada all have to work together to fill those gaps before these problems get even worse.

[*English*]

Last week, we came together and took a giant step forward. There is still much work to be done, but with that approach, the one that our government has proposed and the premiers have now accepted, we are pointed in the right direction and we have a clear path ahead of us.

Our government looks forward to working with the provinces and the territories in the weeks to come so that we can move forward together. Canadians are counting on us.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, my hon. colleague and I sat through a study of the human resources crisis in health care. He knows, as well as I do, there is a screaming conclusion: Human resources are finite. The same pool of doctors, nurses and other health professionals currently working in the publicly funded system would be pulled from that system to work in the privately funded system.

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He knows that a parallel private system reduces the incentive to work in the public system, as health care workers may be paid more in the private system despite caring for less complex patients. That is the process known as cream skimming. The reduced capacity in the publicly funded system leads to worsening wait times for those who cannot access the private care.

Could the member explain why he does not agree with New Democrats that additional federal funds should be conditioned on going to the public system? He knows that if that money is diverted to the private system it would simply extend wait times and deepen the crisis in the public system.

Mr. Adam van Koeverden: Madam Speaker, first, I would like to thank my hon. colleague from Vancouver Kingsway for his collaboration on the health committee.

I agree with him, and I will re-emphasize our number one priority. Health care in Canada should remain, and always be, publicly funded, universally available and equitably delivered to all Canadians. I was in the health committee as we heard from nurses unions, doctors, experts, academics, patients and people all across the ecosystem of the health care sector. I heard those exact same anecdotes.

I would lean in on quotes from some of those experts following the announcements last week, including, but certainly not limited to, Dr. Alike Lafontaine, the new president of the Canadian Medical Association. He said, "Today's commitment by the federal government to significantly increase health transfers to provincial and territorial governments is an important step to stabilize and transform our health care systems." It is all about repairing and preparing.

• (1110)

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, I note that in my colleague's words there is a lot of talk, but where is the action?

My colleague mentioned that mental health is health. We have heard that a lot from the Liberal government in the House of Commons. We also know there is \$4.5 billion of commitment in the Canada mental health transfer, which has not been sent, and we know there is a mental health crisis.

When is the government going to get down to business and do something about the mental health crisis that exists in this country?

Mr. Adam van Koeverden: Madam Speaker, I will not apologize for my speech being full of words. I am sorry if it was difficult to follow. It was full of words the hon. member could not hear, because he was speaking to one of his colleagues for the entire time I was speaking. If he had been listening, he would have heard the anecdotes that I shared from various organizations.

I shared that one of our prime priorities is to support Canadians who are suffering from mental health and from addictions.

Some hon. members: Oh, oh!

Mr. Adam van Koeverden: Madam Speaker, I will leave it at that, as the hon. member continues to heckle me from across the way.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am going to interrupt to advise members that, unless they have the floor, they should not be yelling across the way or trying to have conversations.

Questions or comments, the hon. member for Drummond.

[*Translation*]

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

The motion before us deals with a matter that is clearly not a federal jurisdiction, but a provincial one. Health care systems fall under the jurisdiction of Quebec and the provinces. I listened to the speech by my colleague that covered a lot of things, which, once again, are the exclusive jurisdiction of the provinces.

We are still somewhat in shock as a result of the agreement on health transfers reached between the federal government and Quebec and the provinces. There is an explanation for this. In a way, it is like someone who walks for such a long time in the desert that they really crave a good meal. However, they are certainly not going to turn down a glass of water. The federal government offered a pittance and the provinces accepted on bended knee, if I can use that expression.

I have a simple question for my colleague. The federal government considers itself to have an important role and responsibilities in health care, and I would like to know how many hospitals it manages, outside of Canadian Forces hospitals. I would like to know how many doctors, nurses and health staff the government has to hire as part of its usual responsibilities.

Mr. Adam van Koeverden: Madam Speaker, I want to thank my hon. colleague for his question and his attention to this very important issue.

However, I must mention that responsibility for Canada's health care system is shared between the two levels of government, meaning provincial and federal. The cost of the health care system is the responsibility of both orders of government. That agreement is also the result of co-operation between the two orders of government. Quebeckers, Ontarians and British-Colombians are all Canadians. This problem affects all Canadians.

[*English*]

Mr. Irek Kusmierczyk (Parliamentary Secretary to the Minister of Employment, Workforce Development and Disability Inclusion, Lib.): Madam Speaker, I thank my hon. colleague for his fine speech and his fine leadership on the issue of advancing health care.

We have to support the heroes who make our health care work. I had a chance to meet some of those heroes two weeks ago, when PSWs representing SEIU visited my office. They shared with me the incredible stories of the challenges they face, and of their incredible sacrifice and service above self.

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Can my hon. colleague speak to some of the concrete investments this plan will make for the health care heroes who make our health care system work?

Mr. Adam van Koeverden: Madam Speaker, I would like to thank my colleague for the extraordinary work that he and his colleagues on the HUMA committee have done to ensure that there is modernization in the care economy, that wages keep up to the rate of inflation and that people are paid well for their essential work.

That same day, I met with members of the SEIU to discuss not only some of the more troubling results of the pandemic, but also the reality that they are just not paid enough for their work. I am glad that one of the aspects of this agreement with the provinces and territories includes a provision of \$1.7 billion to ensure there is a \$25 minimum wage for those workers. They were very grateful for that. I was grateful for their insight and perspective in that meeting. It was extremely touching.

• (1115)

Mr. Don Davies: Madam Speaker, my hon. colleague was relying on quotes, so I am going to share some quotes with him.

Bernie Robinson, from the Ontario Nurses Association, said, “I fail to understand where the government thinks it's going to get the human resources to staff these private clinics other than by draining our already-taxed public system.”

J.P. Hornick, from the Ontario Public Service Employees Union, said, “To improve access to care, public hospitals require staff and funding, both of which will be even further depleted with increased reliance on private clinics.”

Finally, Dr. Bob Bell, former deputy minister of health in Ontario, said, “I totally agree with their desire to do more surgery by moving it out of the hospital into the community. But moving it to a for-profit model is simply dumb.”

This is not about upholding the Canada Health Act. Why is the federal government not stepping in to make sure that the additional funds are not diverted by the provinces to private clinics, even if they are publicly paid for?

Mr. Adam van Koeverden: Madam Speaker, I thank my friend and colleague for his collaboration.

The quotes he shared were primarily from provincial organizations representing the workers in those provinces, which is important, but I think they were directing those comments to provincial governments.

We heard from Canadian organizations, like the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, the Canadian Nurses Association, SEIU Healthcare, The College of Family Physicians of Canada and HealthCareCAN, including Children's Healthcare Canada. This is a quote from the latter, which said, “We are incredibly pleased to see children's health-care services identified as an urgent priority by the federal government. We look forward to learning more about earmarked investments for Canada's kids.”

I re-emphasize the need to ensure that all of those funds are delivered equitably, universally and publicly, and that our system continues to have that and to be compliant with the Canada Health Act.

I appreciate everybody's collaboration through the health committee process and look forward to more questions.

Mrs. Rachael Thomas (Lethbridge, CPC): Madam Speaker, the hon. member talked about the commitment of the Liberal government and its focus on health care. He said they are focused on care for “equity-deserving” groups. I am curious as to his understanding of equity deserving. Under a universal health care system, which is what this country has, who is not equity deserving?

Mr. Adam van Koeverden: Madam Speaker, the concept of equity versus equality is one that is lost on some members of the House. It is important to note that some Canadians do live in disparate conditions. They live far away from hospitals and have less access to services, to resources and to a family doctor. We have to ensure that everybody has service and access to the exact same system, and we have to make sure outcomes are the same. Outcomes are what is important here. Certainly, it does cost more money to provide people with health care in rural, remote communities. It does cost more to serve somebody who is under-resourced, who has a lower income, and who deserves and needs a little more help.

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, hopefully members of the House will begin to understand that using meaningless words is not helpful to Canadians. I am not sure how to exactly make that point because it seems to be lost on many people who come here and attempt to do business.

What we do know very clearly is that the health care system we have, as mentioned very passionately by the former president of the Canadian Medical Association, is a system that is on the brink of collapse. Continuing to go on about grand ideas and priorities is in no way, shape or form going to operationalize any ideas in this country, which is really what we need. I guess, in the vernacular, we need people who are actually going to do something.

Many groups have put forward great ideas about pathways, road maps and priorities, etc. There has been talk about a lot of money that is going to be spent, has been spent or should be spent. What do we have? We have a system that is no different.

We know that after eight years of the Liberal government, we have people waiting and waiting. Very sadly, the waiting is now waiting until they are dead. This is the ridiculous and heartbreaking nature of a system that we in the House and the government, as I am putting the blame squarely at the feet of the Liberal government, have allowed to happen. People are literally dying in emergency rooms. That is the point where we need to begin to consider how to operationalize those things and what sort of leadership the federal government needs to bear to change the system.

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I was fortunate enough to have worked in the health care system as a family doctor for 26 years. Four of those years was serving our country in the military. Even way back then, we knew very clearly that there was a shortage of physicians. Part of the work that I was required to do as a physician was to go other bases around this country so that other physicians could have a vacation. That is a rotation that we did.

As I transitioned from my military life into a practice in Truro, Nova Scotia, it became very clear that changes were happening in our health care system. Of course, as we all know, we have an aging population, which is felt more acutely perhaps in the Atlantic provinces and Quebec than elsewhere in the country, but at that time we also knew there was a dwindling of resources available, both financial and health human resources.

I had the privilege and opportunity to be a part of the health human resource study that was done by the Standing Committee on Health. It was a decent study, but I am still not entirely sure that there is a pathway forward on how to operationalize the ideas. One of the things that makes me the saddest is understanding that the folks I had the opportunity to work with, and who continue to work in the system are, as we might say, burned out, tired, frustrated, angry and hurt. How do we begin to change that? If we do not look at the system as a whole and begin to look at ideas on how to change that and change it quickly, then we are going to continue down the same path. It does not really matter how much money we pour into the system. We must focus on the people who are the greatest asset of the system.

I heard my colleague on the Liberal side talking about how data saves lives. I have to say it cuts right to my own heart to hear him say that data saves lives. People save lives. The doctors and nurses who are working on the front lines in emergency rooms and in small places across this entire country are the people who save lives. Does data help? Sure, it does. We have been talking about data strategies since I cannot even remember when, since the Stone Age, and we still have no real data strategy.

We can talk about it all we want, but until somebody has the courage to begin to operationalize that and work collaboratively with provincial governments, we are never going to get to the point where anything happens. For me, in coming here for the last 18 months, that is the most frustrating. When do things happen in the government? When do things get done? Who does the work?

• (1120)

We can have priorities and ideas and that kind of stuff. I am not saying that the Liberal government does not have priorities and ideas, that it does not put money toward things, but they are things that I do not necessarily agree with.

I think that the other thing is that there is no work being done. When is something actually going to happen? When is Beau Blois, who is an emergency room physician in Truro, Nova Scotia, actually going to feel the difference, in an operational sense, of something that we are actually doing?

We can, again, use all kinds of meaningless words and talk about things over and over again, but for that man, who also has a family, runs a business, and works very hard in our community, when is the

operational rubber going to meet the road? When is something actually going to happen that is different? Until that point, we know that we will continue with this system, which lets down Canadians and Canadian health care workers.

For me, having been in that position, that is something that makes me very, very sad. From a very personal perspective, I know that the people who are working in the system care deeply about their patients, and doing a good job, and they care very deeply about the system as well. They are aware of the difficulties in the system. They call every day with ideas and ways in which they believe that the system could actually be changed to make it better. I think that the shame of it all is that after eight years of the Liberal government, all we get is more ideas and planning and priorities and meaningless talk that does not operationalize anything.

I know what is going to happen today. Somebody on that side of the House will chirp at me to say, well, it is the provincial government and I am talking about jurisdictional issues, and guess what happens? Absolutely nothing happens.

That is the sickest part of it all. We can talk about this until we are blue in the face, but until somebody actually does something that creates an opportunity for change and operationalizes something, nothing happens. That leaves the emergency room doctor, Dr. Beau Blois, still doing what he is trying to do, even though he works very hard and many hours in a multitude of different health care settings in my area.

Another guy that I have worked with for many years, Dr. Wayne Pickett, works in four or five different emergency rooms around rural Nova Scotia. Why does he do it? He does it because there is a need. He has tremendous skills. He is a compassionate doctor, and I would be happy to have him, if I needed the work, work on me any day.

That being said, how do we change the life of the Dr. Wayne Picketts of the world? How do we change things so that, in an operational sense, we can see change on the ground, so that the Mary Smiths and whoever we want to talk about, the Ednas of the world, get care?

How do they realize that they not have a family doctor any more and they are having a difficult time getting their prescriptions refilled? How do we also then take virtual care and make it a reality?

We have had conversations about virtual care, but if we go to the doctor and all we do is see them on a screen and nobody is there to examine us, how do we know that what we have told the doctor is right, that it is actually the case? How do we rectify the fact that using virtual care is significantly increasing the amount of diagnostic imaging that needs to be done?

Why is that? It is because the doctor, instead of actually seeing us and examining us when we have a sore arm, says, "Well, I guess your arm is sore, and that is unfortunate, so let's get an x-ray done." Whereas, if we had an experienced practitioner, someone could actually see us to examine us and then realize that maybe we do not need an x-ray done, that we have another problem.

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These are things that we are facing. When we think about it, we have an electronic medical record in Nova Scotia. I think that is worthwhile explaining, because I am not entirely sure that everybody understands how this might work.

If I have an electronic medical record in my office, and I am working in the emergency room and one is my patient, then I can look at their records. If I have an electronic medical record, and somebody else comes whose family physician has the same electronic medical record, in the emergency room, I cannot look at their electronic medical record. It does not make any sense.

• (1125)

Until we take these very practical problems and decide to make a difference, all we are going to do in the House of Commons is speak meaningless words that fill up Hansard. Those are some examples of very practical things we could do.

I am not being particularly critical, but I think we have a decent system in Nova Scotia. I know it is similar across the country. There are people struggling to get blood work done. It takes a long time to book an appointment. We now have a combination of systems that is difficult for seniors to access because it is computer-based. How do we rectify those things? How do we help seniors in our communities who are struggling with that?

When we look at those things, we know there are significant issues that need to be operationalized. I realize that the default in this grand institution we are in is to say something is a provincial issue. We do not have leadership here. We need to begin by looking at innovative ideas and how we can tie them together from province to province, and if we have a crisis in this country, we know that it is possible to show significant federal leadership, which sadly does not happen now.

I am going to shift gears a bit and talk about mental health. There has been a lot of talk about mental health and not much done about it. We know that since the pandemic, one in three Canadians has suffered significantly with their mental health. We also know that the Liberal government has put together studies which would suggest that 25% of Canadians not being able to access mental health care is a reasonable number. I think it should be zero. There should not be anybody out there who struggles to access mental health care. In this country, the greatest country in the world, we allow that to happen, and that is a travesty. That is absolutely unacceptable.

What is at the heart of that? I think there are a few things at the heart of it. It is a reflection of the state of this country. The sad state is that everything is broken. People feel defeated. They do not feel like they have hope. They do not feel like they have a future. They do not feel like they have a voice. When people feel like that, we have to reflect on how that makes us feel inside as people. How does that make us value ourselves and our contributions, not just to our families but to our country and communities? How do we invigorate people so they can actually feel like they are contributing to this country and get that wonderful feedback so they know they did that?

What are the other things in mental health that are important? There are a few things. Certainly, we have heard from counsellors

and psychotherapists to know that the Liberal government is still charging GST on their services, which is a burden. We know that it would be a very easy fix to allow counsellors and psychotherapists to not charge GST on their services, which would then allow a greater number of Canadians access to the services they deserve.

What about mental health funding? To the people who are listening to what we are doing today, they know that in the 2021 platform of the Liberal government, it said it was going to fund a Canada mental health transfer up to the tune of \$4.5 billion. Here we are, and year after year goes by. We had the fall economic statement. There is another budget coming up to talk about more money.

I have to mention something. I was on the MAID committee, and its members wanted to talk about funding. I said, "Great, let us talk about funding. Where is the \$4.5-billion Canada mental health transfer?" The member opposite had the audacity to say it has been transferred. Everybody in the House knows that not one penny has been transferred under the Canada mental health transfer.

If it were not so incredibly gut-wrenching, nauseating and inappropriate, it would actually be funny because the member said that maybe we transferred it under another name. Why would it be under another name? The government announced a \$4.5-billion project, and it wants me to believe that it transferred that money under another name. That is baloney. That is shameful.

• (1130)

Now, here we are, and Canadians are suffering. I heard my colleague across the way say he realized that Canadians were suffering with their mental health. If the Liberals have committed the money, why do they not just send it to the provinces and allow them to do things?

What we will hear from the government is a strange thing, and I want to be clear on it. The Liberal government is going to tell Canadians that it does not want to transfer the money because it wants the provinces to be accountable for it. The wasteful Liberal government is holding back money that could help the mental health of Canadians because it wants accountability. It wastes money on everything every day and it does not want to help people with mental health. I find it absolutely and shockingly ridiculous that we are even hearing this type of retort from my colleagues across the way.

We have had eight years of the current Liberal government and what do we have to show for it? Perhaps some statistics might be helpful.

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When someone goes to see their family doctor, and the doctor realizes it is something they cannot take care of themselves, they send the patient to a specialist. The specialist may recommend some treatment. I do not know if members know the number, but the wait time is six months. That is the longest it has been in 30 years.

What is perhaps an even sadder statistic is that five million Canadians do not have access to primary care, with perhaps 130,000 in my own province of Nova Scotia. We know there are 1.228 million people waiting for procedures in Canada.

We could also look at diagnostic imaging. For folks out there who may not know what that means, it is CAT scans, MRIs and regular X-rays. We know those wait times are the longest they have been in forever.

What else do we know? We know we have drug shortages in this country. We brought Health Canada and the minister to the health committee to talk about the shortages of pediatric ibuprofen and acetaminophen, and what answers did we get? We got absolutely none. They said they were going to work on it and maybe get some in, but we know that when people go to their pharmacies, the cupboards are still bare.

What else do we know? We know there are critical drug shortages of every pediatric oral antibiotic that, if I was working as a family doctor, I would prescribe for children with bacterial infections. We know that every one of them is short. As I said previously, we also know, from the words of Dr. Katharine Smart, former Canadian Medical Association president, that we are in a system on the brink of collapse.

What else do we know? After eight years of the Liberal government, we know, as I mentioned right off the top, that people are dying in emergency rooms around this country. Somebody died in my own riding in Amherst in the emergency room, a lady named Holthoff. It is a sad state of affairs. There are no words to describe that. Those are things that should not be happening in Canada.

We know, after eight years of the Liberal government, that the Prime Minister refused to meet with premiers. When he eventually met with them and gave them a package, he said, "Here is your money. Hit the road. I don't want to hear any of your talk about this anymore."

We know there is a significant crisis in the health care system, and we know that right now it is borne on the backs of the folks who continue to work on it, folks whom I have had the privilege and opportunity to work with. We know that if we do not operationalize our ideas in this great House, nothing is going to change. That is the sad concern I have: that nothing is going to change and we are going to continue down the same path we are on. We need to have great leadership in this country, and right now we do not have it.

I will end with an interesting take on this. If someone wants a solution to health care, they should elect a Conservative government.

• (1135)

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoulu, BQ): Madam Speaker, one of my biggest fears is that our systems, whether it be

the health care system or any other Canada-wide system like the agricultural system, will become Americanized.

Allowing indiscriminate access to the private sector would make our health care system more like the American system. That would not be good for the middle class, as it would lead to excessive debt. We agree on that.

Having said that, if opportunities to rely on the private sector have opened up in recent years, it is because successive Liberal and Conservative governments since the Jean Chrétien government have not provided sufficient health transfers.

If my colleague's budget were 28% to 32% short over a 30-year period, would he be able to manage a crisis, if one came along?

That is the reality in the health care system.

Mr. Stephen Ellis: Madam Speaker, I thank my colleague for her question.

[*English*]

We can talk about money in the House all day if we want to, but until we begin to operationalize things, we are not going to see any change.

I think one of the worst things we could possibly do in Canada is start comparing ourselves to an American system. We know that the American system is based on private care. We know that people do not have access. We know it is very costly. The United States spends more money on health care than anybody else in this world. To think we need to allow our system to collapse more than it has and adopt an American-style system would be a disservice to all Canadians.

• (1140)

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, I thank the member for sharing some of his experiences working as a family physician, and specifically what he has seen regarding the need for mental health supports for Canadians.

I worked in mental health and addictions prior to becoming a member of Parliament, and I saw the impact on our mental health services of a two-tiered system, a private-public system. I saw the many ways in which this system provided supports for those who had the funds and left behind those who did not.

I am wondering if the member could share with us today whether he agrees that moving toward a privately funded health care system would exacerbate the exact problems we are seeing in our mental health systems. This is instead of moving forward to increase supports for Canadians in need.

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Mr. Stephen Ellis: Madam Speaker, there are two things I need to point out. I have spoken at length about the \$4.5-billion Canada mental health transfer, which has not happened. The other thing we need to talk about is the Liberal Prime Minister, who talks about privatizing Canadian health care and claims it is innovation. Everybody has heard that in the media. I think it is a travesty.

There are two points, as I said. We have a Liberal Prime Minister who is talking about private care as innovative, and we have a Liberal Prime Minister who refuses to transfer \$4.5 billion to those who need it the most with mental health issues.

Mr. Adam van Koevorden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Madam Speaker, the member opposite asked a lot of questions, and this has become a really disappointing trend from the Conservatives. It is a lot of slogans and no solutions or proposals for a better system. There are no recommendations, just a lot of slogans with no substance at all.

Canadians know they cannot trust the Conservatives on health care. Their hidden agenda is not hidden at all. There are examples across this country of Conservatives continually privatizing health care and ensuring that private clinics can deliver care to Canadians. That is why our government has had to rescind money. There are actually consequences for Conservative governments that have been doing that, in particular those in New Brunswick and Alberta. Over \$100 million has had to be pulled back because of contraventions to the Canada Health Act.

My question to the member is very clear: How can Canadians trust the Conservatives on something so precious and important as health care?

Mr. Stephen Ellis: Madam Speaker, when we look at things in the House of Commons, the Liberal government has done absolutely nothing after eight years. We have had eight years of increased wait times, eight years of no access to primary care and eight years of refusing to transfer \$4.5 billion through the Canada mental health transfer, which the Liberals created themselves. We have had eight years of inaction. We have had eight years of increasing burnout among the people whom I spoke very passionately about. We do not have slogans over here. I do not think I said one slogan in my entire speech.

I think the other very important thing we need to understand is that we need to do something about this. This is a crisis. We need leadership, and on this side of the House, that is what we have. We have leadership. We have ideas.

We do not need to give the government our ideas. We need to oppose the absolute inanity of the ideas it has when it brings them forth and they are not going to serve Canadians. That is our job. I understand that the parliamentary secretary does not like that or does not understand it, but our job over here is to stand up for Canadians and oppose the crazy ideas members on that side of the House have.

Mr. John Brassard (Barrie—Innisfil, CPC): Madam Speaker, to hear the member for Cumberland—Colchester is almost like getting a playing lesson from a pro. He is a former medical doctor who is intimately aware of the system. This is as opposed to a playing lesson from a former kayaker.

I sense his frustration. It is a frustration that many Canadians are feeling. We are hearing news today about doctors with foreign credentials. Canadian doctors who are foreign trained are unable to come back into this country to practise. They number in the thousands.

What role can the federal government play in ensuring that doctors with foreign credentials, many of them Canadians, can come back into this country and work with provincial governments to ensure that we build up our capacity in the health care system and have those health care professionals work in Canada?

• (1145)

Mr. Stephen Ellis: Madam Speaker, I think it would be inappropriate to give all of our plans away to the government since it clearly has no ideas of its own. I think that would be unfortunate.

What we know very clearly is that there are immigrants who have come to this country, internationally trained medical graduates, who are unable to work in our system. What we need to do is look at the exact skill sets they have. There is a vast need across every health care human resource sector in this country, and we need to understand exactly how to help those folks fit into the system we have.

We know that the training system either does not have the capacity or perhaps, although I am not entirely sure, does not have the desire to train these folks to get to the standard we have, which is very high here in Canada. We also know that Canadians who have trained abroad need to be allowed to come back and show that the skills they have learned in other countries, such as Ireland, are of value to us here in Canada. They would play a fantastic role in our health care system and would be able to provide the care that Canadians so desperately need.

We also need to know very clearly what happens when somebody comes here from another country. We cannot have country X losing a doctor and Canada not gaining a doctor. Not giving a place in this country to somebody the immigration system has brought to Canada as a physician is a travesty and is very hurtful to the immigrants coming here to help us.

[Translation]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member for Longueuil—Saint-Hubert, for a brief question.

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker, this morning's debate is kind of schizophrenic.

Everyone who got up to speak, no matter their political stripe, said there is a problem with Canada's health care system, that it does not make sense, that there are wait lists for surgery and mental health and that seniors are not getting the care they should be getting. Everyone agrees on that. People are practically unanimous in saying something must be done about it.

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True to form, the NDP moved a motion that does not belong in the House. We are going to spend a day wasting our breath because the things the NDP wants to talk about today are up to Quebec and the provinces.

The Liberals have made their choice. They have decided not to be part of the solution. The provinces and Quebec asked for \$6 billion, but the Liberals gave them \$1 billion. Now they are merrily flinging numbers around as though they were fixing things.

My Conservative friends have come to the same conclusion, but have they come up with the same answer? They have been pretty quiet about whether they would significantly increase health transfers to fix the country's health care system if ever—

The Assistant Deputy Speaker (Mrs. Carol Hughes): I had asked that it be a brief question, and the hon. member took more than a minute.

I will give the hon. member for Cumberland—Colchester the opportunity to respond.

[*English*]

Mr. Stephen Ellis: Madam Speaker, I think it is very clear that in this country we need a few things. We need great leadership and we need great co-operation.

I believe that in this country, we have the ability to solve this problem. If we all work together with the provinces, with great leadership from the federal government, as we will show on the Conservative side of the House when we take over government, we will be able to solve these problems. We are a co-operative group and will move forward on this issue very clearly.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Madam Speaker, I want to say that I will be sharing my time with my mentor, the member for Rivière-du-Nord.

I think that having a discussion about the role of private health care is a great way to distinguish between certain ideological positions. On the one hand, there are those who think of themselves as social democrats or progressives, even if the latter term is a bit overused. On the other hand, there are people who have more of a neo-liberal vision, inspired by classical liberalism, where positions are often structured around an idyllic vision of the market; it is all about the market. When we talk about the role of private health care, these divisions always come to the fore.

I say this because we, in the Bloc Québécois, tend to define ourselves as progressives, as social democrats, much like NDP members do.

For example, one way to try and define progressives, social democrats, is to look at some of the struggles that have taken place. I am thinking about the fight for better wealth distribution, allowing for equal opportunities, which is more structured by the state. I am thinking about the struggles that women and the labour movement face. I would even say that a progressive is someone who defends secularism. I doubt my NDP colleagues would agree. Indeed, the issue of state neutrality often comes up in discussions about progressivism.

What I am getting at is that Quebec is probably one of the most progressive societies in Canada. Look at the choices that Quebec has made. Child care was put in place in 1997. Canada has just implemented it, more than 20 years later. The same can be said of parental leave and pharmacare. In my opinion, Quebec's government and society is a bit more progressive than Canada. That is Quebec's choice.

I would like to make a distinction. I see what the NDP is trying to do with this motion. The Bloc Québécois will be voting against it, but when we do, members will say that the Bloc Québécois is not progressive and that it is in favour of more privatized health care. However, that is not the case. That explanation is too simplistic.

I do not want to accuse my NDP colleagues of populism. We know what populism means. It often involves using overly simplistic explanations to try to describe complex realities. Health care in Canada is a complex reality. The fact that we are against this motion does not necessarily mean that we are in favour of giving the private sector a bigger place in the health care system. I want to point out that the difference between the NDP's progressiveness and the Bloc Québécois's is that the NDP's progressiveness involves a centralizing, predatory federalism. I want members to remember that. I do not want to use any bad words, but we have to call a spade a spade. It is a federalism that is always trying to infringe on provincial jurisdictions.

When I take a closer look at the NDP motion, what I ultimately see is paternalism, but I will come back to that. Ottawa thinks it knows best. We, the legislators in the House here in Ottawa, are supposed to explain to the provinces how the health care system works and we are the ones who see things clearly. That is basically how the NDP motion reads to me.

This motion is also pretty Ontario-centric, and I will simply point out in passing that it is yet another illustration of the fact that the NDP is rather disconnected from Quebec. Let us move on quickly to the next thing.

● (1150)

What should my colleagues have done if they truly cared about the health care issue? They should have tackled the main problem, which is a structural one.

The problem that we face today is a structural one, where health care is affected by the financial withdrawal of the federal government. Guess what? The fiscal imbalance has provided extensive documentation of this withdrawal. If my NDP colleagues were serious, they would have looked at the issue of fiscal imbalance and at the federal government's withdrawal.

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Here is an example. In the 1990s, in 1996-97, the federal government made ongoing cuts of \$2.5 billion to provincial transfers. Lucien Bouchard was premier of Quebec at the time. He had to deal with these cuts, which completely destabilized Quebec's health care system. His critics were quick to paint him as a neo-liberal politician because he made cuts to health care. However, at the same time that he was creating a \$5 child care system and implementing a family policy, he was being strangled by the federal government and forced to cut health care services to the public. That is the kind of predatory federalism that I was talking about earlier.

I am coming back to the fiscal imbalance because I would simply like to provide the definition that really speaks to me. It is the one that was included in the Séguin report. It states that the provinces' spending structure is such that expenditures grow faster than the economy, while those of the federal government grow at roughly the same pace. Furthermore, when it wants to adjust its spending, the federal government can just unilaterally cut transfers to the provinces, without any political fallout.

"Without any political fallout" worked for Paul Martin in the 1990s. He balanced his budget on the backs of the provinces. Who paid the political price? It was the various premiers and health ministers in Quebec, who were held responsible for the shortfall in the health care system because Ottawa choked the resources.

The NDP's response to something like the fiscal imbalance is to say that funding for the provinces should come with conditions. To me, that is quintessential predatory federalism. I did not make up that term. It came from a health minister from Quebec who was a Liberal and had absolutely nothing to do with sovereignists and separatists.

The fiscal imbalance has been documented in a fairly impartial manner. I am thinking in particular of the Conference Board of Canada, which has shown in many studies that if nothing is done by 2030-31, the provinces will collapse under the weight of deficits, while the federal government will be swimming in surpluses. The Parliamentary Budget Officer has also demonstrated this many times.

When I look at the NDP motion, I see direct interference in provincial jurisdictions. Health is not the purview of the House of Commons.

Naturally, in Quebec and other provinces, governments may take approaches that are controversial, but that is democracy. If people are not satisfied with the actions of their legislatures, they can run for a seat there. If health care is the real concern of my NDP colleagues, they can stand for election in Quebec, Ontario, Saskatchewan or Manitoba and tackle the health care system. That certainly does not fall to the House of Commons.

I want to conclude by highlighting the predatory federalism we can see in the NDP proposals. Imposing national standards on long-term care facilities is interference. Hiring health care workers is interference. Investing in mental health and preventing the use of private health care, which is the basis of their motion, is again interference.

To add insult to injury, if the New Democrats had done their homework, and I am sure my colleague from Rivière-du-Nord will

elaborate on this, they would have looked at the Chaoulli decision and realized that if they want to go against the provinces in the delivery of health care, they have two options.

• (1155)

One option is to use the notwithstanding clause that they condemned last week in the debate on one of our opposition motions.

[*English*]

Ms. Bonita Zarrillo (Port Moody—Coquitlam, NDP): Madam Speaker, I agree on the progressive policies in Quebec. I have said many times in the House that I benefited from the very first \$5-a-day child care when I lived in Quebec in 1998, but I also want to point to when I had my second child in Quebec in 2003. At that point in time, *C. difficile* was in the hospitals. I did not get a meal delivered to my room because there was not enough staff. I needed to rely on my spouse to ensure I was fed during the two days I was in the hospital.

When we look at the long-term care outcomes and the deaths through COVID in Quebec, these are the realities about which we are talking. This is about a lack of staff, a lack of funding to have adequate staff, and reliance on the free market is no way to fix these problems.

Does the Bloc agree that we need to have an all-hands-on-deck fight to ensure we have the human resources in the health care system across our country?

• (1200)

[*Translation*]

Mr. Mario Simard: Madam Speaker, I understand the difficulties my colleague has experienced in the health care system, but the major issue is one of funding and imbalance.

To fix that, the government should have listened to the provinces when they asked for an additional \$28 billion to increase health transfers from 22% to 35%. That is what needed to be done, and the NDP still has an opportunity to do it. The budget will contain measures that the government proposes for health care, and the NDP just has to oppose them. We can re-establish a balance of power and force this government to invest in health care to meet the provinces' expectations, to meet the expectations of patients who are on waiting lists, and to meet the expectations of nurses, who are at the end of their rope. The NDP can still make a difference. They just need to grow a backbone and stand up to the Liberal government.

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[English]

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, the Bloc seems to be of the impression, and I really disagree with this, that the only role the federal government plays is to provide provinces money, nothing more, to be that ATM machine. It is like having a system in Canada where data and information is irrelevant to health care, data such as having a three-month waiting list for a hip replacement in one province and a 14-month waiting list in another.

We have the Canada Health Act, which is there to ensure there is a national health care system that provides basic fundamentals in health care, the expectations that Canadians have. Some provinces might be more progressive than other provinces, but would he not agree we should be able to look at the different provinces and see those basic fundamentals that are prescribed in the Canada Health Act?

[Translation]

Mr. Mario Simard: Madam Speaker, I would like my colleague to tell me how he can magically find solutions, here in the House, to wait times in the health care system. How can he magically do that when his government cannot even deliver passports on time, deal with irregular border crossers who do not have work permits, and help people who spend weeks waiting for their EI payments?

The Liberals should take care of the things they are responsible for and let the provinces manage health care. For the provinces to manage health care, they need the necessary resources, and the federal government is the one that has the fiscal capacity to do that. The government is shirking its responsibilities. It is as simple as that.

[English]

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I say this with the greatest of respect, but there is a profound error in my colleague's comment, when he asserts over and over again that health care is a provincial responsibility in jurisdiction only. That is just incorrect. The Supreme Court of Canada said, "Health' is not a matter which is subject to specific constitutional assignment but instead is an amorphous topic which can be addressed by valid federal or provincial legislation".

We know there are conditions attached because the Canada Health Act establishes them. When Quebec or any other province gets money, they agree to take that money on the basis of respecting five conditions of the Canada Health Act.

Is the Bloc Québécois in favour of two-tier private access to care? He says he is going to vote against our motion. Does that mean the Bloc Québécois is in favour of two-tier private care in our country, because that is what this motion is about today?

[Translation]

Mr. Mario Simard: Madam Speaker, that trap was easy to see coming. I said earlier in my speech that that was what the NDP would say. It is easy. Populism involves using overly simplistic explanations to describe complex realities. They are saying that if we do not vote in favour of the NDP motion, it is because we are in

favour of giving the private sector a bigger place in the health care system.

We will not be voting in favour of the motion and we do not support it because it directly infringes on areas of provincial jurisdiction. That sets a precedent, and we maintain—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We have to resume debate.

The hon. member for Rivière-du-Nord.

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Madam Speaker, I want to begin by saying that I agree with my colleague from Jonquière. He is very reasonable.

I would add to the list of the problems with this government the fact that it has been unable to issue paycheques properly for years. I have been a member of the House since 2015, and we have been hearing about the Phoenix pay system all this time. I was a lawyer before I became an MP, and I had business clients. If they had not been able to give their employees paycheques, they would have gone bankrupt and been taken to court. I will move on to other topics, but let us just say that this government has not proven it has the competence to manage the affairs of the provinces.

I would say that there are two big problems with this NDP motion. First, it does not respect the division of powers set out in the Constitution Act, 1867. We know that health is not a federal but a provincial jurisdiction. The federal government's role, with all due respect to my colleague opposite, is to transfer money to the provinces so they can manage their health care systems. As was mentioned, the federal government has no competence in many areas, certainly including health care. The federal government does not manage any hospitals, clinics or anything else to do with health care. It is dreaming if it thinks it can impose its vision on the provinces.

Second, there is the issue of the Canadian Charter of Rights and Freedoms. The Supreme Court ruled that, under the charter, the federal government cannot restrict access to private health care in the provinces. I will talk about that in more detail later.

When I look at this constitutional problem, I realize that the NDP does not seem to understand that the feds have nothing to do with health. I was thinking about it this morning and thought it felt like a legend. The NDP dreams of a totalitarian federal government that controls everything and of a country where the federal government is all-powerful, like a supreme authority. That is the federal legend and the NDP's dream.

Mr. Mario Simard: Is it the myth?

Mr. Rhéal Fortin: Madam Speaker, the myth, the legend, that is what we are talking about today. Beyond the legend, there is a constitutional problem, because health is not a federal responsibility, but rather a provincial one. There is also a problem in relation to the Charter of Rights and Freedoms, which protects a certain number of rights. It protects privacy in section 7, among other things.

This is not the first time a situation of this kind has been brought before the courts. My colleague from Jonquière talked briefly about the Supreme Court of Canada's Chaoulli decision from 2005. The chief justice, Justice McLachlin, supported by Justices Major and Bastarache, agreed with the findings of Justice Deschamps. I quote:

[T]he prohibition on private health insurance violates s. 1 of the *Quebec Charter* and is not justifiable under s. 9.1...The prohibition also violates s. 7 of the *Canadian Charter* and is not justifiable under s. 1...While the decision about the type of health care system Quebec should adopt falls to the legislature of that province, the resulting legislation, like all laws, must comply with the *Canadian Charter*.

Again, it states that “the type of health care system Quebec should adopt falls to the legislature of that province”.

The Supreme Court wrote that over 15 years ago, but the NDP members did not read the Supreme Court decisions, and that is okay. I know they have other things to do, like dreaming up this legend of a totalitarian Canadian government and trying to promote it. That cannot be easy, and I would not want to be in their shoes. I understand why they might be busy.

However, it is still important to read the Constitution and the charter at least once, to know what we are talking about and to avoid such huge traps. The New Democrats set this trap for themselves by proposing, on the one hand, that the federal government meddle in provincial and Quebec jurisdictions and, on the other hand, that the federal government completely violate the provisions of the charter.

That said, is it a fatal error? Yes, interfering in provincial jurisdictions is a fatal error.

● (1205)

I do not think that the federal government has any business meddling in areas under provincial jurisdiction. It can try, but it will end up in court. After a few years, the Supreme Court will say, as it already has, that this cannot be done. The federal government can try if it wants. We shall see.

Is the charter question fatal? No, it is not. I must concur.

We could contravene the provisions of the charter and say, “Too bad for section 7, we are still going ahead with a measure that would prohibit nurses from accessing private health care.” Even if it violates the charter, it could be done. How would we go about it? It is easy. The charter contains just such a provision. It is section 33, which reads as follows:

Parliament or the legislature of a province may expressly declare in an Act of Parliament or of the legislature, as the case may be, that the Act or a provision thereof shall operate notwithstanding a provision included in section 2 or sections 7 to 15 of this Charter.

The Chaoulli decision dealt with section 7. When I read the charter, I see that it can be overridden. Yes, what the NDP is proposing violates the provisions of the Canadian Charter of Rights and Freedoms. That is a major sacrilege, clearly, but section 33 allows for the charter to be overridden.

The only problem is that just this week, mere hours ago, the NDP was getting all worked up and crying foul because Quebec had the nerve to use this notwithstanding clause to protect French and secularism in Quebec. Scandalized, our Canadian federal Prime Minister said that he would go to the Supreme Court and ask it to declare

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that the provinces cannot use the notwithstanding clause that his father gave them many years ago when he had this legislation passed. He said that they should have to go through the courts first and so on.

We argued that this did not make much sense since section 33 states, “Parliament or the legislature of a province may expressly declare in an Act of Parliament or of the legislature”. That is what Quebec did, that is what the federal government detests and that is what the NDP finds so outrageous and astounding. However, that is what the NDP will have to do if they want to follow their motion to its logical conclusion.

Are they going to follow their motion to its logical conclusion? Perhaps. If they do, we will bring back our motion, which they defeated this week. After all, a person cannot enjoy ice cream one day, be allergic to it the next, and then enjoy it again the day after. It either works or it does not.

If they want it to work, I am willing to consider it. There will still be the jurisdictional issue, which remains unresolved, but we could at least resolve the charter aspect. If they want to continue down that path, with that reasoning, we will follow their lead and allow them to apply for a charter exemption. We know that they are entirely within their rights.

However, if they persist in saying that we are not allowed to do it, it is hard for me to see how they can logically say to us that they want to contravene the charter and violate the division of powers.

Again, this legend exists only in the minds of my esteemed colleagues in the New Democratic Party or, should I say, the New Liberal-Democratic Party. I am not sure what to call it anymore.

● (1210)

[*English*]

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, I want to start with the fact that, yes, it is New Democrats' dream to one day see a universally administered, universally accessible health care system in this country. If that is our dream, we are the Bloc Québécois's nightmare because this piece of legislation, this work and the funding models that need to be put in place are the kinds of things Canadians expect from coast to coast to coast.

The reality is that we are living in a confederacy; our country was founded on the principle of confederacy, and that model came from indigenous nations. If the Bloc members would look at a history book, they would realize that those indigenous nations actually bound together in their confederacies to work with one another and to help one another, rather than block the health care that people in my province, people in Saskatchewan and the good people of Manitoba would otherwise benefit from.

I do appreciate this member's speech, but it does not go far enough to protect Canadians from coast to coast to coast. Can the member explain what his plan is to ensure that other Canadians have the opportunities that Quebec may have?

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[*Translation*]

Mr. Rhéal Fortin: Madam Speaker, what I can tell my colleague is that we dream similar dreams but have different ideas about how to achieve those dreams.

He dreams of a great nation from coast to coast to coast with rules that apply from coast to coast to coast to everyone who lives from coast to coast to coast. We dream of our own country, of Quebec. We know that we have one way of doing things. It is not better, but it is different from how things are done elsewhere in Canada. We dream of the alliance my colleague talked about. I have nothing against the Canadian Confederation. On the day that Quebec becomes a country, we are not going to build a fence around Quebec and tell others they must stay out and we will stay in. We want an alliance and trade relations. We want a lot of things. We are going to get along with our neighbours.

However, this marriage has a problem, because we do not see things the same way. We want to make our rules, and we want Canada to make its rules. Then we will see what we can agree on. I will always be happy to shake hands with my colleague and work with him to make life better for everyone in the great and beautiful country of Canada and in Quebec.

• (1215)

Mrs. Élisabeth Brière (Parliamentary Secretary to the Minister of Mental Health and Addictions and Associate Minister of Health, Lib.): Madam Speaker, I thank my hon. colleague for his speech, which reflects his legal background.

Surely my colleague would agree that more and more Canadians, especially young people, are suffering from mental health issues. That is why it is important to invest in mental health and in integrated services for youth. By negotiating their bilateral agreements, the provinces will have the flexibility to decide to invest more money in mental health. Is that not a good thing?

Mr. Rhéal Fortin: Madam Speaker, I thank my colleague for her question. I know this member as a great parliamentarian and a very competent legal expert.

That said, obviously we are not against mental health care. I have never met anyone in Quebec who was against apple pie. Everyone likes it. People with mental health issues need to be taken care of. I hope the rest of Canada has the same concerns. In fact, I have no doubt that they feel the same way. The issue is not whether we want to take care of people with mental health issues. The issue is who is going to take care of them. Pursuant to the Constitution Act, 1867, could each province not have its own provisions to address its own specific concerns, which differ from one province to the next? After all, that is a fact of life.

[*English*]

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, we are learning about Veterans Affairs' mental health rehabilitation services treatments being outsourced to a company owned by Loblaws.

My good colleague from North Island—Powell River has been calling on the government to deliver that through Canada's health care system, not privatize it. Meanwhile veterans, people who have

put their lives on the line, are not getting the services and treatment they need and deserve.

Does the member think that this privatization of veterans' services should be included in the health care system for Canada and Quebecers rather than outsourced, where profits are actually flowing to investors while veterans wait for services? It is absolutely absurd. It is unconscionable that the government is doing this.

[*Translation*]

Mr. Rhéal Fortin: Madam Speaker, I thank my colleague for his question. I have a great deal of respect for him as well. I know that there are many health care issues in British Columbia. My heart goes out to the people in that province.

That said, I agree with the premise of the motion, which is to prohibit private health care and try to improve public health care. Yesterday, Quebec introduced Bill 10, a bill to restrict the use of staffing agencies and self-employed workers in the health and social services sector. Last spring, in April 2022, it adopted a plan to implement necessary changes in health care. We are concerned about this issue, and we are working on it. I am convinced the same thing is happening in British Columbia, Ontario and elsewhere in Canada. We just have to do things our way, and the federal government must stop interfering in the provinces' management of health care—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate. The hon. member for Edmonton Griesbach.

[*English*]

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Madam Speaker, today we are talking about health care, something that Canadians value.

Our health care system is the very backbone of our social safety net, no matter who we are, how much we make, where we live or in what circumstances we may find ourselves. It is the core value that Canadians right across the country praise, and it is at risk today. There is an insidious and nefarious project under way in Canada that would seek to take away that very protection.

It has already begun in my home province of Alberta. The premier of Alberta is utilizing existing public funds to funnel into the private health care system, funds that would otherwise be used for public care. This cannibalizes our existing public health care system.

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It is a fallacy, a myth that the private health care system can make things better. It is no secret to the many Canadians who had to put up this fight before, including the New Democratic Party, which has always been steadfast in the defence of our public health care system, that the provinces would seek to defund and take away the supports of our public health care system. This would ensure that the public would begin to see that deterioration, which would build public support for private health care systems. That is what is happening right now. Our public health care system is falling victim to a classic privatization trap, whether with respect to education or health care, that would seek to destroy our social safety net.

I look at my home province and the real people who have been saved through public health care. The fight began and grew on the Prairies. The intent of the Canada Health Act was to ensure that no matter who we were, whether it was the neighbours we farmed with, or the post office person, or the teacher or the person constructing our roads, and regardless of how the economy may have hurt us, we would have that basic level of humanity.

It is not the job of the government to look solely at the GDP of the country. It is important it ensures that the people who develop the means and the surpluses to make so much possible in our country have control and benefit from those surpluses. Part of that is ensuring that the basic need of health care is looked after.

Imagine our country seeking to seize on Danielle Smith's project to give everyone \$375 in an account to privatize the health care system in my province. If that were implemented that right across the country, millions of our most vulnerable people would be left behind.

As evidence of this, Premier Danielle Smith published a paper at the University of Calgary's School of Public Policy, where she suggested creating annual health co-pay fees of up to \$1,000 annually based on income.

She has stated that once people get used to the concept of paying out of pocket for more things themselves then "we can change the conversation on health care."

It is shameful that she would want to shackle the most vulnerable, who need health care the most, to a limit of \$1,000. We know that it costs at least \$3,000 for one night in the hospital. Who does she want to toss out onto the street? Who does she want to ensure does not get that care?

On top of all of that, the condition of our hospitals today is truly deplorable. Before we get to the point of proposing a solution like Danielle Smith's, we have to break the system first. We have to break public health care. That starts with attacking our public health care workers and our care economy.

The brave men, women and non-binary folks who work in our health care system today are the same people who helped us through one of our country's worst nightmares, the global pandemic, which would have left millions of Canadians behind if we did not have a public health care system.

● (1220)

Even though health care is massively underfunded, and the conditions these workers were placed in, they stepped up. The House

praised them. The Conservatives, the Bloc, the Liberals called them heroes.

When I talk to health care workers in my province today, they feel like zeroes, because that is what they are getting at the bargaining table and in their contracts. When we value our health care professionals and those who work in the profession, we value our health care system. These people are not looking for profits. They are looking for the tools to help their neighbours, their family members, the people they grew up with and the provinces they love. However, the conditions they are working in are forcing them into a narrow corner. They have to make a decision to either leave the health care system altogether or enter a growing private sector that would seek to abuse them, that would seek to take away their rights and that would seek to take profit from those who are sick. It is a shame.

Alberta can be a prosperous, beautiful, strong and resilient place so long as we ensure that the principles we have agreed to in our provincial health bill, which is our public health care system, are truly adhered to and valued. Part of that is looking back at that history and at those who experienced the health care system before it became a socialized system.

I talked to a retired nurse in my riding. Just last weekend said asked me to please stop the privatization of health care. She knew exactly what that felt like because she had lived through it before. In Alberta and other provinces, before our national health care program was built, and is still being built and defended today, she had to go through the onerous process of having to ask someone to insure her husband's life. When she could not afford to make those payments, the insurer said "too bad, so sad". Her husband needed insulin and medical attention. Her husband worked on a farm his whole life and was a hard worker, and there are realities to that kind of labour. When we do not provide that social safety net for those who rely on it most, we leave them behind and it hurts our economy.

We need to take a stand against U.S.-style for-profit health care, and that is part of the problem. We have megacorporations that would love to dine out on the public dollar, that would love to continue to make a killing off people who need that support.

Our job in this place is to ensure that Canadians have the tools and the social safety net to succeed when they fall down, because we are all human, so they can get back up. Canadians are fighting for that today. That is the progress New Democrats are fighting for today, a truly universally accepted public health care system that can withstand the labour conditions we put on individuals who give themselves to our country and who find themselves lesser for it; and a government that is not willing to ensure they have that health care. It is for those teachers, so they can ensure that no matter what happens to them, especially throughout COVID, they can continue to do the work of standing on the front lines.

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The working class of our country are being divided and they are being attacked, and it is being done so we do not look at the real problem. Those corporations that would seek to profit, and the politicians they pay for, ignore this issue. They want us to ignore the fact that our public health care system is under attack. They want us to ignore the fact that for-profit surgeries are already taking place in my home province of Alberta.

The Liberal government needs to enforce the Canada Health Act. It is written clearly. It needs to do that and ensure that people like Danielle Smith cannot continue to finance the private health care system like she is today. I welcome the Liberals to Alberta to take a look at some of the private health care systems, because they obviously do not believe it. They should talk to the people who need this service. They should talk to them about how much it costs to get a hip replacement.

We are here to defend public health care, and we will continue to do that.

• (1225)

Mr. Adam van Koevorden (Parliamentary Secretary to the Minister of Health and to the Minister of Sport, Lib.): Madam Speaker, I thank my hon. colleague for taking such a firm stand in this place for publicly funded, universally available and equitably delivered health care in our country. It is so important that we continue to stand up for it because he is right. There are Conservatives in the House and across the country who would strive to privatize our health care further.

However, our plan is compliant with the Canada Health Act. It ensures that provinces and territories abide by the Canada Health Act. The member said precisely that our government should enforce it, and I have a few small examples.

In Ontario in 2021, a deduction was taken from Ontario's federal health transfer for charges that were privatized in nature. The same is true for New Brunswick as well as in the member's home province of Alberta. These deductions are the enforcement mechanism that the federal government to enforce the priority. This government has repeatedly stated that our health care remains public and universal.

If the member has any other recommendations, I am here to listen.

• (1230)

Mr. Blake Desjarlais: Madam Speaker, I believe the government can enforce the Canada Health Act in a way that is consistent with the goal of ensuring we have equity right across the country.

The problem I have is the fact that we have an existing public health care system that, if funded properly, could work really well. However, this idea that we could break the existing public health care system and then find innovative "solutions" amounts to privatization. In my province of Alberta, it is already happening.

Therefore, something has gone wrong. Either the government is not enforcing the Canada Health Act or it is ignoring the reality that, in Alberta, private health care is happening. People are paying money for their very basic needs in order to survive.

[*Translation*]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I thank my colleague for the passion with which he speaks.

Once again, I find myself in a situation where I agree almost 100% with my colleague. However, he is not in the right parliament.

Today, his political party is proposing a false solution: to support the government which is underfunding provincial health care, but prohibit the bad provinces from using private health care to solve their problems.

The Bloc Québécois does not support using the private sector for health care, either. We are asking the NDP to end this fake NDP-Liberal coalition and stop voting for a government that slashes funding.

My colleague talked about history earlier. I would like to educate him on two points: First, Canada is mistakenly called a confederation; it is a federation where an overly powerful central government imposes its will on the provinces. It wants to keep doing that and, in a few weeks, there will be a vote on a budget full of funding cuts, when the initial agreement was 50% of health care costs.

I would like my colleague to tell me how he can sleep at night.

[*English*]

Mr. Blake Desjarlais: Madam Speaker, I sleep very well at night knowing that New Democrats are in this place fighting for regular Canadians while the Bloc continues to stop support for even the people of Quebec. Shame.

I also want to note that the Conservatives will not rise once to ask about this issue, because they know exactly what is happening in provinces run by Conservatives.

To better answer the question of the member, I believe in a universally administered, publicly accessible health care system right across the country, and he does not even have to look too far to actually get that answer. The member could have done some homework and looked at the country's track record on ensuring we had universally administered and publicly accessible health care. He could refer to the 1965 royal commission on this issue. If he looked at that, it calls for a national health care program. Even those in Quebec agreed to those things, and now they are getting mad because they realize they are wrong.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I note that the Bloc Québécois voted against dental care and now it seems it will vote against the NDP motion to ensure we have a strong, publicly funded system. I do not think that is what Quebecers want.

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However, my question is not really about the Canada Health Act today; it is about policy. It is about whether we are going to allow public dollars to be diverted to private-for-profit care when we know that it is more expensive and that it is going to drain workers from our public health care system. That conforms to the Canada Health Act. The question is whether the government is going to attach conditions to its health care transfers to the provinces to prevent it.

Mr. Blake Desjarlais: Madam Speaker, that is precisely why we are here today. As a matter of fact, the Minister of Intergovernmental Affairs is in my home province of Alberta right now, in Calgary, meeting with the Province of Alberta. I call on the government to make a phone call, demand that we ensure publicly administered, publicly accessible health care is in that deal and make sure Danielle Smith follows it.

• (1235)

Ms. Lindsay Mathysen (London—Fanshawe, NDP): Madam Speaker, it is an honour to rise in the House today to speak to the motion brought forward by the NDP.

My colleagues and my constituents certainly already know how I feel about the Ontario premier's privatization agenda. Federal Liberal and Conservative governments have backed away from their role in the provision of health care. Instead of enforcing the Canada Health Act, they have steadily allowed two-tiered health care. Over decades, successive Liberal and Conservative governments have severely underfunded the health care system, cutting transfers, creating a perceived crisis and making people believe that there is no other solution but privatization.

The government needs to provide real leadership and real solutions. The solutions need to solve the recruitment and retention crisis with health care workers. It needs to make sure that public dollars go to public health care. It needs to close loopholes that are allowing private American-style health care through the back door.

While respiratory illnesses were ripping through our communities, I was in the House calling on the federal government to take that leadership. Last fall, when London's emergency room wait times hit an all-time high of 20 hours, I called on the government to sit down with the provinces to create a deal that protected public health care. When London was warned by health officials that the record influx of patients at children's hospitals would not slow down, I told the government that parents are living in fear of their kids getting sick, and it had to come to the negotiating table.

When children's hospitals were forced to delay surgeries, I called out the government for walking away from those negotiations. When Doug Ford tried downloading \$300 million to London's municipal government because he did not want to adequately fund health care infrastructure, I called on the government to find a deal to ensure the provinces could find enough money that was needed for that infrastructure.

When the crisis peaked and London's underfunded and understaffed children's hospitals had to transfer out kids all the way to Kingston, and when the Red Cross had to be called in to Ottawa's hospitals, I asked the government what it would take to finally step up to provide that leadership. By sending people to private for-profit clinics, not only will people now pay double for health care ser-

vices, but human resources will be drained from an already strained public sector.

To explain a bit of this recruitment and retention crisis in Ontario, we only have to look to Doug Ford's government's use of Bill 124 to cap Ontario nurses' wages at a 1% increase. Think about the financial strain that workers have gone through in the last few years, certainly recently with the cost of living crisis throughout the pandemic and now. Through all of that, Conservatives froze nurses' wages. While the government refused to pay what they are worth, they still showed up for Canadians through COVID-19. They show up today.

When these failed provincial policies meant hospitalization and ICU rates hit unprecedented levels over and over, they still showed up, but that took a toll on our health care workers. Ontario nurses' overtime hours skyrocketed by 109% during the pandemic. Across Canada, 94% of nurses said they were experiencing symptoms of burnout and 45% of nurses said they are experiencing severe burnout. Even before the pandemic, 60% of nurses said they intended to leave their jobs within the next year and more than one-quarter wanted to leave their profession altogether.

After years of refusing to hammer out fair collective agreements with health care workers, years of neglecting our health care system and the creation of a crisis, the idea of privatization has been allowed to creep in. However, we have to be clear that for-profit health care means that wait times will get worse, the quality of care will drop and all Canadians will have to foot the bill.

We know what happens to for-profit corporations when they deliver care. We have seen it in long-term care. During the pandemic, more than 17,000 people lost their lives in long-term care. The Canadian Armed Forces were called in because of that crisis. The loss of life and neglect of seniors were avoidable, but the lack of legislated care standards directly led to the deaths of thousands of people living in long-term care homes.

The staffing shortage has only gotten worse in private hands. For-profit temp agencies have been overcharging care homes. Yesterday, Global News reported that the temp agencies are taking advantage of the staffing shortage by charging up to \$150 an hour. That is why New Democrats have fought for national long-term care standards and have called for them in our agreement with the government.

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• (1240)

In my community, we had two recent preventable tragedies. We lost two seniors in house fires, two women who were waiting for long-term care beds. One of them was on a list for a not-for-profit bed for two years. She was living at home long after she knew it was time to leave, as it was not safe.

The privatization of this sector has exacerbated the crisis. Private, two-tiered systems do not work. The for-profit delivery of health care is only going to make this crisis worse. After years of the suppression of public sector wages, health care workers will be poached by short-term promises from private employers. They will then prioritize cheap, fast procedures over complex, life-saving surgeries that would help solve the backlog. Prioritizing profit over treatment means rushed jobs that increase preventable deaths.

Canadians need real solutions to fix public universal health care, not to be funnelling funds and staff to the for-profit facilities. We need new bilateral health agreements that result in thousands of new health care workers. We need to stand up for those workers and their unions to keep the professionals we have and to recruit new ones. We need to close Canada Health Act loopholes that are already allowing corporations to siphon public funds to private pockets.

I want to finish today by telling the House about my constituent, a woman of incredible generosity, kindness and care. She gave a lot of her senior years in service to helping veterans in my community. Her name was Doreen Schussler. Every time I saw Doreen, she was there with a hug and a smile. She took such pride in the fact that her husband was a veteran. He had actually won the highest service honour from the government of France for his time in service. She was always there, and then Doreen got sick.

A normally very healthy senior woman got sick. She needed a fairly non-complex procedure. She had to go to the emergency room where she waited for hours and hours for care. When she was finally provided assistance from one of the overburdened workers in the ER, she was seen in a hallway. She was not given an adequate diagnosis. She was not given the time that she needed because that health care worker did not have it to give, and she was sent home where she continued to suffer in pain and agony.

It is a pretty gruesome story, so I will not go into details. Her daughter, Deborah, shared them with me, and we cried a lot over the death of her mother. Deb came to find her mother in a horrific situation, dead at home because of the care that she did not receive due to the crisis that has been created through the underfunding of our public systems, which was entirely preventable.

Deb came to me and asked me to fight for her mother. She also asked, "Lindsay, how can I also fight for people like my mother, people who do not have an advocate in their corner, who cannot suffer the same fate as my mother?" I want to thank Deborah not only for allowing me to share her mother's story today, but also for that continued fight. Her daughter simply asks that we think about this now in the House: What if it were our own mother?

That is what we talk about when we talk about care in this country. To fight over jurisdiction does no one any good, but to actually

come up with real leadership and solutions, that is what we have been sent here to do. That is what I ask us to do today.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I think it is worth reinforcing that Canada does have a strong and powerful role to play when it comes to our national health care system. We can do it through legislation that is there, by using it and enforcing it, which we have done as a government.

The other thing that we can do at the national level is to increase that leverage by providing more financial support. Not only do we have a historic amount of money today invested in health care, but we will also be investing more than \$198 billion over the next 10 years in the national health care system.

I am wondering if the member could provide her comments on the importance of using leverage to ensure that the Canada Health Act is respected.

• (1245)

Ms. Lindsay Mathysen: Madam Speaker, I would simply ask the member if the government is willing to ensure that all this money he is talking about, which is inadequate by the way, actually goes to public health care?

It used to be that the agreement between the provinces and the federal government was a fifty-fifty split in responsibility and funding of health care dollars. That does not exist now. That is because of successive governments, Conservative and Liberal, undermining that funding. That is what I ask, and that is what I challenge the government to do. It should ensure that whatever money it can give, which is not enough, actually goes to public funds.

[Translation]

Mr. Yves Perron (Berthier—Maskinongé, BQ): Madam Speaker, I thank my colleague for her speech. I am going to take the ball and run with it in the hopes that my message comes across more clearly than it did earlier, in my previous intervention.

What I want to say to the NDP is that we agree on the substance. We should work together more often on social causes like this. The problem, and my colleague just said it herself, is funding.

The topic of history came up with the previous speaker. The deal was that the costs would be split fifty-fifty. The federal government's share is down to 22% because it realized it would not score political points by handing out automatic transfers. The government wants to maintain control and impose conditions, and the NDP seems to support that flawed model.

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I invite them to form a coalition with all the opposition parties in order to force the government to properly fund health services in the provinces, which have jurisdiction over health. It is as simple as that.

[*English*]

Ms. Lindsay Mathysen: Madam Speaker, again, this is not about that jurisdictional fight, which I know has been the focus of the Bloc today. It is not actually voting with the NDP beyond that jurisdiction fight. Yes, it is about the money. It has not been there. The Conservatives slashed it in the Harper days. The Liberals have not brought it back to the levels that are required.

Each provincial government, including the Quebec national government, has underfunded health care. They have used the privatization aspect to underfund those public system. Money is at stake here. It is part of the conversation, but so is the drive of each provincial and territorial government on what they expect Canadians, overall, to put up with. Simply put, it cannot be a privatization of the system.

Mr. Matthew Green (Hamilton Centre, NDP): Madam Speaker, I am going to ask the hon. member to reflect on the fact that we have a Prime Minister who campaigned on stopping for-profit care, but then did just the opposite. He flip-flopped. He called Conservative premiers' for-profit corporate care "innovation". Even his own MPs have disagreed.

The hon. member for Humber River—Black Creek said that the proposed changes are terrible and an absolute erosion of our health care system as we know it, and that the introduction of privatization and where we are going is wrong.

Could the hon. member reflect on those comments by the Liberal MP?

Ms. Lindsay Mathysen: Madam Speaker, I often cannot see the difference between Conservatives and Liberals with the decisions that they make. The flip-flop is not all that surprising to me. What I would suggest is that New Democrats have always been consistent about our defence of health care, the creation of it, the expansion of it and the strengthening of it.

We had to sit down and force the Liberal government to fulfill some of the promises it has been making for decades. Dental care is a perfect example. Pharma care is a perfect example. I would ask that Canadians look at that and the constant flip-flop to say who actually—

• (1250)

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): We are out of time.

Resuming debate, the hon. parliamentary secretary to the government House leader has the floor.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I will be splitting my time with the member for Vaughan—Woodbridge.

Health care, for me personally, over the last number of years, and I have been a parliamentarian for over 30 years now, has been the number one issue. I would ultimately suggest that for the con-

stituents I represent, whether it was in the Manitoba legislature or here in the House of Commons, there has never been an issue more important than the issue of health care. It is a core part of what it actually means to be a Canadian.

At the end of the day, I believe that people need to have a better understanding of the reality of health care. The Conservatives talk as if there is no hidden agenda, as if they believe in a national health care program. The NDP members are trying to give a false impression, as if they are the ones who are going to protect the national health care system. The Bloc wants to see Canada taken apart. It does not want to have a national health care system and its focus is simply on separation. The Liberal Party has consistently been there over the years to protect Canada's national health care system.

One of the first things the Prime Minister and the Liberal government did was go to the different provinces to come up with health care agreements to ensure that there would be ongoing funding, because Stephen Harper did not do that. He was unable to meet with the premiers and get an accord. It was the previous Liberal administration that got the 10-year accord back through Jean Chrétien and Paul Martin. It was a Liberal government that enacted the Canada Health Act. It is the Liberal Party of Canada that instituted cash transfers to the provinces and using those cash transfers. It is this government, the current government, that has invested more in health care than anyone in the history of our nation.

When we take a look at the \$198 billion-plus, a 10-year agreement in order to ensure that future generations of Canadians are going to have a national health care program, it will be Liberals and like-minded individuals who are going to be there to ensure that it is going to be there for future generations.

As has been pointed out from the Prime Minister down to all members, we do not believe that Canadians should have to pay for health care services. One of the lines is that a health care card is all that one requires in Canada, not a credit card. When we think of the five fundamental principles of health, one is universality. One hundred per cent of the costs must be covered if one is going into a hospital, for example, or visiting a physician.

When we think in terms of public administration, the act is very clear that it is the provinces that are ultimately responsible for the administration, but that does not mean that they play the role of ensuring that there is a national health care system. They are a part of that national program and play a critical role because of the administration side of it.

It needs to be comprehensive for medically necessary procedures and services. That is an area that needs to grow. We have talked a great deal in the last number of years, virtually since we were elected as a majority government back in 2015, about the need to see more emphasis on mental health. During the pandemic, we saw another emphasis put on long-term care. In the most recent budget, we saw an emphasis on dental care, starting with children under the age of 12. I have been talking about and introducing petitions dealing with prescribed medications. We have a committee, and we are looking at the possibility of having willing provincial partners to talk about the costs of medications.

Business of Supply

• (1255)

There are other issues that are not necessarily included. Cosmetic surgery would be a good example, and ambulance services. Those are not part of it, but we do need to revisit, I would argue, some of those, and I highlighted the one in terms of dental and the second one, pharmacare. There are many within the Liberal caucus who want to see us continue to expand in that area. Let there be no doubt that the medically necessary services have to be there, and they have to be universal and comprehensive.

When we think of portability, this is really where the Bloc is way out. It should not matter where one lives in the country of Canada. People should have a basic national system that is there for them. If people live in Montreal, Winnipeg, Vancouver, Halifax or anywhere in between, or going up north, they should know that the national health care system is going to be there. It is not any one province that can provide that assurance; it has to be a national government, and a national government using the portability clause of the five fundamental principles can ensure that it happens.

We can talk about accessibility. When we think of health care, what do we think of, in terms of the different types of services being accessible? We expect that we would have hospitals that are in the communities and that are open seven days a week, 24 hours a day. We expect there will be community hospitals and there will be tertiary hospitals for trauma. We expect we would have community-based health facilities.

I could list some off. For example, the Health Sciences Centre, in Winnipeg, is a world-class facility that includes the general hospital for children. It is a tertiary hospital for trauma. It even has the helicopter pad. We have the Seven Oaks General Hospital serving the residents of Winnipeg North, a community-based hospital, one that I argue should be delivering services like obstetrics and improving upon its emergency services, and I will continue to advocate that for the Seven Oaks General Hospital. We have a community health clinic, the Norwest clinic, that is there.

We understand how important home care services are. We understand the importance of personal care homes. In fact, we had the Minister of Health in Winnipeg North just last summer at the Fred Douglas Lodge, where we talked about the importance of having national standards, the importance of personal care homes, the importance of home care services and, most importantly, the importance of the backbone of our health care services, which is the people who provide those services.

Whether they are a doctor, a nurse, a nurse practitioner, a lab technician, those who conduct X-rays or those who clean the floors, they all play an absolutely critical role in providing the type of health care system we all want and deserve to see. That is part of who we are, when I say that health care is part of the core of the Canadian identity.

Liberals do not need to be lectured by the opposition. Earlier, the Conservative Party tried to say that we are letting down Canadians on health care. Give me another 20 minutes and I will point out the hypocrisy there. The Conservatives do not believe in a national health care system, because they would just give everything to the provinces. They are not going to enforce. They do not talk about

national programs. Every time someone brings it up, they say that it is a provincial jurisdiction.

We believe in a truly national program that is enforced through the Canada Health Act, and this government and this Prime Minister will be there to support Canadians in having that national health care system. It is with great pride that I say so.

• (1300)

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, what we see today are two options. One option is to rebuild the public national health care system and cut wait times, or to use public health care funding to set up for-profit corporations that will poach, as we know, essential health care workers.

I am curious as to which choice the member will be making of the two, and how he and the government are working with provinces and territories to ensure that the only option is one that benefits all Canadians, not privatized health care that leaves so many vulnerable people behind.

Mr. Kevin Lamoureux: Madam Speaker, well, we have to be somewhat careful. Again, I used to be the health critic in the Province of Manitoba. Even the NDP supported, indirectly, the privatization of health care. I can sit with the member and expand upon that.

At the end of the day, the most important thing we have to recognize is how to prevent a two-tier system. That is the greatest fear. We need to ensure that the managing of health care, which is absolutely critical to its survival, is conducted. From my perspective, the real issue is that we never, ever support, publicly, a two-tier system.

I think that is what we should be striving for, more than anything else: keep it free and accessible, keep the portability, and maintain those five fundamental principles. That is absolutely critical. We need to make it very clear that we would not tolerate a two-tier system.

[*Translation*]

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Madam Speaker, I am pleased to hear our Liberal colleague say that it is up to the provinces to ensure the sound management and administration of the health care system.

However, what he said about members of the Bloc Québécois is rather frustrating and offensive. He said that the Bloc members were flipping out.

The Bloc Québécois is defending Quebec, and it joined the Government of Quebec in asking for \$6 billion in health care transfers to meet needs. We are getting \$1 billion, so that is what the Bloc is upset about.

Can my colleague explain why he said that the Bloc Québécois is flipping out?

Business of Supply

[English]

Mr. Kevin Lamoureux: Madam Speaker, I defended the Province of Quebec. Every year, for the 19 years that I sat in the Manitoba legislature, Ottawa is always asked for more money for health care.

We did not hear the provinces complain when there was a tax point shift, when Ottawa said there would be a reduction in cash transfers in favour of a tax point shift. The provinces did not complain then. At the end of the day, provinces and municipalities always want to have more money. We need to ensure that there is adequate federal funding, and the \$198-billion, 10-year commitment is just that.

We are there at the table. That is why the provinces have signed on, because they have recognized that this is the type of money that is going to make the difference in providing the quality care that Canadians have from coast to coast.

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Madam Speaker, while I was listening to my colleague's speech, I heard him talk about the importance of mental health. While the Liberals have been in power for eight years, they have failed to act on a mental health transfer. In fact, a mere 18 months ago, they ran on an election platform about creating a Canada mental health transfer and yet, in 18 months, we have seen nothing. We have seen less than nothing. We have seen absolute crickets and silence from the minister, leaving people to wait simply with the empty promises that maybe someday it might possibly happen.

Does the hon. member support having those mental health transfers, as was campaigned on and promised in the Liberal platform, actually come to light?

Mr. Kevin Lamoureux: Madam Speaker, the member opposite, along with many of her colleagues, needs to read other things outside of just the Conservative notes that are being provided. If the member genuinely believes that we have not been investing in mental health, she can go onto the portal and she will find that we have spent \$180 million on a portal that is providing mental health services directly from Ottawa. That program has reached over two million Canadians.

The Conservatives do not even know what they are talking about when it comes to health care because, at the end of the day, they do not see and believe that the federal government plays a role in health care.

• (1305)

Mr. Francesco Sorbara (Vaughan—Woodbridge, Lib.): Madam Speaker, it is quite boisterous in here. It is great to hear some lively debate about an issue that is probably one of the most important issues for our constituents, and that is health care.

It is great to see that the federal government has been working collaboratively with all provinces and territories to come to an agreement. An additional nearly \$200 billion in funding will flow from the federal government to the provincial governments and territories. It will strengthen and improve access to, and equitability of, our health care system for all Canadians.

Usually, when I give a speech, I do not personalize it, because it is not about me, the member of Parliament for Vaughan—Woodbridge. It is about the residents back home. On health care, I want to share a personal story. I was born with a cleft lip. A derogatory term for a cleft lip or a cleft palate is harelip.

We grew up in Prince Rupert, a town in northern British Columbia. My parents were newcomers, like nearly everyone in Canada other than indigenous peoples. At that time, they were not wealthy and were very hard-working. My mom worked as a dietician at a hospital and then later on worked at a cannery in northern B.C. My dad was a pulp mill worker, a carpenter and a labourer.

I was born with a cleft lip, and I required a number of surgeries during the first 20 years of my life. Those surgeries did not take place in Prince Rupert. They took place in Vancouver. My mom would generally accompany me, and we would stay at a Ronald McDonald House or with family friends. I have memories of staying at a Ronald McDonald House in Vancouver 35 years ago.

The Canadian health care system was there for me. There were approximately seven surgeries during my lifetime, up to about 18 years of age. Cleft lip surgeries are not the most arduous, but there is discomfort, there is being put under and there is a hospital stay.

We never needed to pull out a credit card. My parents never had to worry about whether we had the money. They never had to worry whether they had to pay the mortgage, to put food on the table or to pay for their son's surgery. It speaks to the values that all 338 MPs inherently have with respect to our public health care system in Canada and that there is access for everyone. People do not need to worry about how much they make, where they are or who they are, because they have access. We need to maintain that.

We have gone through COVID. We know there are surgery backlogs and there are stresses on the system. I keep thinking back to those trips from Prince Rupert to Vancouver with my mother. We did not need to worry about the access and the equitability. I am thankful that my parents came to a country where that was provided for them and for our family. It is something that we all value and we need to work toward.

My mother worked her entire life. She is now in her early eighties and she needs a hip replacement. She has been on an urgent list in the province for approximately eight months, and we want to get that hip replacement done. We need to get rid of the backlogs. This agreement with the provinces and the territories is a very substantial step in removing those backlogs that were created because of a global pandemic, a once-in-a-hundred-year event.

It is important for us to thank every health care worker in our hospitals, doctors' offices and ambulance stations who are taking care of us. We need to understand that the government fundamentally believes that all Canadians must have access to health care that is independent, that is publicly funded, and where people can get a family doctor.

Business of Supply

We need to believe in the principles of the Canada Health Act, that it ensures equitable and equal access to all individuals and that there is no two-tiered system. Canada's universal health care system is the pillar of our national identity. It is a pillar of my identity.

• (1310)

It represents Canadians' ongoing commitment to the values of equity, fairness and solidarity to ensure everyone has access to medically necessary health care services based on their health need and not on their ability or willingness to pay. The only card a Canadian should need to present when they seek medically necessary care is their provincial or territorial health card, not their credit card.

Our government has been vocal in supporting improvements in the health care systems, and yes, we need innovation to occur in our health care systems. In the city of Vaughan, we have a brand new \$2-billion hospital, which was built over a number of years. It opened during COVID. The innovation that is demonstrated in that hospital is phenomenal. The quality of care that is offered is phenomenal. The people who work there are proud to work in that hospital. It is the first new hospital in Ontario in over 30 years. We need to continue assisting the provinces.

Our government has been vocal in supporting improvements in the health care system. We are firmly committed to a publicly funded system and the principle that everyone deserves access to quality, accessible and universal health care. Our health care system is evolving. We will continue to work closely with our provincial and territorial colleagues to ensure that it does so in a way that respects the principles of the Canada Health Act and the interests of all Canadians.

It is no secret that our health care system is facing challenges. We all hear it from our residents. We see it in the backlogs and in nurses being burnt out. We see it in not having enough family doctors. We need to fix it, and we are. The COVID-19 pandemic has not only brought to light the problems that existed previously in health care, but it has also exacerbated them. This is particularly true for diagnostic testing and surgeries, which are seeing record backlogs. There are very real problems, and Canadians expect their governments to work together to solve them. That is what we are doing, and that is what we have done with this agreement.

Our government is making historic investments in our public health care system. The federal government will increase health funding by nearly \$200 billion over 10 years. This includes an additional \$49 billion over 10 years. Those investments will support provincial and territorial efforts to modernize the health care system. They will also help to ensure that Canadians have timely access to family health services; shorter waits for treatments, diagnoses and surgeries; and more mental health and substance abuse services across the country.

The government will work with the provinces and territories to ensure those investments are used in the best interests of health care workers and patients, Canadians, in a way that represents and respects the principles of the Canada Health Act. Access to medically necessary services should always be based on health need and not on the ability or willingness to pay. To my New Democratic col-

leagues, the Canada health transfer has always been conditional on meeting the requirements of the act.

[*Translation*]

We take that requirement seriously. We have taken the necessary action every time we have seen patients being charged fees for medically necessary services, and we will continue to do so.

[*English*]

The Liberal government has been clear. Medically necessary health care must be covered by public health care insurance plans. If patients are charged inappropriately, the government will uphold the Canada Health Act and levy mandatory deductions to the Canada health transfer payments of provinces and territories that permit such charges. We levy these deductions to discourage the barrier to care that patient charges represent. No Canadian should have to choose between paying for groceries and paying for the medically necessary care that medicare is meant to provide.

[*Translation*]

Since 2015, we made \$105 million in deductions for provinces that authorize patient charges for medically necessary services provided in private clinics, and we will continue to do so every time that happens.

• (1315)

[*English*]

For example, where provinces have not covered, or not fully covered, the cost of surgical abortion services, providing health care services in private clinics that lead to patient charges and the barriers to access they represent, this government has levied deductions to provincial health care transfer payments. Again, we must ensure these medically necessary health services are publicly covered.

I am proud to live in this country. My family chose this country, and Canada chose us. I was born with a cleft lip and, because we were here, we never had to worry about paying a bill and my parents never had to worry about me getting the treatment I needed.

[*Translation*]

Mrs. Julie Vignola (Beauport—Limoulu, BQ): Madam Speaker, I completely agree with my colleague that all Canadians, regardless of the size of their wallets, must have timely access to health services.

That said, for 30 years, health transfers have been cut by every government in power. In Canada, and not just in Quebec, this has led to governments taking measures in crisis situations. That is how we ended up with a system that is stretched to the limit.

Business of Supply

It has also been constitutionally determined that in crisis situations the federal government must use its spending power to give an extra hand to the provinces, which it did. My colleague and I also agree on that.

That said, the health transfers fall short of constitutional agreements. When will they be compliant, to ensure that our health care systems can fully serve the public?

Mr. Francesco Sorbara: Madam Speaker, our government needs to work with the provinces and the territories to collaborate on our health care system and improve it.

[*English*]

It is important that we work with the provinces to make sure we have a health care system that all Canadians have access to and that is properly funded. The \$200-billion investment going into the health care system, in all provinces and territories over the next 10 years, including the additional \$50 billion we put in, will go a long way in assisting and meeting those goals.

Ms. Lisa Marie Barron (Nanaimo—Ladysmith, NDP): Madam Speaker, one thing that has been really eye-opening for me through the deterioration of our health care system is talking to parents and hearing about how they are adjusting activities for their children to ensure there is minimal risk, because they do not trust that the health care system is going to be there if something goes wrong. It is a horrific reality that parents are facing in raising children now. The health care system is not meeting their needs. We know our health care system is overburdened and privatization will continue to make things worse.

Can the member explain why the Prime Minister failed to raise a single concern with Conservative premiers' privatization plans at last week's first ministers' meeting?

Mr. Francesco Sorbara: Madam Speaker, as many of us have young children at home, we know what it means to take our kids to the doctor or the pediatrician. We want to minimize the risk to our children. I empathize with any parent having to think about that. Our government believes in the pillars of the Canada Health Act. We will always continue to make sure they are heeded by all provinces and territories. We will continue to work with them to ensure that is the case.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, this is my first chance to speak in today's debate. I want to make it very clear that I will be voting in favour of the opposition day motion today.

I am deeply concerned about the eroding state of our health care system, particularly the critical need to defend single-payer, universal, public, non-profit health care for all, as put forward in the Canada Health Act. The first speech in today's debate was a terrific speech by the hon. member for Vancouver Kingsway. He referenced that for-profit health care is being offered online by Loblaws. I want to put it on the record that we are seeing it in British Columbia from Telus and Shoppers Drug Mart. These are privatized systems.

When will the federal government stand up and shut down for-profit health care in Canada?

• (1320)

Mr. Francesco Sorbara: Madam Speaker, our government will continue to work with the provinces and territories so that all Canadians have access for their medical needs, access to a family doctor and they never have to pay with their credit card. We will ensure that we have a publicly funded, single-payer system that all Canadians will have confidence in, that all Canadians believe in and that represents the values we have as Canadians.

Mr. Gord Johns (Courtenay—Alberni, NDP): Madam Speaker, it is a huge honour and privilege to rise today on the NDP motion that was brought forward by my good colleague, the member for Vancouver Kingsway, our NDP health critic.

This is a critical debate because we are facing a pivotal moment in Canadian history. We have a universal health care system, but provinces are trying to circumnavigate the rules of the Canada Health Act by using loopholes to grow a two-tiered health care system in Canada. Today, we are asking every MP in the House to decide whether health care funding should be used to rebuild the understaffed public health care system or to set up for-profit corporations that will poach nurses and doctors from the universal health care system. I think Canadians know which side New Democrats stand on.

We know that everybody in this country, despite what income bracket they fall into and what circumstances they have, deserves a health care system that is ready when they need it, no matter the size of their wallet. No one should have to wait in pain or suffer because there are not enough health care workers and not enough access. No one should have to wait longer because one's family doctor or surgeon is busy treating patients who can afford to pay cash.

Under the Liberals, people are waiting for hours right now, in pain, in the ERs. Folks are losing their quality of life while they wait for surgery. The same health care workers that we lauded through COVID-19 and who had our backs are run off their feet, burnt out and exhausted.

A surgical company owned by an investment firm is charging \$30,000 for a surgery. Galen Weston and Loblaws, which own Maple, are charging \$70 for a doctor's appointment and making a profit. These cash-for-care corporations are already draining doctors and nurses from our hospitals and family practices.

The Prime Minister can make things better for patients by hiring for and rebuilding the public health care system. Otherwise, he can make the crisis even worse by allowing this circumnavigation of the Canada Health Act. He is allowing funding of for-profit schemes that are poaching staff.

Business of Supply

We are not surprised to hear that the leader of the official opposition, the Conservative leader, loves for-profit care. It is pretty clear: It will make billions for corporations and enrich CEOs, his friends. It is right out of the Conservatives' playbook to starve a public service; we saw that when they cut a third of Veterans Affairs and then used outsourcing companies, such as the big six that we are going to go after at the OGGO committee because of the NDP motion to do that.

We also saw what they did with the Phoenix pay system. They got rid of the payroll staff, and then it turned into a boondoggle. Therefore, Canadians should know what is coming if the Conservatives come into power. They will use this as an excuse to hand it off to the private sector. The Conservative leader says that everything is broken because he wants to tear it down. That is exactly what he wants to do.

The Prime Minister campaigned on stopping for-profit care, but then he did the opposite. He flip-flopped. He calls Conservative premiers out, but he actually refers to their for-profit corporate care as innovation. He does not actually call them out, and neither does the leader of the official opposition.

We know that medical officials have been raising the alarm for months about our health care system, saying that it is on the brink of collapse. One in five Canadians cannot access a family doctor. We rank near the very bottom of the OECD in wait times for essential care and the number of physicians per 1,000 people. This has declined drastically over the last 25 years, as members know. A pre-pandemic analysis predicted a shortage of over 117,000 nurses in Canada by 2030.

People are waiting for hours, in pain, in the ER; folks are losing their quality of life. Health care workers are run off their feet, burnt out and exhausted. We need to ensure that the recently announced health care transfer to the provinces is not used to expand for-profit health care. We have to have that assurance. Right now, Canadians do not have that. That funding has to be used within the public system to hire more staff and reduce wait times. Private, for-profit health care further increases wait times and reduces the quality of care as private corporations seek to cut corners. It is a fact. We can look to Australia, and I will get to that if I have time.

However, we already have a two-tiered system in one area of the health care system, which is in mental health. Members know that I have spoken about that many times. I have kept members here very late at night every week for months on late shows to talk about that.

● (1325)

We can see what the outcomes are for Canadians who need health care treatment and supports. Every member in this House knows a story about a constituent, family member or friend who is struggling, who has not gotten help or who did not get help, and the fatal outcomes that come with that in the worst circumstances. Right now, most mental health and substance use services are only covered by our universal health care system, if people can get access through that. Otherwise, they have to go to community-based mental health services, which are often chronically underfunded, and substance use organizations, which do not have the resources to deliver just-in-time treatment.

Counselling, peer support, substance use prevention and treatment services are provided by these non-profits or by charitable donations and grants, and they just do not have the resources to keep up with the demand for services. The Mental Health Commission of Canada and the Canadian Centre on Substance Use and Addiction recently found that a third of respondents reported moderate to severe mental health concerns. However, fewer than a third of the people experiencing them accessed treatment. Among Canadians with problematic substance use concerns, under one in four access services. The report identified that the key barrier to accessing services was financial constraints.

We know this is happening in mental health. The barrier is there. It is financial. We need to ensure that the people who are struggling can access mental health care regardless of their ability to pay. Canadians simply cannot be forced to rely on non-profits and private insurance, especially the many people who do not have private insurance. It is just not working. The average wait time for adult residential treatment for people who have substance use concerns is 100 days. That is far too long.

In Ontario, 28,000 children alone are on wait-lists for community-based mental health services that range from 67 days to more than two and a half years. That is what a private-public model looks like: Children who are waiting up to two and a half years for help.

A friend of mine just had a family member in treatment. He talked about how he could afford it, but he knows so many who cannot. Right now we also need a system that has built-in relapse, just-in-time relapse, so that the system is there to respond so someone can get into treatment should they need extra help. In this way, they can come back into the health care system if they are relapsing, which is part of recovery.

We know that for people who are waiting too long for treatment, again because they cannot afford it, the privatization and lack of mental health and substance use supports are resulting in more overburdening of the health care system.

I was at my own doctor, and I asked him if it was at adding pressure at his office. He said that 50% of the people coming through his office are needing either mental health supports or supports regarding substance use, and it is actually impacting his ability to help those with physical ailments.

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The government has not delivered its \$5.3-billion promise on mental health. I was just talking to Judith Sayers of the Nuu-Chah-Nulth Tribal Council about the crisis that is happening in indigenous communities in my riding and about the need for rapid access, addiction resources and detox. It is not there. The cost to the system of not having these services in play is enormous.

Members have heard me talk about the toxic drug crisis, the need for treatment on demand or just-in-time treatment, and the need for prevention, education, recovery and a safer supply of substances. These points are all critical. However, they need to be delivered through a universal system. Again, Australia introduced a parallel private system. One alarming statistic is that those in the lowest socio-economic group were 37% more likely to die of cancer than those in the highest socio-economic group.

We have seen Ontario and Saskatchewan circumnavigating the system to bring in services. We have seen Veterans Affairs using a company owned by Loblaws to deliver services to veterans, and veterans are waiting while this is being outsourced. We are seeing the privatization.

Right now, this is a critical vote. We are calling on each member of Parliament to decide: staff up to rebuild the public system and cut wait times or use public health care funding to set up for-profit corporations that would poach nurses and doctors.

• (1330)

We know which side we stand on. It is the side of patients, Canadians and health care workers. We will continue to stand up and defend them against the threats that are coming right now because we see that the Liberals and Conservatives are not willing to defend public health.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I disagree with the member's last comment regarding the Liberals not defending health care. Nothing could be further from the truth. It was the Liberal Party that brought in health care, whether the member wants to recognize it or not. The Liberal Party achieved the historic amount of funding that we see today. The Liberal government, working with the provinces and stakeholders, has now signed off on \$198-billion-plus for the next 10 years to ensure that we have a national health care system, not only for today but for future generations.

Specifically outside of the Canada Health Act and the financial resources that we are giving to provinces, what more does the member believe a national government could do, not in the NDP dream world but realistically, in order to ensure that we have a true national health care program?

Mr. Gord Johns: First, Liberals need to stop the loopholes, Madam Speaker. They need to stop provinces from circumnavigating the Canada Health Act and offering privatization. This is creating a two-tiered system that we know is going to harm our ability to attract doctors and nurses to the universal public system and is not going to be affordable for others. They promised a mental health transfer of \$5.3 billion, and that has not happened. There are no assurances in their agreements with the provinces that it is going to be delivered.

All the member has to do is talk to the national organizations that are delivering mental health services in the two-tiered mental health care system, because that is what is going on. He also needs to maybe talk to some of the parents who have lost loved ones, who were in treatment or in the hospital and were punted because there were not enough beds for them. Maybe they took their own lives. Maybe he should talk to Moms Stop the Harm. The government needs to talk to them before it pats itself on the back. It needs to listen to them because that is who is calling for this action right now.

Mr. Warren Steinley (Regina—Lewvan, CPC): Madam Speaker, I feel so sorry for my friend, who was trotted out like a slaughtered lamb for this speech. To give a speech about health care and being a New Democrat is ludicrous in my province.

New Democrats actually ushered in the two-tiered health care system under Roy Romanow when they closed 52 hospitals in my province, and every hospital they closed was in an opposition member's riding. They fired 1,000 nurses and 500 doctors in the 1990s. Therefore, when they talk about two-tiered health care in Canada, they are the ones who brought it in. People could never get the same service in rural and remote Saskatchewan as they could in urban Saskatchewan. They closed the Plains hospital, which was one of the first hospitals built in the province in 100 years. They did not like the people who were going to it because those people did not vote NDP.

The NDP has nothing to stand on when it comes to two-tiered health care in my province. They eviscerated Saskatchewan's health care system. That is why they will never be in government in Saskatchewan and why they will never be trusted to be the government of Canada.

Mr. Gord Johns: Madam Speaker, one thing we know is that Conservatives certainly cannot be trusted to stand up against Doug Ford, Scott Moe and Danielle Smith. They want to destroy Canada's universal health care system, which by the way, was brought in by Tommy Douglas, who is from Saskatchewan.

It was the New Democrats that brought forward this motion today instead of a motion to remove the carbon tax for the seventh time. That is what Conservatives use their opposition days for as opposed to trying to protect health care for Canadians. They use their opposition days for motions that they could not enforce even if they were passed in this House. I am from British Columbia, which has a provincial carbon tax.

• (1335)

[*Translation*]

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Madam Speaker, I will just reiterate some of what I said before. I agree with my colleague. Wait lists for surgeries, children, seniors and people seeking addiction treatment are atrocious.

Business of Supply

This is true in Quebec too. Every day, we see images of wait lists in ERs. People cannot get adequate care in Canada, and that is an absolute disgrace.

However, here we are spending yet another day wasting our breath because we cannot change anything about the things in my NDP friends' motion. That is all down to the provinces.

However, there are changes we can make. I wonder why the NDP did not use its motion to tell the Liberals that the provinces asked for \$6 billion and got \$1 billion. Why not move a motion asking the feds to increase health transfers from \$1 billion to \$6 billion? That would shorten wait lists—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I have to give the hon. member for Courtenay—Alberni enough time to answer.

The hon. member for Courtenay—Alberni.

[English]

Mr. Gord Johns: Madam Speaker, clearly we are not satisfied with the amount of money that the government put on the table. It is far from what is needed. It has also not delivered on the Canada mental health transfer, which is absolutely critical. If we want to talk about solutions, we need to deal with the issues right in front of us. There is a mental health and substance use crisis in this country. It is an epidemic, and the government needs to respond like it is an epidemic.

We have a motion today that is—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for New Westminster—Burnaby.

[Translation]

Mr. Peter Julian (New Westminster—Burnaby, NDP): Madam Speaker, I am pleased to rise in the House to defend the Canadian health care system and, more importantly, the Canadian public health care system.

It is already common knowledge that public health care was created here, in the House, by Tommy Douglas, former NDP leader, and by the NPD caucus in the 1960s. That was when our universal public health care system was created. The NDP was not only an inspiration, it also fought for the health care system we have today.

In all the polls of Canadians that have been commissioned over the years asking them which Canadian institution makes them the most proud, all Canadians, including Quebecers, respond that universal public health care is the institution that they care about the most.

This is worth mentioning, because the NDP inspired its creation and fought for this Canadian public health care system that people across Canada value, be they in Chicoutimi or Calgary. Indeed, 80% of Canadians value our universal public health care system.

However, it must be said that this system is currently at risk because of underfunding. It was underfunded by the Conservatives and then by the Liberals. This lack of funding is undermining our public health care system. Now, we are also facing a government that is refusing to strengthen the Canada Health Act. This act reflects all of the principles of universal public health care in Canada.

However, we have a Liberal government that refuses to respect these principles and ensure they are upheld. When I watch Quebec television, I am now seeing ads for private surgeries and for a whole range of services offered in the private sector. This type of thing should not be happening under the Canada Health Act. Proper funding is, of course, extremely important.

In light of all that, what the NDP is proposing today should be a given. The House should unanimously adopt this motion, which says that we cannot promote a for-profit health care system as some kind of innovation, that we must ensure that health care funding is used for the universal public system, and that we must ensure that we have more nurses, more staff and more doctors. All of these things are possible.

We are also saying that we need to strengthen the Canada Health Act so as not to expand the use of for-profit health care, because that is detrimental. We know that, because of its for-profit health care system, per capita health care costs in the United States are twice as high as they are in Canada. We also know that tens of millions of Americans do not even have access to their health care system. To illustrate, my cousin had a car accident in California, and that cost him \$100,000 and put him in an extremely difficult situation. That is something that we see all the time in the U.S.

A profit-driven health care system is a system full of holes that leaves people without health care coverage. They then have to use their credit cards. Plus, the costs are double what they would be in a normal system.

● (1340)

[English]

This is the question that is before each parliamentarian. There is no doubt that, if we ask our constituents, and I hope Conservatives and Liberals will ask their constituents before they vote on this after we have a two-week break in our constituencies, our constituents would say, at a level of 80%, that they believe in universal public health care in Canada.

Tommy Douglas started universal public health care. The NDP caucus fought for it in the 1960s, and we fought for it because we know that people should not have to rely on their credit cards when they have health challenges that force them to get medical support. There is no doubt that ensuring our universal public health care system continues, and gets better and even expanded, is why the member for Burnaby South has fought for dental care. That is why we are fighting for pharmacare.

Business of Supply

Members will recall that, just two years ago, Conservatives and Liberals voted against pharmacare, even though 30,000 Canadians in each of their ridings need access to universal public pharmacare. They voted against the interests of their constituents and for the interests of big pharmaceutical companies.

We believe we actually need to expand health care and ensure dental care. We must ensure health care, as the member for Burnaby South has said so often, from the tops of our heads to the soles of our feet. That is health care that Tommy Douglas imagined, and that is universal public health care that Canadians support.

We have the Conservatives, as always, trying to undermine and throw out our health care system. We see this with Doug Ford in Ontario. They are obviously not doing it with the support of their constituents, and I would level a warning to Conservatives who believe that somehow they can trick their constituents by voting against public health care and undermining public health care. Canadians support public health care, and Conservatives should get on board. They should be supporting public health care in this country, because that is what Canadians support and that is what their constituents want them to do.

I am anticipating that Conservatives are going to vote “yes” on this motion. I am anticipating that Liberals will too, even though they voted against pharmacare and dental care. The NDP brought them kicking and screaming to the reality that we need to expand our public health care system.

The member for Vancouver Kingsway is absolutely right. We have now forced dental care. We are going to have a vote this year on pharmacare. These are important innovations and expansions. This is the fundamental strength of our public health care system.

We need to ensure adequate funding. We need to ensure, as well, that the Canada Health Act is actually upheld, that a law in this country is actually respected. What a concept that is. We see private clinics and we see provincial governments moving to the huge cost that comes from for-profit health care. We see them trying to chip away at universal public health care rather than funding it adequately, and the federal government needs to start stepping up on funding of public health care in this country.

We throw away, in a system created by the Conservatives and maintained by the Liberals, \$30 billion every year to the ultrarich in notorious overseas tax havens. There are treaties the Harper government signed to allow the ultrarich to take their money offshore, and the Liberals have maintained that system, to the chagrin of most Canadians.

We have the financial ability to adequately fund our health care, and that means ensuring people also have access to their medication, dental care and mental health care. These are all fundamental tenets of universal public health care.

In this corner of the House, the NDP stands resolutely for adequate funding for enforcement of the Canada Health Act and for ensuring we push back on private, for-profit health care, because we know it costs Canadians twice as much. We know it means Canadians get a substandard level of care as it is creamed off into for-profit health care.

When we see big corporations like Loblaws trying to step up to take their piece, New Democrats, members of the NDP caucus, our leader from Burnaby South and our health critic from Vancouver Kingsway all say “no” to for-profit health care. We say “yes” to adequately funded universal public health care in Canada.

• (1345)

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, I actually do not disagree with a lot of what is in this motion. The problem is that the NDP does the same thing it has done so many other times when it brings forward an opposition motion. It put something in here that makes it very difficult for Liberals to support it, namely, saying that the Prime Minister has dramatically changed his position, which we all know is not true.

This is just an opportunity that the NDP has seized from a little bit of misinformation and a little bit of information taken out of context.

I think that, outside of those two comments in there, this is a pretty decent motion and I would be inclined to support it.

I am wondering if the NDP would be open to removing those two sentences that directly attack the Prime Minister. The first is (ii) and the second is (a). If the NDP removed those, it would be so much easier for me to support.

Would the members remove those two sentences from there?

Mr. Peter Julian: Madam Speaker, I think the member is overly sensitive. Let us read out the motion so that all Canadians can hear it.

First is that the House “(a) express disappointment that the prime minister has promoted Ontario’s for-profit health plans as ‘innovation’”. That is a fact that nobody can dispute.

Next is “(b) ensure that recently announced health care funding is not used for the expansion of for-profit health care, but instead used to rebuild and innovate within the public system by hiring more staff and reducing wait times”. Who can disagree with that?

The last is to “(c) enforce the Canada Health Act and immediately move to close loopholes that allow for the growth of two-tier health care in Canada.”

This is a very simple, straightforward motion that everyone should vote—

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

Business of Supply

Mr. Warren Steinley (Regina—Lewvan, CPC): Madam Speaker, I never got an answer to my last question from the member before this.

This member seems to have selective amnesia. I feel so bad for him. He talks about Tommy Douglas but not about Roy Romanow's revenge on rural Saskatchewan, where, in the 1990s, he closed 52 hospitals and 13 long-term care homes. They are the kings of two-tiered health care systems, with one service in rural Saskatchewan and one service in urban Saskatchewan.

I would love an answer, since they ushered in the actual two-tiered system, and they closed hospitals where people did not vote for them.

I wonder how they feel about that, because they will never be trusted to run health care in Saskatchewan. Canada should not trust these NDP members either, because they are members of the same party.

Mr. Peter Julian: Madam Speaker, it is quite simple. The member is asking absolutely ridiculous questions. To impugn Tommy Douglas, the founder of universal public health care, is the incredible disinformation that has become the wacky part of this Conservative Party. Its members no longer base anything on facts. They just get up and throw out anything.

I would simply ask them to talk to their constituents. I would ask the member to go back to Regina and talk to his constituents. What he will find is that 80% of his constituents want him to vote for this motion.

• (1350)

[*Translation*]

Ms. Louise Chabot (Thérèse-De Blainville, BQ): Madam Speaker, this is entertaining. It is like when people in Quebec bicker about who is the king of poutine or who created it.

What is not so funny is that everyone here is going to argue that the best health care system is public, universal and free. Everyone is going to say we do not want a two-tiered health care system, like the American system.

However, the problem here is that after describing the situation with health care they then urge Canada to save it. Quebec has health legislation. The problem for the Bloc is that the NDP puts Canada first.

We feel a sense of belonging to Quebec. To guarantee a public health care system, we must ensure that the federal government commits to funding it as part of its spending power.

Mr. Peter Julian: Madam Speaker, I have a great deal of respect for the member, but she is wrong. For the NDP, people come first. Nurses come first. Doctors come first. Health care systems come first, whether in Quebec, in British Columbia or elsewhere. We fought to have those systems properly funded and to create our universal health care system.

We have always pushed for a Canada Health Act that protects our universal public health care system.

[*English*]

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.): Madam Speaker, I will be sharing my time with the member for London West.

I am very pleased to rise today to speak about health care. This has been a really important issue for my constituents and all Canadians, especially after the pandemic and the strain we saw in our health care system. All Canadians are focused on health care right now and are thinking about health care. The strain on our health care workers has been enormous. I am therefore pleased to rise in this House to talk about the plan that our Prime Minister announced.

My minister, the Minister of Intergovernmental Affairs, and the health minister have been travelling across the country meeting with premiers and their ministerial counterparts to discuss health care needs in each and every province and territory. We know that the needs in each province and territory differ, and that is precisely why these conversations about the priorities in each place are so crucial. There is not a one-size-fits-all solution, but what we can do as a federal government is lead and support.

We can talk about the areas of health care that we all know are under pressure, including emergency rooms. I have mentioned the strain on health care workers in the sector, who are overworked and whom we all regarded as our heroes. They are still our heroes but are not getting the attention and care they need during this difficult time. That is what the funding announced on February 7 is about. The Prime Minister announced almost \$200 billion over the next 10 years to help support the critical areas that are under pressure. It includes better wages for health care workers, which is incredibly important.

In my riding, issues regarding mental health are raised all the time. Countless constituents have come to me talking about the mental health needs of a family member, for example. In my region, there seem to be some challenges in getting support for people with eating disorders, a specialized mental health area. It is also really hard to get supports for young people, and that is crucial for their recovery.

There are other areas I have met with constituents on. One is the area of stroke survivors getting the adequate rehab they need post-stroke. Another area we have heard about in my constituency is the need for family doctors and access to family doctors, especially for newcomers in my community who need family doctors or specialist appointments. It is becoming increasingly difficult.

I would be remiss if I did not speak about the need for long-term care and the supports there. Our government previously announced \$4 billion to support long-term care. Sadly, during the pandemic, one of the long-term care homes in my riding lost many residents. I think we had among the most fatalities of anywhere in the country, which was devastating and only served to prove the breaking point that some of these facilities were already under. The measures and the supports needed during COVID highlighted that. We have committed to doing better. We owe these families and our seniors the dignity they deserve later in life.

*Statements by Members***STATEMENTS BY MEMBERS**

● (1400)

[English]

KENNETH MONTEITH

Mrs. Karen Vecchio (Elgin—Middlesex—London, CPC): Mr. Speaker, if someone looks up the term “exemplary service” in Elgin County, they will find the name and face of Ken Monteith.

Ken lived nearly all of his life on the family farm in Middlemarch. He served as a councillor, deputy reeve, reeve, warden and member of Parliament for Elgin—Norfolk. He was the chairman of the Progressive Conservative Party's national agricultural caucus and sat on the agricultural standing committee on Parliament Hill.

Ken dedicated his life to his community. He was chairman of the board for the St. Thomas Elgin General Hospital, director of Ridgetown College, chair of the 1985 International Plowing Match and co-chair of the Elgin-St. Thomas United Way campaign. He was the recipient of the Queen's Medal, the Westag Alumnus of Honour Award and the Outstanding Service Award from the Ontario Agricultural College. He was also inducted into the Elgin County Agricultural Hall of Fame in 2015.

Kenneth Ernest Monteith passed away on February 3. To his wife Luella and his children Ken, Paul and Janet and their families, from the people of Elgin—Middlesex—London, I say thanks for sharing Ken with all of us.

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FREEDOM OF RELIGION

Mr. Chandra Arya (Nepean, Lib.): Mr. Speaker, it is with pain and anguish that I state Ram Mandir, a Hindu temple in Mississauga, has become the latest target of a hate crime.

In recent times, other Hindu temples across Canada have been targets of hate crimes by anti-Hindu and anti-India groups. These groups first joined hands on social media to target Hindu-Canadians and started the trend of Hinduphobia. They have now moved on to physical attacks on Hindu temples. There are reports of individual Hindu Canadians also being targeted.

As I have said before, Canada needs to take this issue seriously and address the growing Hinduphobia. As Canadians, we need to practise, celebrate and share our many different religious faiths and heritages peacefully. Let us pledge to continue to do so.

* * *

HUMAN RIGHTS IN IRAN

Ms. Leah Taylor Roy (Aurora—Oak Ridges—Richmond Hill, Lib.): Mr. Speaker, I am both honoured and saddened to still be speaking about the tragic situation in Iran. It has been almost six months since Mahsa Amini was killed while in custody of the morality police, and it has been 44 years since an authoritarian government took over the country.

I have spoken about emergency room wait times. I have heard from constituents who, if they do not have a family doctor, are putting more strain on emergency rooms because they have nowhere to turn, even if there might not be an emergency situation. That is also adding to the strain and pressures on our system.

These are all things that Canadians are extremely focused on. That is why, with this announcement, I was so pleased that the proposed funding addresses so many of the key points that my constituents have raised directly. One of those things is an immediate \$2-billion top-up to deal with the pressures on pediatric hospitals and emergency rooms and with long wait times for surgeries. Those specialty appointments are becoming harder for constituents to receive, and many times it is a quality of life issue.

● (1355)

We have also committed to additional bilateral agreements because, as I said earlier, there is no one-size-fits-all solution. The priorities of each province and territory might be different. The needs of the residents there might be different. It is important that we are listening to those needs and where those priorities should be.

I spoke about support for our hospital workers, which includes \$1.7 billion over five years to increase the wages of personal support workers. This is additional funding to help keep seniors, or those who need a bit of help, in their homes longer. I have personal friends and constituents who are in desperate need of that additional care. We will help them by injecting some of the funding into that system. In addition, there is \$2 billion over 10 years to support indigenous priorities.

There is a lot of work to be done, but I think what is crucial is that we have identified what Canadians have been telling us about where the injection of funding is needed.

One of the most important things I can say, which constituents in my riding in Ontario have said time and time again, is that there has to be accountability. We cannot just send cash to the provinces without knowing where it is going or if it is actually hitting the services needed. My constituents and residents who have been asking for this influx of funding want to be able to hold their provincial governments accountable if the funding is not going there.

What I do not want to see after an injection of federal funding, which I have also heard from my constituents, is the provinces taking out their share while we end up in no better a place than we were before. Therefore, for accountability and transparency, the requirement to have data is important. The Prime Minister has talked about this. I find it difficult to talk to Canadians about the fact that if they require an ambulance and provide their health care, the ambulance staff do not know if they are allergic to anything.

I think I am running out of time since question period is about to start, but I would like to continue after that because this is a crucial moment for our health care system in Canada.

Statements by Members

Today, countless women and young people continue to risk their lives protesting the gross human rights violations perpetrated by the regime. Even in the face of threats, execution and imprisonment, the Iranian people continue to show their resilience and solidarity with the ideals of human rights, liberal democracy and freedom, which we in Canada are so privileged to enjoy.

This morning, I stood to present a petition signed and presented to me by Iranian Canadians in my riding that called on the government to continue to implement the sanctions we have in place on the IRGC and its officials. I thank Shelly, Marjan and Lily, who spearheaded the petition and have been supporting and working tirelessly with the community and me to ensure this work continues.

I presented the petition with members from other parties to show that this issue is not a partisan one. I want to thank my colleagues, the hon. Conservative member for Elgin—Middlesex—London and the Green member for Saanich—Gulf Islands, who stood and presented petitions with me. I also want to acknowledge the support of the NDP, through the member for Port Moody—Coquitlam, and the Bloc, through the member for Shefford.

Unfortunately, women were so frightened to sign these petitions that they were not certified and not all of their names could stand. I want to point out to all Iranian Canadians that their government and their elected representatives from all parties stand with them and the Iranian people. *Zan, zendegi, azadi.*

* * *

[*Translation*]

HOOKED ON SCHOOL DAYS

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Mr. Speaker, February 13 to 17, 2023, is Hooked on School Days.

The campaign honours all those who support our young people. As the Hooked on School Days website explains, we recognize their crucial role in fostering students' motivation, resilience and self-confidence, and we salute their commitment to making student retention a priority. When that is combined with congratulations, guidance, encouragement, explanations, a sympathetic ear and support, young people and Quebec society as a whole are the ones who benefit.

The more we can do to instill a sense of confidence and self-worth, the better the chances that all young people, without exception, will realize their potential and discover they have what it takes to move forward in a direction that reflects their passions and interests.

I am confident that student retention will ensure a bright future for Abitibi—Baie-James—Nunavik—Eeyou.

* * *

● (1405)

CANADA'S FARMERS

Mrs. Élisabeth Brière (Sherbrooke, Lib.): Mr. Speaker, yesterday was Canada's Agriculture Day. It is a good opportunity to celebrate our food and, above all, those who produce it.

In Coaticook, in the Eastern Townships, Agropur announced that the Morin farm won the prize for the best milk in Quebec for the third consecutive year.

Thanks to farmers like Réjean Morin et Véronique Lévesque, who pamper their animals from 5:30 a.m. to 11 p.m. every day, we can enjoy delicious local products.

The hard work of producers on 190,000 farms across the country has enabled Canada to enjoy an enviable reputation around the world for the quality of its food, its innovation in the agricultural and agri-food sector, and its sustainable development principles.

The efforts of my colleague, the Minister of Agriculture and Agri-Food, ensure that our government will continue to support our farmers by implementing various measures, including the new sustainable Canadian agricultural partnership, by investing in innovation and clean technologies, and by fully supporting supply management.

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[*English*]

STAFF SERGEANT BRUCE HOLLIDAY

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Mr. Speaker, it is with a heavy heart that I rise today on behalf of the people of Battle River—Crowfoot, and all Canadians, to express my deep sadness at the passing of RCMP Staff Sergeant Bruce Holliday.

Staff Sergeant Holliday was not only an incredibly dedicated police officer, but an extraordinary human being and an involved member of the community. He worked tirelessly to break down the barriers within the communities he served and build trust between the residents of east central Alberta and the RCMP. He played an essential role in building community wellness programming and was an inspiration to many. Stettler, Bashaw and the many other communities he served benefited greatly from his leadership. His care and dedication transformed many lives and made our regions not only safer, but truly better, from his work while in uniform to his passion for his family and community.

I would ask all members to join Danielle and me in sending our condolences to Bruce's wife, Lidia, and kids Kayla and Claire, as well as his loved ones, friends and colleagues. May God grant them all peace during this difficult time.

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UKRAINE

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mr. Speaker, it is coming up to one year since Russia launched its full-scale invasion of Ukraine. Tens of thousands of soldiers have died and Ukrainian civilians have been targeted, left in the cold, tortured and murdered. The big question is, "Why?"

Russian leaders like Putin and Lavrov, standing on marble floors, wearing their ties and their shiny shoes, spout endless lies in an attempt to legitimize the killings. The only people buying into these lies are gullible fools or those who profit from the Russians. The war goes on because it is not the rich Russian leaders or their families who are dying in the snowbanks of Ukraine.

Those who perpetrated the war will be brought to justice, and when that happens, I hope it is those who wore the ties and the shiny shoes who will particularly get the harsh justice.

Slava Ukraini.

* * *

BLACK HISTORY MONTH

Ms. Iqra Khalid (Mississauga—Erin Mills, Lib.): Mr. Speaker, in December 1995, the hon. Dr. Jean Augustine presented a motion in the House of Commons that officially recognized February as Black History Month in Canada.

Today I would like to highlight just a few of the many Black Canadians who have positively shaped Canada and my community of Mississauga—Erin Mills.

Oscar Peterson, one of the greatest jazz pianists of all time, called Erin Mills home for many years. Nicknamed “the man with four hands”, Peterson left a prolific musical legacy, and just last August he was the first Black Canadian on a circulation coin.

Michael “Pinball” Clemons and Diane Clemons, co-founders of the Pinball Clemons Foundation in Mississauga, are a staple in our community, where they give back to marginalized and racialized youth through mentorship programs, scholarships and bursaries.

Let us all take the time to learn about and honour the legacies of Black Canadians and recommit to celebrating the many contributions they have made to our communities.

* * *

● (1410)

UKRAINE

Mr. James Bezan (Selkirk—Interlake—Eastman, CPC): Mr. Speaker, February 24 marks 365 days since Vladimir Putin gave the order for his Russian war machine to further invade Ukraine, 365 days of Putin’s barbarians committing war crimes and atrocities against innocent Ukrainians, 365 days of Russian soldiers and mercenaries raping Ukrainian women and children and pillaging homes and villages in Ukraine, and 365 days of Russian missiles and drones indiscriminately bombing Ukrainian hospitals, schools, apartment buildings, day cares and energy infrastructure.

Over those 365 days, we have witnessed Ukrainians fighting back valiantly. For 365 days, they have bravely stood up to Moscow by destroying Russian tanks, aircraft, missiles and drones and liberating Ukrainian communities. For 365 days, Canada and our allies have stood with Ukraine, supplying it with weapons, humanitarian aid and financial assistance.

Over the past year, Conservatives said Canada can and must do more by sending our soon-to-be-retired LAVs, Canadian-made sniper rifles and Role 3 hospitals to Ukraine. We must stand with

Statements by Members

Ukraine so it can defeat Putin’s war machine to ensure peace and security for all.

Slava Ukraini.

* * *

WOMEN STEM CELL RESEARCHERS

Ms. Valerie Bradford (Kitchener South—Hespeler, Lib.): Mr. Speaker, on the heels of the International Day of Women and Girls in Science, I rise to welcome a group of women stem cell and regenerative medicine researchers to Ottawa. These women join us from labs and companies across the country and are part of Canada’s Stem Cell Network, a not-for-profit organization that supports regenerative medicine research, training next-generation talent and making sure this game-changing research can be used and understood by all.

The existence of stem cells was first proven by two Canadians in the 1960s, and since that time, stem cells have been powering the field of regenerative medicine, which focuses on replacing, repairing or regenerating cells, tissues and organs. Canada is a world leader in this field, and it is researchers like the women here with us today who are unlocking leading-edge treatments for diseases such as diabetes, muscular dystrophy, Parkinson’s, cardiovascular disease and many more.

I congratulate and thank the women who are here today and hope that colleagues will meet with them.

* * *

JUSTICE

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Mr. Speaker, I give a big shout-out to the Langley RCMP. I met with them one day last month for their early-morning briefing to hear their stories and for a ride-along with one of their officers to learn first-hand about community policing. I met brave and dedicated officers who keep us safe, but who are also deeply concerned about their own safety.

They were very encouraged to hear that Conservatives are committed to bail reform, after the tragic shooting death of OPP officer Greg Pierzchala, who was gunned down by a man out on bail after repeated firearms-related offences. This young officer should have gone home to his family that evening. He died in hospital.

Statements by Members

The Liberals' catch-and-release bail program is a failed experiment. Conservatives are committed to fixing what is broken, supporting our men and women in uniform and standing up for law-abiding citizens.

* * *

THE ECONOMY

Mr. Tony Baldinelli (Niagara Falls, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister, Canadians are out of money and they cannot afford to eat or to heat or house themselves. In fact, a recent StatsCan report found that a quarter of Canadians are not able to cover an unexpected expense of \$500, yet the Liberal government continues to pile on new taxes, hike up existing taxes and double down on its wasteful spending, which fuels high inflation and drives up the cost of everything.

This April 1, taxes on Canadian-made wines, beers and spirits are going up 6.3% and gas prices are set to rise 14¢ a litre. The Liberals want to triple the carbon tax. They call it an environmental plan, but it has done nothing to reduce emissions. It is simply another Liberal tax that steals hard-earned money from Canadians' pockets and gives it to the government. Canadians are suffering and they need our help, not more Liberal tax increases.

Canadians can count on Conservatives to deliver to them the hope they need. They can count on us so they can keep the heat on and take the tax off.

* * *

• (1415)

[Translation]

BLACK HISTORY MONTH

Ms. Patricia Lattanzio (Saint-Léonard—Saint-Michel, Lib.): Mr. Speaker, this Black History Month, let us continue to honour the legacy and contributions of Black communities in Canada.

I want to take this opportunity to acknowledge the invaluable work done by the various Black-led organizations in Saint-Léonard—Saint-Michel, including the Association haïtiano-canado-québécoise d'aide aux démunis, the Centre Lasallien, Compagnie Théâtre créole, and Maison d'Haïti, which just celebrated its 50th anniversary. All of these organizations devote their heart and soul to welcoming, educating and integrating immigrant families to Quebec and helping them prosper.

I also want to recognize Maison d'Haïti for its community-based initiatives, which allow participants to have a say and actively participate in the community. This unique approach encourages the empowerment and growth of every individual affected by their work.

Long live Maison d'Haïti, and happy Black History Month to everyone.

* * *

[English]

JOHN C. HOLLAND AWARDS

Mr. Matthew Green (Hamilton Centre, NDP): Mr. Speaker, as we gather in our communities to celebrate Black History Month, I

proudly rise today, as a past recipient and past co-chair, to recognize the current board members, volunteers and community sponsors of the John C. Holland Awards, hosted annually by the Hamilton Black History Council.

Co-founded in 1996 by Marlene Thomas and Evelyn Myrie, and hosted alongside various community groups and local sponsors, this celebration is named in the spirit of Reverend J.C. Holland, who was the first African Canadian to be named "citizen of the year" in any community in Canada.

A special thanks goes to this year's council members: Marlene Thomas, Doreen Johnson, Jeff Holland, Sajah Stiller, Cherie Warner-Richard, Michael Highgate, Nicole Virgin, Michelle Schivbaran, and Terri Bedminster, the J.C. Holland Awards event chair.

I congratulate all of this year's incredible John C. Holland Awards nominees and selected winners, and I thank them for their contribution to our community, the city of Hamilton and indeed all of Canada.

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[Translation]

AEROSPACE INDUSTRY

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, we are celebrating Aerospace on the Hill, and I would like to share the words of the late Jean Lapierre: "Aerospace is to Quebec what the automobile is to Ontario." A true pillar of our economic nationalism, its innovation and vibrancy make us shine on the international stage.

Aerospace is a fundamental strategic sector. Greater Montreal is the third-largest aerospace hub in the world, after Seattle and Toulouse. A hotbed of research and development like this must be supported by a comprehensive, sustainable and coherent policy. Every state fortunate enough to have such an industry within its borders has such a policy, except Canada.

In the short term, Ottawa must at least take advantage of the next budgetary process to correct its ineffective and inaptly named luxury tax. It has been condemned by both business and labour, and it is appalling how much it is crippling us compared to our competitors. Long live aerospace, a homegrown gem.

* * *

[English]

RETIREMENT CONGRATULATIONS

Mr. Eric Duncan (Stormont—Dundas—South Glengarry, CPC): Mr. Speaker, I rise today to wish Ethics Commissioner Mario Dion a healthy and restful retirement.

After eight years, he has sadly become one of the busiest people in all of Ottawa under the Liberals. Just this week, there was another Liberal guilty of ethics violations, and he joins a growing list of ethically challenged Liberals: the former minister of finance, guilty; the Minister of Infrastructure, guilty; the Minister of Trade, guilty; and the Prime Minister himself, guilty and guilty.

Mr. Dion said it best about these continued Liberal scandals: “The act has been there for 17 years, for God's sake.” To the next ethics commissioner, I offer this advice: “Bring some Red Bull. You'll need the energy to keep up.”

After eight years, Canadians are tired of the scandals, tired of seeing Liberal insiders get ahead as they fall behind, but there is hope. If the Prime Minister will not hold his team to account for their failings, not to worry. They can step aside, because Conservatives are united and ready to lead and clean up their mess.

* * *

• (1420)

AEROSPACE INDUSTRY

Ms. Ya'ara Saks (York Centre, Lib.): Mr. Speaker, today I would like to welcome the members of the Aerospace Industries Association of Canada who are joining us to mark Aerospace on the Hill.

The aerospace sector represents a vital part of Canada's economy. In 2021, it represented over \$24 billion in GDP and over 200,000 high-quality jobs for Canadians. It is a sector of growth and innovation.

My riding of York Centre is home to a proud aerospace history, from the early days of De Havilland Canada, almost 100 years ago, to CFB Downsview. We have seen planes big and small, and we have built them, including the iconic Beaver, Twin Otter and Dash 8. We are now home to the Centennial College's aerospace campus, the University of Toronto Institute for Aerospace Studies and the Downsview Aerospace Innovation and Research hub.

As co-chair of the aerospace caucus, I know we celebrate this sector, which provides countless growth opportunities as we transition to the next generation of sustainable aviation, aerospace excellence and innovation.

Let us thank them for all they do.

ORAL QUESTIONS

[English]

THE ECONOMY

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, eight years of inflationary deficits fuelled by Liberal waste and corruption have caused an incredible hardship for our Canadians.

To fight that Liberal inflation, the Bank of Canada has massively hiked interest rates. Higher interest rates mean higher mortgage payments, meaning people have to pay more to the bank just to live in the house they already own. In fact, the average mortgage pay-

Oral Questions

ment for a typical home in Canada has soared to over \$3,000 a month.

Will the Prime Minister take responsibility and admit that it was his waste and corruption that is causing this cost of living crisis, or will he get out of the way and let Conservatives fix his mess?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, the thing we recognize is that Canadians need help. We have delivered the Canada housing benefit, which is already investing close to \$2,500 on average for vulnerable renters across the country. On top of that, we introduced a one-time \$500 top-up to go to almost two million renters.

What did the party opposite do despite the rhetoric? Not only did it vote against it, in the fall the Conservatives played procedural games in the House to delay much-needed rental supplements to almost two million Canadians.

* * *

GOVERNMENT PRIORITIES

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, the Liberals would love to fool us into thinking all that spending actually went to Canadians, but in fact they were stopping and helping their friends and insiders all along the way.

That Liberal law-breaking means that while Canadians are struggling, Liberal insiders have never had it so good. While 20% of Canadians are skipping meals, the trade minister gave a \$23,000 contract to her best friend. While the rent on a typical apartment has soared to over \$2,000 a month, the housing minister gave \$93,000 to his staff's family's PR firm.

After eight years of breaking ethics laws, are there any Liberals who will hold their political masters to account, or is helping their friends and insiders why they got into politics in the first place?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, a lot of things have changed since the Conservatives were in power, one of them is Canada's unemployment rate, which under their watch was 7%; it is now 5%. The number of people who are living in poverty is now 2.7 million less.

Oral Questions

When we look at our record on child care, the Leader of the Opposition actually said at the time that he was proud that he cancelled the child care agreement that was supposed to have happened, and it was killed when he came into power. Instead, we delivered that. We are delivering real help to Canadians across the country.

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, the Liberals gave wage subsidies to profitable businesses which turned around and gave their CEOs bonuses. They let fraudsters and scam artists keep the CERB money that they stole. Now the Liberals have been found guilty of breaking ethics laws six times.

The Prime Minister's own law-breaking is so bad that the Ethics Commission has had to call him out, saying he did not think anybody would have imagined a situation where the Prime Minister himself would be found breaking the law, "It's a funny situation to be in." I do not think he meant "ha ha" funny. It is not funny to make Canadians struggle while Liberal friends and insiders get rich.

Why is treating taxpayer money with respect never the lesson those Liberals learn?

Hon. François-Philippe Champagne (Minister of Innovation, Science and Industry, Lib.): Mr. Speaker, Canadians are tired of those Conservatives talking down our economy and talking down Canada.

In terms of good news, let us celebrate. This morning I was celebrating project arrow, the first 100% Canadian-built electric vehicle. That is what we are capable of in Canada. It is about innovation. It is about leadership. It is about bringing Canadians up as opposed to bringing Canadians down, as they do every day.

* * *

• (1425)

[Translation]

JUSTICE

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, this Liberal government is facing mounting criticism over Bill C-5, and for good reason.

Quebec's justice minister, Simon Jolin-Barrette, tabled a motion in the National Assembly with the support of all members. The motion calls on this Bloc-centralist-Liberal government to amend the law stemming from Bill C-5 to make sexual assault offences ineligible for community sentences. We are in this position because of the complicity of the Bloc Québécois.

Will they do the right thing and protect women instead of helping criminals?

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as a government, we have acted on several fronts to ensure that victims of sexual assault are treated with dignity and respect.

Several bills, including Bill C-3 and Bill C-51, have made substantial reforms to Canada's sexual assault laws to do just that, protect victims. These are some of the most progressive laws in the

world. We have invested in programs that help victims of sexual assault.

That is our priority. We will continue to support victims of sexual assault.

Mr. Pierre Paul-Hus (Charlesbourg—Haute-Saint-Charles, CPC): Mr. Speaker, it is as though the minister always does things right.

Yesterday, the media reported on the case of Sobhi Akra, who pleaded guilty in January 2022 to sexually assaulting eight women between October 2017 and November 2018. Bill C-5, the brainchild of the Prime Minister and the Minister of Justice, who got some help from our Bloc Québécois friends, could make it possible for this criminal to serve his sentence in the comfort of his own home.

Quebec has also pointed out that Bill C-5 is a setback for the fight against sexual violence. I do not know where the minister is going with his answers, but it is obvious that there is a serious problem with Bill C-5. We have said so from the outset. The Bloc Québécois supported the Liberals, but it is time to reconsider.

Is the Minister willing to change Bill C-5 for the sake of the women?

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as the Attorney General, it would be inappropriate for me to comment not just on a case that could be appealed, but on a case where there is not yet a final decision. I will not speak about that case.

What I can say to Canadians is that the purpose of Bill C-5 is to address systemic racism against indigenous and Black people in the system, and to set aside a system that did not work under the Conservatives.

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OFFICIAL LANGUAGES

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, in today's episode of West Island story, the Liberal house is burning.

It just keeps going. Every day, we learn that another Liberal member from Quebec is opposed to modernizing the Official Languages Act. It is even spreading to cabinet. At first, it was just a smoke show, but now it is a fire. The suspense is killing me.

Will there be a free vote on this bill or will all Liberals have to vote as one? If they vote as one, will they vote for or against? We are confused.

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, let us be very clear: Our commitment has not changed. Our government stands firm. We will do everything to protect and promote French across the country, including in Quebec, and protect our official language minority communities.

I am following the work of the committee closely. Our bill will expand the powers of the Commissioner of Official Languages. It will ensure that employees will be able to work and obtain service in French in federally regulated private companies in Quebec as well as outside the province in regions with a strong francophone presence.

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, the “West Island story” actors keep spouting nonsense.

Canada is an anglophone country, says the member for Westmount. French is not in decline in Quebec, says the member for Saint-Laurent, in between two trips to Greece. I cannot support Bill C-13 because it contains certain Conservative and Bloc amendments, says the member for Mount Royal.

These are Liberal government members. Will they vote in favour of the Liberal government's Bill C-13?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, I do not see what he is worried about, because the Bloc members will vote against a bill designed to strengthen French in Quebec and across the country and give the Commissioner of Official Languages more powers.

The Bloc Québécois-Conservative coalition is going to try to bring down a bill that is good for French everywhere.

We will take a stand and continue to fight for French everywhere in Canada.

* * *

• (1430)

[English]

FINANCE

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, everyone in our country should be able to find a job that pays the bills, a home that is in their budget and build a good life for themselves and their families, but sadly that is not the case—

Son hon. members: Oh, oh!

The Speaker: I am going to ask the hon. member to maybe wait a moment. I will ask everyone to calm down a bit. I am having a hard time hearing the question, and we will want to hear the answer of course, so I am going to ask everybody to take a deep breath and relax a bit.

The hon. member for Burnaby South, from the top, please.

Mr. Jagmeet Singh: Mr. Speaker, all Canadian should be able to find a job that pays the bills, find a home that is in their budget and build a good life for themselves and their families. They reality is that this is not the case. The cost of living continues to rise, and paycheques are not keeping up.

When times are tough, that is when the government needs to step, and it is tough right now for people, particularly with their rents. We are seeing rents rise across the country. In my riding of Burnaby South, rents have gone up as much as 30%. We have forced the government to double the GST rebate in the past year. We need that to happened again.

Oral Questions

Will the government do that in the upcoming budget to give people some hope?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, we are a government that has introduced the groundbreaking Canada housing benefit that is delivering almost \$2,500 to vulnerable renters across the country. In partnership with the members of the party opposite, we introduced a top-up to the Canada housing benefit of \$500, which is going to almost two million vulnerable Canadian renters.

On this side of the House, we will always have the backs of Canadian renters.

Mr. Jagmeet Singh (Burnaby South, NDP): Mr. Speaker, I know it is difficult because we have forced the government to do so many things. I was talking about the GST rebate that we forced the government to do, not just the rental subsidy that we forced it to do.

[Translation]

The reality is that the cost of living is going up, and it is getting harder and harder to make ends meet. When times are tough, it is the government's responsibility to help people. We forced the government to double the GST rebate.

Is the government prepared to do that again in the upcoming budget, to give hope to people who are really struggling because of the cost of living?

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, I acknowledge the efforts of the NDP leader who worked with us on doubling the GST credit, as I acknowledge the support of the House for the one-time \$500 top-up to the Canada housing benefit.

My colleagues in the House know very well that I cannot comment on the budget. What I can say is that we will be there for Canadians, as we have been in the past, and we will be there to build a strong economy that benefits everyone.

* * *

[English]

CARBON PRICING

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, after eight years, the Liberal Prime Minister is scaring newcomers away. When they are not stuck in this Liberal-made backlog mess, one in five are saying that they are already planning on leaving. The number one reason, according to a new poll, is the high cost of living.

This Liberal inflation is driving up the cost of everything and the Liberals will make things even worse for newcomers when they triple their failed carbon tax.

When will the Liberals show some compassion and axe the failed carbon tax so newcomers actually want to stay, stop forcing them to leave, and keep the heat on?

Oral Questions

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, dreams do come true. In March 2022, the member for New Brunswick Southwest said, “The backstop will kick in” and “cheques will begin to roll out to New Brunswick.” Today, Premier Higgs of New Brunswick decided to go with the federal plan on carbon pricing. He said that they needed to make a choice that was in the best interests of New Brunswickers. We agree with Premier Higgs.

Mr. Jasraj Singh Hallan (Calgary Forest Lawn, CPC): Mr. Speaker, the minister continues to peddle misinformation. His own budget watchdog has proved that Canadians get less in their pockets than what they have to pay for this failed carbon tax. He has missed every single emissions-reduction target that he set for himself, and emissions have gone up. That sounds like a failed tax plan to me.

When will he stop with the misinformation, stop the virtue signalling and axe the failed carbon tax so Canadians can keep the heat on?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I have been Minister of Environment and Climate Change for a year and emissions are down 9% below 2005 levels. Let us keep going. If I may quote again, the premier of New Brunswick, Premier Higgs, talking about—

Some hon. members: Oh, oh!

The Speaker: The hon. Minister of the Environment, from the top, please.

• (1435)

Hon. Steven Guilbeault: Mr. Speaker, as I was saying, I have been Minister of the Environment and Climate Change for a year and our emissions are down 9% below 2005 levels.

Let us keep going. I will quote, again, the premier of New Brunswick, Premier Higgs, who decided to go with the federal pricing system. He said, “What this does right now is provide relief.” We can fight climate change and support Canadians. We agree with the premier of New Brunswick.

Mrs. Rachael Thomas (Lethbridge, CPC): Mr. Speaker, after eight years of the current Liberal government, life is so expensive that Canadians, 20% of them, are skipping meals in order to make ends meet. It is about to get even worse because the Liberal government is about to triple the carbon tax.

Will the Prime Minister do the right thing and axe the tax, or at least get out of the way so we can fix what he broke?

Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.): Mr. Speaker, it is a critically important issue for Canadians from coast to coast to coast. It is fundamentally why we have rolled out a number of programs to try to support those who are most vulnerable. It is exactly why the price on pollution is refunded, so that eight out of 10 Canadian families, particularly those who live on modest incomes, receive more money than they pay in terms of the price on pollution.

The Conservatives keep quoting the PBO report. I would invite them to actually read it.

Mrs. Rachael Thomas (Lethbridge, CPC): Mr. Speaker, what I find interesting is that the members opposite continuously, when they are asked about the carbon tax, talk about the incentives that are being given out in a monetary fashion from the government, but they are not able to talk about any difference that is being made with regard to the environment.

After eight years of the Liberal Prime Minister, Canadians can no longer afford to eat, or heat or house themselves. Life is expensive. Canadians are feeling the pain. A Conservative government would keep the heat on and take the tax off. Will the Prime Minister do the same?

Hon. Steven Guilbeault (Minister of Environment and Climate Change, Lib.): Mr. Speaker, I will say it for a third time today in this House. Emissions pollution under our watch is down 9% below 2005 levels, on our way to reducing them by at least 40% by 2030. Methane emissions are down in the oil and gas sector and sales of electric vehicles—

The Speaker: The hon. member for Dufferin—Caledon.

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THE ECONOMY

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, the minister has some nerve to quote a 9% reduction. What he does not tell Canadians is that the economy contracted by 5% at the same time. If the Liberals' plan is to reach a 45% reduction, that means the economy has to contract 25%. When they say who they are, believe them. That is their plan for the economy.

When will they admit this disastrous program is only hurting Canadians?

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, it must really be tough to be a Conservative these days. There is nothing so devastating for a Conservative than for the facts to get in the way of a good economic reality.

There were 150,000 new jobs in January alone, 326,000 new jobs since September and the lowest debt-to-GDP ratio in the world. We are on a path to grow this economy. Conservatives do not want to help Canadians; we do. That is our plan. We have one, and we are going to deliver.

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, when one has absolutely lost the argument, one tries to change the channel.

Let us get back to the channel. After eight years of the Liberal government, 35% of Canadians say they find it hard to make ends meet every single month; 25% say that if they get an expense of \$500, they cannot pay it. The government is pushing Canadians to bankruptcy.

When will Liberals admit that is what they are doing? If they will not fix it, they should get out of the way, because Conservatives will.

Ms. Ya'ara Saks (Parliamentary Secretary to the Minister of Families, Children and Social Development, Lib.): Mr. Speaker, it seems that my colleagues across the way have amnesia about when they were cutting cheques for millionaires instead of helping Canadian families. That is why we introduced the CCB in 2016. The CCB has helped over 3.5 million families and six million children in this country. There were 435,000 children lifted out of poverty.

The Conservatives have a lot to learn. When they are busy cutting, we are making sure Canadian families' needs are being met.

* * *

• (1440)

[Translation]

OFFICIAL LANGUAGES

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, in an open letter to Quebeckers, the member for Westmount tells us that Canada is an anglophone country. Even though he changed the letter after he was criticized for it, I think he told us how he really feels.

To the member for Westmount, defending the Charter of the French Language amounts to attacking the anglophone community, which speaks Canada's only official language.

Will the minister remind the member that the only official language under threat in Canada is French?

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, let us be very clear. We are the first government to recognize the decline of French in the country and that is precisely why we are moving forward with an ambitious bill.

As an Acadian who lives in New Brunswick in an official language minority community, I know the importance of protecting and promoting French across the country, including in Quebec.

However, we also have to ensure that we are there to protect official language minority communities. Like stakeholders from one end of the country to another, I look forward to the passage of the bill. Bill C-13 will really change things in the lives of Canadians.

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, there are Canada's interests, there are Quebec's interests, and it looks like there are also West Island's interests.

For the actors in "West Island Story", that is all that matters. They are willing to sacrifice Canada's francophone and Acadian minorities, and they refuse to protect French in Quebec. The only thing that matters to them are the interests of West Island.

Can the minister tell us whether these MPs and ministers in the Liberal caucus will vote for the Liberal bill?

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportuni-

Oral Questions

ties Agency, Lib.): Mr. Speaker, let me be very clear, my priority as Minister of Official Languages is to make sure that we are doing everything we can to protect and promote French across the country, including in Quebec. We also have a responsibility to protect official language minority communities.

I think this is a goal we share. It is what we all want. We want to make a fair contribution so that we can bring solutions to this decline problem. I hope that, eventually, this bill will get passed, since implementing this legislation is going to make a real difference. Our stakeholders are eager, they want to see the bill passed, and I hope that happens as soon as possible.

Mr. Denis Trudel (Longueuil—Saint-Hubert, BQ): Mr. Speaker, just imagine: Montreal West Island Integrated Health and Social Services Centre had to take to the media to set the record straight after the member for Saint-Laurent spread misinformation about Bill 96 and the Charter of the French Language.

In Quebec, francophones can get care in French and anglophones can get care in English. Even a patient who speaks neither English nor French can get services in their language, even if that means using interpreters, because we care.

Will the minister call the member for Saint-Laurent to order and demand an apology?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): They care, Mr. Speaker. As for judgment, I am not so sure.

I am glad the Bloc Québécois is interested in French. It just had a whole opposition day, and members could have talked about the environment, our seniors, the fight against poverty or even French, but no, they got together and decided to talk about the Constitution. That is their priority.

Meanwhile, Liberals are working for all Canadians, including all Quebeckers.

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[English]

CARBON PRICING

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Mr. Speaker, the Liberals have finally admitted failure. We all know that their carbon tax is not an environmental plan but simply a tax plan. Today, they have admitted that their real plan; the only way that they were able to reduce emissions was because of COVID. The Liberals' carbon tax will cost farmers up to \$150,000 a year. That cost is crippling to a family farm.

It has been eight years. For the sake of Canada's farmers and all Canadians, will those Liberals finally axe the tax?

Oral Questions

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, that is complete disinformation. It is irresponsible to increase the anxiety of farmers when they are the first ones to be impacted by climate change—

Some hon. members: Oh, oh!

• (1445)

The Speaker: I would ask the hon. minister to please start from the top so that we can hear the full answer.

Hon. Marie-Claude Bibeau: Mr. Speaker, I think my colleague is sharing disinformation; this is totally false. They are twisting the facts of a certain study. They are not giving the full information. It is misinformed, and it is increasing the anxiety of farmers. I think it is totally irresponsible.

The Speaker: I just want to ask all the members, including the ministers, to be very judicious with their words when they are in the House.

The hon. member for Northumberland—Peterborough South.

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC): Mr. Speaker, we heard today from the Governor of the Bank of Canada that after eight years of the Liberal Prime Minister, inflation continues to be a concern and interest rates will stay high for the foreseeable future. Despite the fact that Canadians are continuing to struggle just to heat their homes and to feed their families, on April 1, the Liberal government will increase the inflationary carbon tax.

Will the Prime Minister finally axe this tax or at least get out of the way so that Conservatives can?

Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.): Mr. Speaker, as I have said many times in this House, it would be enormously important for Canada if we actually had an official opposition that believed in the reality of climate change and understood that we actually had to have a plan to address climate change. Like our American, British, German and French friends, we plan to address it in a manner that will promote economic growth and opportunity in every region of this country.

We are working to do exactly that to ensure we leave a planet that is sustainable and prosperous for our kids.

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CLIMATE CHANGE

Mr. Philip Lawrence (Northumberland—Peterborough South, CPC): Mr. Speaker, when someone is losing an argument, they distract and deflect. The truth of the matter is that the Liberals are as incompetent at fighting climate change as they are the affordability crisis. The Liberals do not have an environmental plan; they have a tax plan. I was there at public accounts when the environmental commissioner scolded the Liberals for not hitting a single target.

Will the Liberals finally get out of the way so the Conservatives can fight climate change and bring prosperity back to our country?

Hon. Jonathan Wilkinson (Minister of Natural Resources, Lib.): Mr. Speaker, when this government came to power in 2015, we inherited a target from the Harper Conservatives, which was

30% below 2005 levels by 2030. The problem with the Harper approach was that there was no plan to achieve that target.

We put together the most comprehensive climate plan Canada has ever had. We built a plan that would not only meet but actually exceed that target. After that, we raised the target by 50% to make it science-aligned to ensure we are actually fighting climate change and doing so in a manner that will leave a prosperous and healthy environment for our children.

* * *

HOUSING

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, rural and remote indigenous communities are in dire need of housing. Nunavummiut are living in canvas tents in the winter, sleeping in shifts in overcrowded rooms and waiting years for adequate housing. Together, the Government of Nunavut and Nunavut Tunngavik have asked for \$500 million over three years, starting in the upcoming budget.

Will the government properly invest in Nunavut housing so northerners can sleep in safe, comfortable homes?

Mr. Terry Duguid (Parliamentary Secretary to the Minister of Environment and Climate Change, Lib.): Mr. Speaker, the lack of safe, quality housing across the north is unacceptable. This is why our government, in collaboration with partners, is making historic investments. Our government has been clear that we will not impose solutions on northerners. Instead, we will work with them to support their priorities. Through Northern Affairs alone, we are investing \$200 million to support housing and related infrastructure in the north. This flexible funding allows territorial partners to continue to advance their most pressing housing needs.

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Mr. Speaker, that answer was not the one expected by the member for Nunavut.

The member asked for \$500 million, and \$200 million is not even close. In my riding, it is no better. It is Edmonton Griesbach's worst problem. We have indigenous people who are living on the streets and enduring the housing crisis; they have been let down by the Prime Minister and the premier of Alberta. Too many are paying more than they can afford. They are living in overcrowded homes or have no homes at all.

Will the government stop the rhetoric and start investing in indigenous housing, for indigenous and by indigenous, now?

Oral Questions

• (1450)

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, we believe in a “for indigenous, by indigenous”-led urban, rural and northern indigenous housing strategy. That is why budget 2022 included over \$4 billion more to close the gap in indigenous housing. It included \$300 million as an initial investment in a dedicated urban, rural and northern indigenous housing strategy informed by a for indigenous, by indigenous approach, and that is the beginning of the process. We will continue to invest to close that gap.

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[Translation]

JUSTICE

Mr. Emmanuel Dubourg (Bourassa, Lib.): Mr. Speaker, since the murder of George Floyd, our government has announced several measures to combat systemic racism.

We know that Black people are overrepresented in prisons. Yesterday, the Minister of Justice announced the establishment of the steering group for Canada's Black justice strategy. Can he tell us more?

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I thank my friend, the member for Bourassa, for his question and for participating in our announcement yesterday. The reality is that Black people are overrepresented in our justice system, both as victims and accused persons.

We therefore established a steering committee consisting of nine Black experts who understand and live the current reality. The discrimination they face is systemic, and our response must be ambitious, comprehensive and fair.

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CANADIAN HERITAGE

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, for over 10 months now, the alliance between the Bloc Québécois and the centralizing Liberal Party of Canada has scorned Quebec with respect to the bill on the CRTC.

Ten months ago, the Quebec government asked to be heard. The Bloc-Liberal alliance refused to respond to that. The Quebec National Assembly voted unanimously on a motion to that effect just this week. There was even one a year ago, but with the complicity of the members of the Bloc-Liberal alliance, nothing was done.

Time is running out. It is imperative that Quebec be heard. Will the Bloc-Liberal alliance agree to hear Quebec in a parliamentary committee, to hear what Quebec has to say and—

The Speaker: The hon. Minister of Canadian Heritage.

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, the bill was introduced over a year ago. On the House side, 12 meetings were held, 80 witnesses were heard and 52 briefs were tabled. On the Senate side, 31 meetings were held, 138 witnesses were heard, and there were 675 hours of study.

Is it only now that my colleague is waking up, a whole year later? Even Sleeping Beauty did not sleep that long.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, if the leader of the Bloc Québécois and Liberal Party alliance thinks it is taking too long, perhaps he needs a reminder that it was his own government that called an unnecessary election, which delayed the bill.

Even back then, the Bloc Québécois was not interested.

I will ask my question again: Can the Bloc Québécois and Liberal Party minister stand in the House and give assurances that Quebec will be heard at the parliamentary committee, as it should be?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, everyone knows the expression “to fall asleep at the switch”. Well, my colleague is taking it to a new level, to the point that there will be a photo of the Conservative caucus next to the definition in the dictionary.

The bill has been the subject of debate in the House and Senate for a year now. It is a good bill. The music, film and television industries have been asking for this bill.

I am happy that the Conservatives are taking an interest in it today, but it is a bit late. They have been asleep for a year.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, if the member, or rather the leader of the Liberal-Bloc Québécois party, wants to talk about a caucus, he should maybe look in his own backyard.

I am not sure everyone is going to be in the photo of his caucus. I am just throwing it out there. There might be more Bloc Québécois members than Liberals.

The reality is that the minister likes to bicker with the Bloc Québécois. The Bloc is not complaining because Quebec's interests must be defended.

Will the minister agree to meet with the Government of Quebec in committee so that it can express its views on this bill that it does not like?

• (1455)

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, the Liberal Party, the Bloc Québécois and the NDP are certainly working in Quebec's interests.

It is like we are dealing with a groundhog that has just woken up from its winter slumber and is telling us how well it slept, now that it has finally woken up.

However, things were moving while the groundhog was hibernating. There were meetings in the House. There were meetings in the Senate. This is a good bill. We are going to move forward, even if the Conservatives do not want to.

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, the National Assembly of Quebec is calling for changes to Bill C-11 and Bill C-5.

This involves the ministers of Canadian heritage and justice. These two bills have the support of the Bloc-Liberal alliance and go against the direction the Government of Quebec wants to take.

Oral Questions

Will our two ministers, who are Quebeckers, shamefully supported by the Bloc Québécois, refuse to provide Quebec the help it is looking for and thereby deny the existence of the Quebec nation?

Hon. Pablo Rodriguez (Minister of Canadian Heritage, Lib.): Mr. Speaker, I am glad that my colleague did not yell too loudly or he might have woken up his gang that has been asleep for the past year.

We have been debating this bill for a year. The Conservatives in the House are asleep. The Conservatives in the Senate are asleep.

In the meantime, we are working for the music, movie and television industry. We are working for Quebec and for all Canadians.

* * *

JUSTICE

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, the Quebec National Assembly is concerned about the possibility under Bill C-5 of conditional sentences for some violent crimes, such as sexual assault. It is clear that Bill C-5 opens the door to problems.

The Bloc Québécois reiterates the fair compromise it had proposed during consideration of Bill C-5 that was rejected by the Conservative-Liberal federalist bloc: to restore minimum sentences for gun crimes and armed sexual assaults, while allowing judges to make exceptions. This remains the most balanced approach.

Does the minister understand Quebec's concerns and, if so, will he consider this compromise?

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, serious crimes always deserve serious consequences.

With Bill C-5, we abandoned policies that clogged our justice system and our prisons, and we decided to fight systemic racism. The Bloc Québécois voted in favour of Bill C-5 because it knew that minimum sentences do not work.

Our government is supporting victims of sexual assault. We are working on this. We introduced legislation and programs to reinforce support for victims, and we will continue that work.

Mr. Rhéal Fortin (Rivière-du-Nord, BQ): Mr. Speaker, according to the media, four victim advocacy groups backed Quebec's concerns. We cannot ignore them. The minister has the right to make a mistake, and it would be honourable to admit it. I would remind him that, at the time, everyone seemed open to the Bloc Québécois compromise, including the experts who appeared before the committee.

Therefore, we will be introducing a bill that would restore minimum sentencing for firearms offences and prohibit conditional sentencing for sexual assault while allowing the courts to make exceptions, with justification, in exceptional cases. Can we count on the Minister of Justice to be open-minded? I am not addressing the quarrelsome minister who is always bickering, but the Minister of Justice.

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, the purpose of Bill C-5, is to address systemic racism and the overrepresentation of indigenous and Black people in the justice system. Yesterday, we announced

the creation of a steering group to develop a justice strategy for Canada's Black people. I heard the testimony of people who have experienced systemic racism. We will continue to combat racism and Bill C-5 is part of our efforts.

* * *

[English]

IMMIGRATION, REFUGEES AND CITIZENSHIP

Mrs. Stephanie Kusie (Calgary Midnapore, CPC): Mr. Speaker, after eight years of the Liberal government, high-priced consultants at McKinsey & Company have never had it so good. They are setting immigration policy. They are setting immigration targets. Public servants are admitting this and it is reported in the CBC. Even Bill Morneau, in his book, admitted that McKinsey is setting immigration policy. Do members know who is not admitting to that? The Minister of Immigration himself. Who is telling the truth?

• (1500)

Mrs. Marie-France Lalonde (Parliamentary Secretary to the Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, I certainly hope that members actually listened to the Minister of Immigration's appearance at committee. I will repeat what he said. The minister was very clear that he has not met with McKinsey, nor been influenced.

However, if the Conservatives want to listen to someone, let us quote someone. I would invite them to listen to their former Conservative leader, John Reynolds. He said, "The attacks levied against [Dominic Barton] by the Conservative party I once led are baseless." Let us make sure they start listening and acting.

* * *

ETHICS

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister, it is hard for Canadians not to be disappointed when every day there is a news story about a Liberal breaking the law. While Canadians are struggling to feed their families and keep the heat on at home, the Liberals are lining the pockets of their friends, like the trade minister did, like the housing minister did, like the intergovernmental affairs minister did and like the Prime Minister did. It was tens of thousands of dollars sent to their well-connected friends.

Will the Liberal Prime Minister take responsibility for the law-breaking in his Liberal government benches, or will he get out of the way so we can fix what they have broken?

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the party opposite, the Conservatives, have on a number of occasions said to get out of the way so they can step in. I think they are missing our democratic process. They have to face an election. They have faced a number of elections where their policies were rejected. Maybe they should reflect on why their policies were rejected.

They undercut our efforts all over the world to deal with climate change, and they were seen as an agent to destroy action on climate change in the world. They have refused to take action to improve Canada's employment situation or child care, and now they are refusing to vote on dental care. They are good on rhetoric, not on action.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Mr. Speaker, let us talk about action. Some 1.5 million Canadians are using food banks in a single month. Mortgages are going up to more than \$3,000 per month. Rent is doubling to more than \$2,000 per month. Twenty per cent of Canadians are skipping meals every day because they cannot afford them. No government has ever spent so much to achieve so little, unless someone is a well-connected Liberal insider. Then it is tens of thousands of dollars from the Liberal lawbreakers.

Is today the day the Liberal Prime Minister will finally take responsibility for the law-breaking in his government?

Hon. Randy Boissonnault (Minister of Tourism and Associate Minister of Finance, Lib.): Mr. Speaker, let us dial the tape back. We had 10 years of economic stagnation under the Harper Conservatives, with not a year over 1% growth. Some 2.7 million people have been lifted out of poverty since we have been on this side. Two million more Canadians are working. What do the Conservatives have? They have nada, zip, zilch. They have no plan on climate change, no plan on affordability and no plan to grow the economy. We have a plan and we are delivering it. All they have are buzzwords and nonsense economics.

* * *

[Translation]

POST-SECONDARY EDUCATION

Mrs. Sophie Chatel (Pontiac, Lib.): Mr. Speaker, post-secondary education for official language minority communities across the country is very important to our government.

There is a huge need in francophone communities. This sector is being affected by the labour shortage. More francophone and bilingual teachers are needed.

I wonder if the Minister of Official Languages could explain to the House what she is doing to support French-language post-secondary institutions.

Hon. Ginette Petitpas Taylor (Minister of Official Languages and Minister responsible for the Atlantic Canada Opportunities Agency, Lib.): Mr. Speaker, I thank my colleague from Pontiac for her question and for her hard work.

I was very pleased to be at the University of Ottawa yesterday with the President of the Treasury Board to announce a federal con-

tribution of \$20.4 million to support French-language programs at the University of Ottawa.

This funding will be used to develop new courses entirely in French and to hire faculty in the STEM fields of science, technology, engineering and mathematics, as well as to create a new centre of excellence for French-language education.

This is another example of how this government is supporting official language minority communities and post-secondary institutions in those communities.

* * *

[English]

SENIORS

Mr. Mel Arnold (North Okanagan—Shuswap, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister's inflationary policies, seniors cannot afford food. Barry told me that 40 out of 120 attendees at the mission he works at were seniors. People who used to donate to food banks are having to go to one because they cannot afford groceries.

Will the Prime Minister take responsibility for seniors going without food, or will the Liberals get out of the way so the Conservatives can fix what they have broken and restore seniors' dignity?

● (1505)

Mr. Darren Fisher (Parliamentary Secretary to the Minister of Seniors, Lib.): Mr. Speaker, we recognize the challenge that seniors are facing, and our government has been there for them from day one. While the party opposite has had nothing for seniors in any of its campaign platforms, our government is helping seniors who are struggling by doubling the GST tax credit and providing dental and rental support. We are increasing the OAS for seniors over 75. We will take no lessons from that party on this side of the House.

* * *

AVIATION INDUSTRY

Mr. Michael Kram (Regina—Wascana, CPC): Mr. Speaker, after eight years of the Liberal Prime Minister, everything in the Liberal government is broken. The passport office cannot issue passports, the immigration office cannot approve permanent residences and now Transport Canada is experiencing delays of up to eight months to approve applications for commercial pilot licences. This is after the pilots have completed all the training requirements.

Oral Questions

What did the Liberals break this time to cause these delays at Transport Canada?

Hon. Omar Alhabra (Minister of Transport, Lib.): Mr. Speaker, our top priority is ensuring that air crew meet all necessary medical requirements so they can do their jobs safely. There have been delays beyond our service standard, due to the unprecedented circumstances of COVID-19, that have impacted the global air sector.

Transport Canada has put in place changes to the processing and assessment of files to improve the efficiency of the review process. Transport Canada is in the process of hiring additional staff to speed up the processing of medical certificates.

We are on the job. The Conservatives want to forget about COVID—

The Speaker: The hon. member for Regina—Wascana has the floor.

Mr. Michael Kram (Regina—Wascana, CPC): Mr. Speaker, Canadians want to travel again, and airlines want to offer new routes and hire new pilots. Unfortunately, the problem seems to be the Liberal government and the eight-month backlog at Transport Canada in issuing commercial pilot licences. This is a process that took only two months until just recently.

Why do the Liberals not just move out of the way so the Conservatives can get air travel moving again?

Hon. Omar Alhabra (Minister of Transport, Lib.): Mr. Speaker, the Conservatives first blamed the vaccine mandates. Second, they blamed ArriveCAN. Third, they blamed testing at airports. The Conservatives have no idea what they are talking about. They are ambulance chasers. However—

Some hon. members: Oh, oh!

The Speaker: Order. Are we ready now?

The hon. minister, please continue.

Hon. Omar Alhabra: Mr. Speaker, COVID-19 has had a massive impact on the air sector, and our government has been there to support the workers and Canadians.

Yes, there have been several disruptions. The government is on top of this. I have been speaking to Transport Canada on hiring more resources. We are fixing this issue.

* * *

JUSTICE

Ms. Lena Metlege Diab (Halifax West, Lib.): Mr. Speaker, many of us have heard heartbreaking stories of people wrongfully convicted and who spent many years behind bars for crimes they did not commit. In my own province, one need only think of the Glen Assoun case. When this happens, it ruins the life of the convicted person, the lives of their family, and their community. It also erodes public trust in our justice system.

Can the Minister of Justice please provide the House with an overview of how the bill he tabled today would improve the system currently in place to review cases of wrongful conviction?

Hon. David Lametti (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, first of all, I want to thank Susan Milgaard and James Lockyer, both of whom joined me in the press conference today.

Some hon. members: Hear, hear!

Hon. David Lametti: Mr. Speaker, Susan is the sister of David Milgaard, and the daughter of Joyce, after whom the bill is named.

Bill C-40 would create a miscarriage-of-justice review commission to examine wrongful convictions fairly and efficiently—

● (1510)

The Speaker: I am afraid we are out of time and I want to remind the hon. members that ministers and individual members cannot refer to people in the gallery.

The hon. member for Winnipeg Centre.

* * *

INDIGENOUS AFFAIRS

Ms. Leah Gazan (Winnipeg Centre, NDP): Mr. Speaker, last week, we learned that the Liberals spent just 5% of the \$724.1-million violence prevention strategy announced in fall 2020 to address violence against indigenous women, girls and two-spirit people.

Not one new shelter or transitional home has been built. It is unacceptable. This delay is costing lives. We should not have to beg for our safety. The public wants to know why so little of this money has been spent.

When will the government get this money out the door?

Hon. Ahmed Hussen (Minister of Housing and Diversity and Inclusion, Lib.): Mr. Speaker, I really agree with the hon. member on the importance of this \$742-million fund to develop a comprehensive violence prevention strategy. This includes \$420 million over five years to support the construction of a minimum 38 shelters and 50 transitional homes. We understand the urgency of this matter.

CMHC has already selected 22 projects to move forward, and we expect concrete announcements in the next few weeks.

* * *

PUBLIC SAFETY

Mr. Kevin Vuong (Spadina—Fort York, Ind.): Mr. Speaker, yesterday, I held a town hall on community safety. I thank police officers of 14 Division for attending.

Points of Order

Hon. members may recall a man being swarmed and killed by eight female assailants. This happened across the street from my constituency office. Parents of children at Jean Lumb Public School were threatened for speaking out about their kids being targets of the legal cannabis shops. One even set up shop next to two schools.

Public transit is becoming a war zone. A woman was knifed on the Spadina streetcar. This is the new normal that my constituents must accept. The government legalized cannabis. It cannot just walk away. Urban centres require urban solutions.

Will the Minister of Public Safety commit to creating an urban public safety strategy?

Hon. Marco Mendicino (Minister of Public Safety, Lib.): Mr. Speaker, I share my hon. colleague's concern, which is one of the reasons why we partnered directly with the City of Toronto, in the form of an announcement of \$12 million to address many of the social determinants that he mentioned in his question.

What this means is that local organizations will have a greater capacity to offer mental health services that can help address substance issues, that will provide them with the additional capacity to help people who are at risk, especially young people who need more training when it comes to schooling and careers.

We will continue to work very closely with the City of Toronto and municipalities across the country, so we can stop crime before it starts.

* * *

PRESENCE IN GALLERY

The Speaker: I wish to draw the attention of hon. members to the presence in the gallery of His Excellency, Ander Gil, Speaker of the Senate of the Kingdom of Spain.

Some hon. members: Hear, hear!

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POINTS OF ORDER

ORAL QUESTIONS

Mr. Tom Kmiec (Calgary Shepard, CPC): Mr. Speaker, the Minister of Agriculture and Agri-Food, during question period, accused a member on our side of the House of deliberately engaging in disinformation.

The definition for “disinformation” in Oxford Reference states, “dissemination of false information with the deliberate intent to deceive or mislead.”

I am asking for two simple things from you.

The first is that there are terms in the House that are considered unparliamentary under any circumstance. Therefore, I wonder if you could make a ruling in the future as to whether the term “disinformation”, when speaking of the terms used by members, is still parliamentary in the House.

The second is to have the minister retract her statement.

The Speaker: I want to thank the hon. member for his point of order. I will look into it further.

The hon. Minister of Agriculture.

[*Translation*]

Hon. Marie-Claude Bibeau (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I will retract my comments, no problem. I invite my colleague to share the entire quote, because I have a quote that is different from the one he has shared in the House.

I would love to compare notes with him.

• (1515)

[*English*]

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, in today's QP proceedings I think you will find that the Minister of Transport used the term “ambulance chasers”.

I would remind the minister and the government that we are all hon. members and I think you, Mr. Speaker, should rule on whether or not the use of such terms toward another member is parliamentary.

The Speaker: I will look into that.

Let me talk first and then I will go to the other points of order.

I would like to have the attention of members. We are picking different words, and one of the things I want to see is more judicious use of words in the House, on all sides, during the questions and the answers. If we are going to start picking words apart, it could be a long process, not only for me, but for every one of you who brings a word that is questionable. Therefore, please be judicious with your use of words.

I thank the hon. member for Central Okanagan—Similkameen—Nicola.

The hon. parliamentary secretary to the government House leader is rising on a point of order.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, during question period you made reference to the gallery, after the Minister of Justice made his comments, but nowhere in his comments did he make reference to Susan Milgaard being in the gallery. In fact, I stood to applaud when I saw her there. The minister did not make reference to—

The Speaker: I think we are getting into debate. What happened is that you cannot do indirectly what you cannot do directly. When someone starts speaking, we have a rule of 35 seconds. Whether it is during clapping or a statement, I have to stop it after 35 seconds. Unless the House decides to change the rules, I have to stick to those agreements that have been made and implemented over time.

Business of Supply

There were two things that took place there. One was something being done indirectly, and everybody was clearly looking up and clapping and it took up the time. Unfortunately, that is how it worked out.

Are there any other points of order? The hon. member for Saanich—Gulf Islands.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I do not want to belabour the point, but I would like guidance for my own conduct in this place.

I agree with the hon. parliamentary secretary that the minister did not reference anyone in the gallery, and I agree that time taken up in applause does cut into speaking time.

I would find it difficult to know, if someone well known were in the gallery and we referenced that person who was earlier in the day at a press conference, whether that violates our rules.

The Speaker: It does.

* * *

BUSINESS OF THE HOUSE

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, I wonder if the government House leader could update members as to the business for the rest of this week.

Also, as members of Parliament go off and enjoy Family Day in many parts of the country with their loved ones, as well as get back to work in their constituencies, could the government House leader update the House as to what we can expect with respect to legislation when we return from those constituency work weeks?

While I am on my feet, because his own colleague asked members of the Conservative Party to read the Parliamentary Budget Officer's report, I was wondering if you would allow me to table the report, especially the part that says that most households will see a net loss resulting from federal carbon pricing under the Liberals' plan.

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

Some hon. members: Nay.

Hon. Mark Holland (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I appreciate my hon. colleague's very sincere effort, I am sure, to lay that on the record. I am sure he is in shock that there was not unanimous consent. However, my hon. colleague can rest assured that, when it comes to climate change, we will not allow inaction to be the rule of the day and that we will absolutely continue to take action to make sure climate change does not ravage this planet.

I do want to pick up on the second-last comment that the hon. opposition House leader made, which were comments with respect to Family Day. I hope that he, and indeed all members in the House, take time with their families and with their constituents, and that they return to this place in good health.

Tomorrow, we will resume debate on Bill C-34 to amend the Investment Canada Act at second reading.

Upon our return on Monday, March 6, we will call Bill C-27 on the digital charter, at second reading.

Tuesday shall be an allotted day.

On Wednesday, we will commence debate on Bill C-33 concerning the port system and railway safety.

Thursday will not only be the opportunity for my hon. colleague's favourite time of the week, another Thursday question, but we will also resume debate on Bill C-23 respecting historic places, at second reading.

On Friday, we will continue second reading debate of Bill C-26, the cybersecurity legislation.

GOVERNMENT ORDERS

• (1520)

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—PUBLIC HEALTH CARE FUNDING AND DELIVERY

The House resumed consideration of the motion.

Ms. Jennifer O'Connell (Parliamentary Secretary to the Minister of Intergovernmental Affairs, Infrastructure and Communities, Lib.): Mr. Speaker, with limited time left in my speech, I want to highlight a couple of key points. One is the need for this injection of investment of almost \$200 billion to support our health care system. Where I left off was that constituents in my riding have spoken about these needs in terms of mental health supports, supports for stroke survivors, support for family doctors and specialists, investments in long-term care and reducing emergency room wait times. Constituents wrote to me about the need for all of these supports and also for supports for personal support workers.

They also they spoke about transparency and accountability for these funds. This is incredibly important. It is why I am glad that, in these conversations with premiers and provinces and territories across the country, there are going to be action plans so that Canadians will be able to see what the plan is for using this funding. Then Canadians will be able to track that money, to see where it is being spent and whether it is effectively reducing wait times and supporting our health care sector.

This accountability is something that Canadians across the country have been asking for. We want to be there as a support and a partner to get our health care system back on track, but we are going to do so while making sure Canadians know exactly where these funds are being spent.

Business of Supply

Mr. Stephen Ellis (Cumberland—Colchester, CPC): Madam Speaker, I find it interesting. The government has failed over the last eight years, and certainly we have heard multiple times about provincial jurisdiction.

We also heard the Liberal Prime Minister talk very clearly in the House about the 7,500 doctors, nurses and nurse practitioners he was going to hire for Canada. I heard the member mention again today the federal support for doctors. I was in that sector for a very long time. Where are the 7,500 doctors, nurses and nurse practitioners? How many have the Liberals actually hired and when is this going to happen?

Ms. Jennifer O'Connell: Madam Speaker, I am surprised that the member opposite does not realize that a \$200-billion investment over the next 10 years is going to do just that. The Conservatives said that they support our funding, and they did not provide anything in addition, so perhaps the member should speak to his leadership.

The Conservatives do not have a plan. They do not offer a solution. All they know how to do is criticize. It is no wonder the Conservatives keep asking us to move out of the way. They cannot win elections on their policies.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, this motion calls on the government to close loopholes in the Canada Health Act. One of the most egregious of these is that while the Canada Health Act prohibits extra billing, which means doctors are banned from charging patients more than the medicare rate for insured services, private clinics get around that by advertising and offering surgery to patients from a different province whom they then charge tens of thousands of dollars. This loophole needs to be closed.

Does my hon. colleague think that her government should agree with the NDP that the Canada Health Act must be amended so that provinces can no longer permit the odious practice of allowing the charging of patients for covered insurance services simply by allowing their citizens to cross a provincial border to get that surgery?

Ms. Jennifer O'Connell: Madam Speaker, our commitment to a universal, public health care system is paramount. In fact, I support our proposals that ensure that all one needs is a health card, not a credit card, to receive health services.

However, let me remind the House that, since 2015, it was our government that has levied \$105 million in health transfers. We held back for violations by provinces and territories for not providing the health care services under the act.

We are going to uphold the act and ensure provinces and territories allow public health care to thrive in our country.

• (1525)

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, the member for Vancouver Kingsway brought up a really important point with respect to a loophole that can be exploited in the Canada Health Act when it comes to provincial borders being manipulated for a person not to get access to public health care.

Could the parliamentary secretary directly answer the question that was just asked?

Ms. Jennifer O'Connell: Madam Speaker, this is jurisdictional health care with provinces, and it is our role as a federal government to ensure that the Canada Health Act is upheld. If there are changes and things need to happen, it is precisely why we are having a debate. It is why the Minister of Intergovernmental Affairs and the Minister of Health are meeting with their counterparts across the country to discuss the very important issues that Canadians want to see fixed in our health care system. That is why we are leading in this charge to ensure we are getting the results in the health care system that Canadians expect.

Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, we just had the recent announcement from the federal government of the \$198 billion-plus to ensure that future generations will have a national health care plan, and now the provinces have signed on to that.

Could my colleague provide her thoughts on that?

Ms. Jennifer O'Connell: Madam Speaker, I appreciate this opportunity. As Canadians, we have such a sense of pride in our health care system, but after the pandemic, we saw that struggle and the system needing help. The federal government is stepping up with almost \$200 billion to fix those gaps so future generations can ensure they have the adequate health care they need no matter how much they make or where they live.

[Translation]

Ms. Arielle Kayabaga (London West, Lib.): Madam Speaker, I wish my colleagues a good afternoon.

[English]

I am very pleased to rise in the House today to speak on the recently proposed offer to provinces and territories regarding the federal investments in our health care system, an offer that I am pleased to say provincial and territorial premiers signalled their agreement to work on this plan on February 13.

[Translation]

I think that is good news, and I want to point it out. It is good news for all Canadians. It is good news for Canadians in London West.

[English]

Canadians value our universal public health system, but the COVID-19 pandemic has put it under enormous strain. Across the country, Canadians struggle to find a family doctor or to access urgent care when they need it the most.

Business of Supply

Canada's health care workers, who have been at the forefront of fighting COVID-19 for nearly three years now, continue to provide care under extremely challenging circumstances. I want to take this opportunity to thank them for their courage, compassion and the enormous dedication they bring to the work they do every single day. We owe it to them and to all Canadians to take the necessary steps to ensure that our health care system is more efficient and resilient now and into the future.

I had the pleasure of having a beautiful conversation with someone in my riding who came to talk to me about the health care system and its state right now. He told me how 20-some years ago his family moved to Canada because of our health care system. He impressed upon me how important it was for us to continue to put the safeguards in that were necessary to ensure that provinces and territories were abiding to the Canada Health Act.

The federal government has to and will continue to work with provinces and territories in the best interest of all Canadians, their families and the health workers to deliver concrete results and improvements to the health care system.

• (1530)

[Translation]

On February 7, the Prime Minister and his provincial and territorial counterparts met to work together on improving Canada's health care system.

They discussed shared health priorities to deliver real results for all Canadians. They also discussed the importance of upholding the Canada Health Act to protect Canada's publicly funded health care system, which is important to all Canadians.

This act ensures that Canadians have equitable access to medical care based on their needs, not their ability to pay.

[English]

The federal government will increase health funding to provinces and territories by \$196 billion over 10 years. In addition, it will invest \$2.5 billion over 10 years in complementary federal support, for a total of \$198.6 billion over 10 years. This includes new funding in the amount of \$49 billion over 10 years, \$46 billion of which will be transferred directly to the provinces and territories. This funding will be distributed through the Canada health transfer, tailor-made bilateral agreements with provinces and territories, an Indigenous health equity fund and complementary federal support.

We offered provinces and territories \$25 billion over 10 years to advance shared health priorities through tailored bilateral agreements that would support the unique needs of people in each province and territory.

At the working meeting with the premiers, we also outlined four key shared health priorities.

[Translation]

The first is for Canadians to get rapid access to a family medicine practitioner or team, including in rural and remote areas. Family medicine teams and virtual care will play a key role in ensuring that all Canadians have timely access to quality care in their community.

[English]

Second, is the support for health care workers to provide Canadians with timely access to the quality, effective and safe health care they need. We need to retain, recruit and train new health workers, recognize credentials of internationally educated health professionals and leverage new models of care and digital tools to better support health workers. This is really important in London West as many supporters have talked about how we need to continue to leverage the credentials of foreigners.

We want to make real progress with provinces and territories to improve the labour mobility of health professionals, starting with multi-jurisdictional credential recognition.

[Translation]

The third is improved access to timely, equitable and quality mental health and substance use services.

Mental health is very important to all Canadians, and it is important that we make investments that will make a difference across the country.

[English]

This morning, I had the opportunity to make an announcement with the Minister of Mental Health. I also had the opportunity to have a conversation with someone who was working on the front line of supporting young people in mental health.

In hearing the stories of how they are adapting to support trauma-informed practices that help young people get the supports they need is mental health, it is important to recognize that more than ever Canadians need mental health supports. This goes for workers too. We need to ensure there are resources for the providers as well.

The fourth is a modernized health system that is essentially supported by data and digital technologies. Data and being able to securely share this data across the country with providers and systems will be critical to saving lives and improving our health care system across the country.

[Translation]

We will continue to help Canadians age with dignity closer to home thanks to better access to home care or care in a safe long-term care facility. We have already announced investments to advance this priority.

*Business of Supply**[English]*

The new funding announcement made on February 7 also includes an additional \$1.7 billion over five years to support wage increases for personal support workers and related professionals. I have heard that this is really needed, and many people in my riding have spoken to me about this.

The plan offers flexibility for provinces and territories to respond to their unique needs and priorities. A key feature of this plan is also recognizing that data is integral to well-functioning, modern health care systems. Improved data and digital health can empower patients and enable clinicians to provide safer and better care.

● (1535)

[Translation]

Right now, only one-third of Canadians can access some of their health data online. That is unacceptable. We have to keep working on this.

[English]

We are prepared to measure and report annual progress on the common indicators with disaggregated data and we have asked provinces and territories to do the same as part of their data commitment. Reporting to Canadians will promote greater transparency on results. I want to emphasize this data sharing will respect provincial, territorial and federal privacy legislation to protect Canadians' privacy and benefit their care.

[Translation]

We recognize the importance of disaggregated data in making decisions that fit the unique needs of each community.

[English]

It is a pleasure for me to be in the House and to see this happen, as we continue to have these conversations around health care systems with the provinces. Our constituents continue to talk about this. We want to ensure that we are doing the right thing, that we are protecting our health care system and that it is not based on how much money one makes but based on having a health care card.

Ms. Lindsay Mathysen (London—Fanshawe, NDP): Madam Speaker, my hon. colleague and neighbour in London West spoke about the \$49 billion extra funds coming to the provinces. Of course, that is spread over 10 years and it is spread over the provinces.

In our city, London Health Sciences is asking for an additional plan of \$3 billion, and \$300 million of that will fall to the city because of a lot of the downloading. We talked about downloading from the federal government to the provinces and provinces to the municipalities. I would like her to respond about the specific ask from London, the need and how this money could go to help that institution.

[Translation]

Ms. Arielle Kayabaga: Madam Speaker, I would like to thank my colleague from London—Fanshawe for her question.

[English]

The question is really important, because this is a conversation we continue to have with different health care providers across the city of London. As I stand in the House today to speak on behalf of London West, our government will continue to ensure that we protect the Canada Health Act and that the money that goes to the provinces also reaches every community. This is an ongoing conversation, and I am happy to see that the provinces and territories are at the table having this conversation right now.

Mr. Chad Collins (Hamilton East—Stoney Creek, Lib.): Madam Speaker, in her speech, the member touched on the tremendous pressure that health care workers have been under, especially through the pandemic and leading up to today and the announcement of this investment.

What does this mean to health care workers in her riding as it relates to relieving some of the pressure they have been under for the last number of years?

Ms. Arielle Kayabaga: Madam Speaker, I had a conversation with someone who has been on the front line supporting mental health for young people in the city of Ottawa. As we increase the wages for health care providers, it is important that we talk about supporting the mental health of providers as well.

I had conversations with many care providers in London, Ontario, who told me that they need that kind of support. Investing in mental health for Canadians even goes to supporting the providers of that health care. It is important that we also keep them in mind as we continue to invest in our health care system.

● (1540)

[Translation]

Mr. Jean-Denis Garon (Mirabel, BQ): Madam Speaker, my colleague talked about funding for health care.

We all know that the provinces were calling for \$28 billion per year, but the government only put \$4.4 billion per year on the table. Therefore, the government is giving the provinces only \$1 for every \$7 they asked for.

I have two questions for my colleague. Does she think that \$1 out of every \$7 the provinces were calling for is enough? I would like her to explain why she thinks that the provinces' initial requests were unreasonable.

Ms. Arielle Kayabaga: Madam Speaker, I think that a health care system that works for all Canadians is a good system. We had the opportunity to hear from all of the provincial leaders, those from Quebec, Ontario and all over. These discussions are ongoing.

We want to invest in a health care system that works for everyone. That is why even the provincial leaders decided to come to the table and agreed to work with us. It is important that we continue to support everyone in the country with a health care system that works for all Canadians, including Quebecers.

*Business of Supply**[English]*

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, the member for London West is a powerful advocate for mental health.

I wonder if she could clarify this. The governing party had previously committed to a \$4.5-billion dedicated mental health fund. Is that still a commitment from the governing party, in light of the announcement we heard a few weeks ago?

Ms. Arielle Kayabaga: Madam Speaker, I thank my colleague for mentioning the mental health advocacy that I continue to do, for people in not only London West but also across the country.

I believe that supporting the mental health and well-being of Canadians, especially young Canadians, is really important. I also just talked about how important it is to support the providers as well, and to give resources to care providers so they have the support they need to be able to continue to do that work. That is where a government—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Resuming debate, the hon. member for Burnaby South.

Mr. Jagmeet Singh (Burnaby South, NDP): Madam Speaker, I will be splitting my time with the member for Vancouver East.

New Democrats have a vision for health care. We believe that health care should be there for people when they need it, that hospitals should be properly staffed and that workers always have the time to listen and to care for patients. We believe that nurses, doctors and frontline health care workers should be respected, and we should have enough of them so that we do not have to wait.

New Democrats and I believe that people should get surgery as soon as they need it and not just when they can afford it. We believe that no one should have to avoid going to a doctor because they cannot afford to pay for it out-of-pocket. The reality is that is not how things are in this country.

After seven years under the Prime Minister, health care is certainly struggling. Parents are worried about the state of health care. They are anxious to leave their homes with their little ones, because they are worried they will not be able to be seen in time if they get sick. People are waiting for hours in crowded emergency rooms.

They are waiting so long for surgery that they are losing their quality of life. There are horrible examples of private companies exploiting the desperation of Canadians. Canadian Surgery Solutions is draining surgeons out of hospitals and is taking advantage of people's pain by charging them \$30,000 per surgery. Maple, a corporation owned by Loblaws, has poached doctors out of family practices so they can charge people up to \$70 for a visit with a family doctor.

[Translation]

Nothing in the world is more important to us all than the health of our children and our loved ones. While people are waiting for hours in pain, the Prime Minister is letting us fend for ourselves. While health care workers are exhausted and working endless hours of overtime, while they are leaving the profession in droves, the Liberals have offered a health care accord that does not allow an increase in the number of positions.

● (1545)

[English]

While cash-for-care corporations, like Canadian Surgery Solutions and Maple, charge people for health care and bleed nurses and doctors out of our public system, the Liberal government turns its back and pretends not to see.

In 2021, it was a very different story. The Prime Minister campaigned against for-profit care and said that it would threaten our public health care system. He warned that voting for the Conservatives would open up the door to more for-profit care, and that would be a problem, because the bottom line would matter more than patient care. However, time and time again the Prime Minister says one thing and then does the opposite. He flip-flops. He breaks his promises.

Conservative premiers are now on a mission to privatize and monetize our Canadian health care system, and the Prime Minister is giving it the green light. He says it is a good thing to do. He flip-flopped so fast that his own party members did not get the updated talking points.

Let me quote a couple of Liberal MPs. The Liberal MP for Don Valley East said, “Doug Ford's push for private health care is so wrong. It brings USA style healthcare to Canada by putting those who can pay at the front of the line.”

The Liberal MP for Humber River—Black Creek said, “this is absolutely erosion of our health-care system as we know it. And the introduction of privatization is where we're going... If we don't have enough nurses, and doctors today, you're going to have even less in the public system.”

In fact, the former health minister of the Liberal government, Jane Philpott, said that what is happening right now is a clear “violation to the Canada Health Act.”

What is the Prime Minister doing about this clear violation of the Canada Health Act? What is the Liberal government doing? They are doing nothing.

When the Prime Minister had a chance to stand up for health care, he stood down. It is no surprise that, true to form, the Conservatives are absolutely for this for-profit scheme. They believe in starving our health care system of the appropriate funding to bring in the for-profit vultures to exploit our health care system and to exploit the desperation of Canadians. The Conservative leader and the Conservative premiers are taking a page directly out of the same old Tory playbook: underfund public services, starve our public health care system, then claim it is broken all of a sudden and hand it over to the private sector.

We are at a watershed moment in Canadian health care. People are facing painfully long wait times in emergency rooms and to receive surgeries, and so many Canadians cannot find a family doctor, while the Prime Minister pretends this is okay. He does that, because for his friends it is okay. Meanwhile, the Conservative leader is cheering it on and saying to bring in more for-profit care, starve our public system and hurt people.

The Conservative leader rages, because he wants to tear it all down. It is his goal to tear down our health care system. He says it is broken. Tear it down and bring in even more for-profit care. The truth is that our health care system is getting worse. However, it does not have to be this way. This is the result of choices. We can choose differently.

We can invest in our health care system and fund more frontline health care workers, like nurses and doctors, and turn things around. We can rebuild a world-class public universal health care system. We have a choice. We can stop the for-profit system from cannibalizing our hospital workers and our emergency room workers, or we can allow the American-style for-profit U.S. private health care system to flourish.

We can staff up our hospitals, or we can allow corporations to staff up their companies. We believe, very clearly, that we need to invest in people so that the care we need is there for us when we need it, not when we can afford it. We can train more nurses and more doctors here in Canada. We can respect and hire workers. We can recruit them. We can add nurses to every shift so they are not run off their feet. We can pay health care workers what they deserve.

[*Translation*]

We can give licences to practise to health care workers who trained abroad, are already here and are ready to get to work.

We can invest in improving home care and long-term care so that our parents and grandparents do not spend months in hospital beds waiting for a spot.

Finally, we can invest in mental health so that people can get the care and treatment they need.

● (1550)

[*English*]

Every member of Parliament now has a choice to make. They can choose where they stand. New Democrats know where we stand: We stand with families who are worried that if they rush into the ER, they are not going to have a doctor or nurse to look after their baby right away.

We stand with everyone who needs a family doctor and the people who wait at clinics for hours and hours just to get their prescriptions filled. We stand with frontline health care workers, people who deserve better workloads, a better work-life balance and more respect.

We stand with everyone waiting for surgery. These people need more health care workers. They do not need more for-profit companies cannibalizing the workers from our hospital system. They need

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us to rebuild and expand public hospitals, family health teams, long-term care and home care.

What the New Democratic Party would do differently right now is work with the provinces to train and hire more nurses, doctors and primary health care providers. We would work with the provinces to recognize the credentials of nurses, doctors and other health professionals that have studied and worked in other countries. We would be a better partner in stabilizing health care, cutting wait times and making sure care is there for people when they need it.

I urge all members of the House of Commons to think of the families in their communities, vote in support of this motion and defend our universal public health care system.

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, the reality of the situation is that the NDP have not used the Prime Minister's words in a true context in this motion. I do not think anybody in this House would disagree with the idea that we should be innovative when it comes to our health care system. It is the NDP who have taken the leap to assume that the word "innovative" meant privatizing health care.

According to the member's speech, the Prime Minister said it was a good thing to do. The Prime Minister never said this in terms of privatizing health care and going down the road that has been suggested by the provincial government in Ontario. The member said that other members should vote for this. How can he expect us to vote for something when he has clearly taken the words of the Prime Minister out of context in here?

Mr. Jagmeet Singh: Madam Speaker, let us look over the facts. We have some clear evidence in front of us. When the Prime Minister was asked directly about Doug Ford's plan to increase for-profit care, he called it "innovation". He gave it the green light. Let us go even further. When Premier Doug Ford was asked about whether the issue of for-profit care was even raised, Doug Ford's response was no, that it did not come up at all in conversation.

It is clear through action and words that the Prime Minister is green-lighting for-profit care. However, it does not have to be this way. The government can choose to say that it was a mistake; it had flip-flopped but will flip-flop back the right way now to defend public health care.

Here is the chance for the members of this House to make clear where they stand. Do they defend public health care or are they for for-profit delivery of care?

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Mr. John Brassard (Barrie—Innisfil, CPC): Madam Speaker, I recall what happened a year ago. I was opposition House leader when the coalition agreement came into effect between the NDP and the Liberals. It actually gave the NDP a lot of power. They could use this power right now if the leader of the NDP simply walked up to the third floor, to the Prime Minister's office, and said that he wanted this type of stuff to happen. Instead, he spends 10 minutes in this House railing against the Liberals, Conservatives and provincial premiers. If the leader of the NDP had any course of action at all, why does he not rip up the agreement that he has with the Liberals, force an election and let Canadians decide which health care vision is best for this country? They will decide: NDP, Conservative or Liberal.

Let us do this. The member could rip up the agreement and let Canadians decide.

• (1555)

Mr. Jagmeet Singh: Madam Speaker, it is very interesting that the Conservatives are talking about health care. We have not heard them say anything about health care for a number of weeks, and then their leader jumps in to say that they absolutely agree with the Liberal plan, which is not surprising because they believe in private care.

What we have done in this minority government as a fourth party is interesting. Looking at what we have delivered for Canadians, we doubled the GST rebate, putting nearly \$500 in the pockets of 10 million Canadians. We delivered dental care for half a million kids across this country, and we delivered rental supports for nearly two million Canadians. We made that happen.

I am wondering what the Conservatives can point to. What did they deliver for Canadians in this difficult time? What did they deliver for Canadians in the pandemic? The reality is that they have done nothing. The official opposition of this country has done nothing to make people's lives better in what have been the most unprecedented, challenging times for Canadians. It is unbelievable.

[*Translation*]

Mr. Mario Simard (Jonquière, BQ): Madam Speaker, I agree with the NDP leader that the solution for improving our health care system is not privatization.

However, it is not predatory federalism either. It is not up to the federal government to dictate standards for managing the health care system. The only solution is to fight against the scourge of federalism, or the fiscal imbalance.

If the NDP leader is serious, what he can do is tell the federal government that he will not support its budget because it does not invest enough money in health. I am sure he would have had much more support in the House today if he had moved a motion along those lines, instead of trying to interfere in jurisdictions that do not belong to the federal government, but to the provinces.

Mr. Jagmeet Singh: Madam Speaker, I have spoken to Quebecers who have run into major challenges with the health care system. The interesting thing is that when they speak about the challenges and the problem, they never talk about jurisdictions. They talk about the fact that they want all levels of government to resolve the problems with our health care system in Montreal, Que-

bec City and all the provinces. They told me that we must try to find solutions.

That is exactly what we are going to do. We are going to use our power to find solutions and help people.

[*English*]

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, I am delighted to debate this very important motion. We are talking about health care and health care delivery. One of the things that Canadians cherish is our universal public health care system.

I will tell members a story of my own history. Our family immigrated here to Canada. At that time, when my parents got the green light to come to Canada, they also got the green light to go to the United States as well. They made the ultimate decision to come to Canada.

Why did they make that decision? It is because Canada has universal public health care. That is the reason why so many immigrants choose to come to Canada and make Canada their adopted home.

I will tell members how important that was in our case. I come from a family of eight. We are not wealthy by any stretch of the imagination. There are six children within our family. Living in Hong Kong, my parents knew that there was no way they would be able to continue to raise a family with six children. I, particularly, was a sickly kid. I was sick constantly.

Every typhoon season, I swear, I had bronchitis. My mom would be worried sick, and she would be carrying me on her back to take me to the hospital. She would constantly take me to visit the doctors, to get medication, to get the help that I needed. They knew, my parents knew, that this was not sustainable. They could not afford it.

When they moved to Canada, the one thing that saved our lives, that saved my life, was that access to health care. My parents were making minimum wage. In fact, my mom, when we first came, made \$10 a day as a farm worker to support a family of eight. That is how we survived.

Going to see a doctor was never a worry because it was free. That is what makes Canada so great.

What are we talking about now today? We are talking about premiers across the country, Conservative premiers, who want to privatize health care, who want to create a two-tier system, to say to people that, if one has money, one can access health care, get first in line and cut the queue. What is wrong with that picture?

It is not the Canada we envision, that we choose to come to, yet we have a Prime Minister who flip-flopped on his perspective.

He was clear to say, in the 2021 election, that he would not support two-tier medicine and that he would not support for-profit health care. He did not say that this was what he was going to do when he got into government, that he would see it as "innovation".

What has happened? My goodness, in 2023, he has flip-flopped. Now he is saying that Doug Ford's strategy to go forward to deliver health care for Ontario, a move in the direction of privatizing health care and expanding private clinics, is innovative.

The Prime Minister said that this was innovative. There is nothing innovative about that. That is putting people in a situation where they cannot access health care when they need it or where they need it.

When we talk about health care, what are we talking about exactly? It is about our well-being, every fibre of who we are and how we exist. If we do not have health, we have nothing.

That is why we must stand to protect public universal health care against this erosion that these Conservative premiers, Doug Ford, Danielle Smith, I can go on, want. All of these Conservative premiers are wanting to head down that road. It is the wrong direction. It is not what Canadians want.

If we look at our Conservative colleagues, where are they? Well, they want to go down that path exactly. Why? It is because it benefits their friends.

If we look at the information, even on an economic basis, it makes zero sense to do private health care expansion. It actually costs the system more money. Not just for the individual, but it costs all of us more money. It is an erosion of our collective well-being.

• (1600)

In British Columbia, we have walked down this path before. We had Dr. Brian Day with the expansion of Cambie clinic. They wanted to expand it. They wanted to go in the direction of private health care clinics for surgeries and other health care services.

The matter was brought to the court and the court ruled that it was an erosion of Canada's public health care system and that it would cost the system more money. It was a violation of the Canada Health Act, and it was struck down. The court decision did not allow the Cambie clinic to proceed. It went all the way to the Supreme Court on a constitutional argument. The court refused to hear it and said it was a no go.

Did anybody learn from that? No. Premiers have lined up, and they are going down that track to say we need to privatize, hurting Canadians. Right now, more than anything, we need to put every effort into our communities to support people. We need to support people in our communities, support our health care workers and expand the public health care system. We are not doing that. The Conservatives are not going down that track. They are looking to see how we can expand private health care.

The Prime Minister is so disappointing. It is so disappointing for him not to stand up and say, "No, that is not innovation. This is not the track that we are going to go down. We are going to fight tooth and nail to support public health care." There is an opportunity here to make it right.

One thing my mom taught me long ago was that, if someone knows they have done something wrong, they should correct it and

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learn from that mistake. There is an opportunity for the Liberals to do exactly that. Our motion today gives them that opportunity.

We are calling for the government to close the loophole within the Canada Health Act and say no more. We want the government to say we are not going to have this debate anymore, we are not going to go down this track, and we are going to stop it. The way to stop it is to close that loophole in the Canada Health Act.

Furthermore, the government, with health care spending and the transfer of dollars to the provinces, can also say to the provinces and Conservative premiers that, if they think they are going to use this money to go in the direction of privatizing health care delivery, that is not what the money is for and it will not allow that to happen. The government can do that. The government has the authority to do that. It can put teeth in its words and stand by them.

Together, we can continue to build the Canada health care system and not allow for the erosion that so many Conservatives are attempting to sneak in with their pursuit of an agenda. If they were successful, what would that mean? It would mean that people who need the services the most would not be able to get it because they do not have the money or the wealth to access those services.

It brings me back to the days when I was a kid on my mom's back. She carried me for miles to go see a doctor because we could not afford it. We just have to look to the United States to see what is going on. People make movies about these things. We see movies of desperate parents needing to access health care, and when they cannot access it, what do they do? They are forced to take unimaginable actions, such as commit crimes they do not want to do or engage in robberies. Movies are made about these things.

This cannot be allowed to happen. We do not want people to make those kinds of movies about Canada. We want people to make movies about Canada that say how great our system is, what universal health care means and how it protects everybody.

• (1605)

We need to come together to do this work. We need to invest in our health care system, and when people want to take it down the wrong track, we have to stop them dead in their tracks and say, "No way, no how"—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Questions and comments, the hon. parliamentary secretary to the government House leader.

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Mr. Kevin Lamoureux (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Madam Speaker, I will go back to the days when I was the health critic in the province of Manitoba and the NDP was in government. We had a situation where privately owned clinics were provided business through public doctors, as all doctors are publicly compensated. I wonder if the member and the NDP would see that as a negative thing. Was the provincial NDP wrong to be dependent on private clinics, which would provide all sorts of blood testing, for example? Is that the type of privatization the national NDP opposes? Could the member expand on that? Is there any role at all for private clinics or non-profits?

Ms. Jenny Kwan: Madam Speaker, the member knows very well that what we are talking about is for-profit health care. He knows very well why I cited the example of the Cambie clinic. What Dr. Brian Day wanted to do was expand surgery, for example, and charge people tens of thousands of dollars to access surgery. In that process, he was going to raid health care workers in the public system to staff that approach.

The member knows very well that doing that hurts our system overall. He knows very well that it erodes our public health care system. The member knows very well that it is a violation of the Canada Health Act.

Mr. Jeremy Patzer (Cypress Hills—Grasslands, CPC): Madam Speaker, I noticed there was a stark absence in the member's speech of a reference to the NDP record on health care in Saskatchewan. That record includes the closure of 52 hospitals in one year, and the closure of 13 long-term care centres in one year, which also meant that probably around 1,000 health care workers were put out of a job.

Could the member comment on the record the NDP has, which has contributed to people not trusting the NDP in Saskatchewan? They will not for a long time because of the record the NDP had of abandoning rural Canada.

• (1610)

Ms. Jenny Kwan: Madam Speaker, let us look at the whole picture.

The member should know what was happening during that period with the federal government. It was a Conservative government. With the Liberals and the Conservatives, it is the same old story; they are about the same. They starve provinces of federal health care transfer dollars, so people are forced to try to make ends meet.

What we need to do, of course, is properly fund provinces and territories in the delivery of health care. We also need to close all the loopholes for premiers who want to go down the track of privatizing health care. By the way, it was the B.C. NDP government that stopped private clinics, and the people who wanted to go down the private health care track, in the courts.

[*Translation*]

Mr. René Villemure (Trois-Rivières, BQ): Madam Speaker, I thank the NDP member for her passion, spirit and ardour.

She has good intentions. However, I have to say that she showed a serious lack of discernment. Quebec would not be subject to such a plan. I think that her ideology is completely overshadowing the

debate and that she believes that anything connected to the private sector is automatically evil. Could she please show some discernment?

[*English*]

Ms. Jenny Kwan: Madam Speaker, I note the condescending comments that my colleague shared about my speech. It is not passion that I speak about. This is about our health care system and how it impacts Canadians.

The member should know, and if he does not know, he should look it up, that the courts have made a clear decision that going toward private health care is a violation of the Canada Health Act. Going in that direction is an erosion of our public health care system. It hurts people in their access to health care, and it is not the path forward.

Ms. Leah Taylor Roy (Aurora—Oak Ridges—Richmond Hill, Lib.): Madam Speaker, before I start, I would like to say that I will be sharing my time with my colleague from Kingston and the Islands.

I am pleased to rise today to discuss the shortage of health workers in Canada and the actions the government is taking to address the issue.

[*Translation*]

First and foremost, our government supports our national health care system, which is central to Canadian identity.

[*English*]

It is my privilege to recognize the extraordinary contribution and sacrifice that health care workers in Canada make every day to provide Canadians with the health care services they need.

[*Translation*]

I would like to begin by thanking to all health care workers in particular.

[*English*]

The COVID-19 pandemic has shown what we can achieve when all levels of government work together alongside regulators, educators, health care providers and their representatives. We worked together across jurisdictional boundaries and professional designations to provide care to all Canadians and address the needs of our most vulnerable.

The state of our health care workforce has been described as a crisis, but with crisis comes opportunity. We can take a critical look at systemic shortcomings and make the kinds of transformational changes required to rebuild our health care system into the world-class system it once was.

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Health care workers are the backbone of an efficient and sustainable health system. It is imperative that we take action to create safe, supportive and adequately resourced health care working environments that support the retention of existing workers and make health care an attractive career choice for professional support workers, nurses, nurse practitioners, physicians' assistants, nurses, doctors and all others who work in this system.

Our health care workers are at the core of our plan to support our public health care system. Just last week, I met with members of the Canadian Labour Congress in my office, three of whom were personal support workers from my area. They are passionate about their work and about the Canadians they serve. I shared with them the fact that my first job was as a personal support worker at a seniors home where my mother worked as a nurse. I understand the importance of the work they do first-hand and how much older Canadians and others who need assistance to get through their daily routines appreciate these hard-working individuals.

I am so proud that as part of the recent health care announcement, \$1.7 billion has been allocated to provinces so they can increase payments for these personal support care workers. They deserve more than just our praise. They deserve an increase so they have livable wages. The SEIU, which represents many health care workers, said, when we put forward this announcement, that the “federal commitment of \$1.7B for personal support workers and care workers like them who support our vulnerable loved ones...marks a giant step towards achieving the promise of \$25 for all [personal support workers] across Canada.”

I would like to talk about nurses as well. I mentioned that my mother was a nurse. It was her career and she was very proud of it. They play a critical role in delivering health care services, shaping our health system, improving patient experiences of care and population health, and reducing the per capita cost of health care. This goes for our personal support workers as well.

Supporting these workers in our health care system and ensuring they can do their job properly means that our health care professionals can do a lot more and we can do a lot more with less. From the emergency room to the ICU, from vaccination clinics to public health units and from long-term care to mental health services, nurses and nurse practitioners provide dedicated care.

We know from several studies and surveys that there is a high vacancy rate because nurses are burned out. They are leaving their jobs or seeking to leave them. The pandemic has really made a dent in our nursing staff, our capability and the number of people who work in this profession.

We recognize the critical role they play, so in August 2022, we reinstated the role of federal chief nursing officer with the appointment of Dr. Chapman. This office is working to advance and champion initiatives that are priorities among the collective nursing community, including harmonized, efficient and safe approaches to integrate internationally educated nurses into the workforce.

- (1615)

We need all of the health care workers in Canada who have been educated around the globe to help deliver the services that Canadians so desperately need. The implementation of multi-jurisdictional

registration will improve the mobility of nurses across Canada as well. The chief nursing officer supports the improvement of pan-Canadian nursing data to facilitate comprehensive workforce planning and evidence-based health care policy development.

Let me talk for a minute about mental health. Providing mental health services to our health care workers is incredibly important, not just for them but for all Canadians. We know that mental health is health. There is no differentiation. We have made a commitment, and as part of the ongoing negotiations, mental health services are going to be increasing.

I was proud to see that the Southlake Regional Health Centre has had a new facility built. Arden Krystal, the CEO, has done an amazing job. It is good to see that the funding this federal government is providing will allow provinces to deliver more and do more of what is in their jurisdiction. The CMHA is also in my riding. Rebecca Shields, the executive director, is doing amazing work. We are hoping to have one of the first mental health hubs in York Region.

We need mental health support for all Canadians to be provided in a way that allows them to get the help they need when they need it. We also need to provide this help to our health care professionals, who are right now suffering from burnout and whose help we desperately need. This is critical for the health care workforce around us that cares for us.

The Mental Health Commission of Canada has found that the ability of the health care workforce to undertake psychological self-care can reduce the moral distress that is leading to burnout. That is why we have invested \$28.2 million in projects to address PTSD and trauma in frontline and essential workers. This is an investment in our health care workers and in the system.

We also collaborated with the Canadian Federation of Nurses Unions on a Wellness Together Canada initiative to explore new, targeted mental health resources for health care workers. It provides a dedicated text line for frontline workers and provides immediate access to supports. In addition, frontline workers can access free counselling and a range of self-guided programming on the portal at any time, at their convenience. As we know, for health care workers who constantly work shifts, having immediate access to online platforms is so important.

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I would also like to talk about collaboration. The provision of health care in Canada is complex. As everyone in this House knows, federal, provincial and territorial governments, as well as regulators, educators and professional associations, all have key roles to play. No one player can address this crisis alone. We have to work together, and we are doing that. We respect that health care is a provincial jurisdiction, but we also know it is our role to convene and to provide leadership and funding.

On November 1, 2022, the Government of Canada established a coalition for action for health workers. The coalition is composed of representatives from key groups, including nurses, doctors, personal support workers, colleges, universities, patients and equity-seeking communities. It is focused on identifying approaches to drive pan-Canadian action and progress on policy implementation informed by real-world perspectives, the perspectives of all of the parties who have come together to discuss these important issues. Provincial and territorial governments are at the forefront of health care, responsible for designing, implementing and managing their jurisdictional public health care programs, while we, as I said, provide leadership, convene governments and other stakeholders and provide funding support to the PTs.

On February 7, 2023, the Prime Minister met with premiers to discuss the actions needed to improve the health care system while adapting to the changing needs of Canadians. They also discussed shared health priorities to deliver results for Canadians and the importance of upholding the Canada Health Act to protect Canada's publicly funded health care system.

The investment of almost \$200 billion over the next 10 years will accelerate efforts already under way in the provinces and territories. As part of accessing this funding, provinces and territories are being asked to streamline foreign credential recognition for internationally educated health care professionals.

• (1620)

I see my time is up. There is so much more I could say, but I just want to say that we are working with all of our partners to ensure that the additional money we are committing will bring the results that Canadians need and deserve.

Ms. Jenny Kwan (Vancouver East, NDP): Madam Speaker, the hon. member referenced in her speech the importance of getting more health care workers into our system. In immigration, in fact, there are a number of nurses who have come to Canada, many of them as caregivers. They have written all the exams and passed them to become health care workers, for example nurses, in the system. The only thing preventing them from doing that job is their immigration status. They are only afforded a limited, employer-specific work permit, so they cannot work for anyone else, even though there are health clinics and hospitals lined up wanting to hire them.

First, does the member think that the Minister of Immigration should change the system to enable these caregivers to engage in their profession, which they have been trained for? Second, does she support the call for the government to regularize workers so they can get into the system and fill the job—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): I have to give the hon. member the time to answer.

The hon. member for Aurora—Oak Ridges—Richmond Hill.

Ms. Leah Taylor Roy: Madam Speaker, of course we want all health care workers to be working in our system. This government is committed to that. It is up to the provinces and territories to license and ensure that they can work in the system. The system is set up. We have now reduced the Canadian work experience requirement from 24 months to 12 months so that more workers can get in and help.

• (1625)

[*Translation*]

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, I thank my colleague for her speech.

I am sorry, Madam Speaker, but I can hear the NDP heckling. This is their day—

[*English*]

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Can we ask the hon. member to please respect the fact that another member is asking a question?

The hon. member for Joliette.

[*Translation*]

Mr. Gabriel Ste-Marie: Madam Speaker, the federal government just announced health transfers to the provinces. It is giving them one-sixth of what they asked for.

I would like to ask my colleague if she thinks the amount announced by the federal government is enough to fix the provinces' health care systems. If so, why were Quebec and the provinces asking for so much?

[*English*]

Ms. Leah Taylor Roy: Madam Speaker, my translation was not working, but I believe I understood the question sufficiently.

We have made a historic announcement. We are bringing forward almost \$200 billion over the next 10 years, including almost \$50 billion in new spending. The point here is that it is not only about the money; it is about ensuring that we get outcomes for Canadians. I believe that the conversations and bilateral agreements with the provinces and territories will ensure that we get those results for Canadians, and I think this is what matters to all Canadians.

Business of Supply

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, the hon. member for Aurora—Oak Ridges—Richmond Hill, at the end of her speech, started to talk about the element of the new agreement with respect to foreign credentialing, which is a real priority in my community as well, but she was cut off toward the end. Could the member share more about how the federal government specifically will be compelling provinces and territories to do more to ensure that foreign credentials are recognized here?

Ms. Leah Taylor Roy: Madam Speaker, I agree with my colleague on this, as I do on many things. This is a priority for the government. Foreign credentialing, as we all know, is not the province of the federal government. I believe that during these ongoing bilateral negotiations with provinces and territories, this will be a key part of those negotiations, as we know that bringing all of those trained professionals into our health care system is essential to get the support of all the workers we can.

[Translation]

Mr. Alexandre Boulé (Rosemont—La Petite-Patrie, NDP): Madam Speaker, the Liberals are not great when it comes to climate change and the environment, but they are awesome at recycling. Of the \$196 billion they announced, 75% was money that had already been announced. That is not much, considering what the provinces need.

Does my colleague realize that no matter what nice things she says about health workers and professionals, that will not make a significant difference and will not really fix the system she and her party helped break?

[English]

Ms. Leah Taylor Roy: Madam Speaker, once again I was having trouble with translation, but I caught the last part of the question. I appreciate the fact that the member said that I have been saying lovely things. However, I would say that it is more than that. The changes that are being made through this historic amount of money that is being transferred will in fact make a huge difference in our health care system, and there are quotes from many organizations to back that up. They have been said before, and I can quote them again if the member would like—

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): Unfortunately, the hon. member does not have any time left.

Resuming debate, the hon. parliamentary secretary.

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, I am pleased to join today's discussion on the opposition motion that has been brought forward by the NDP.

I would like to start by reflecting on the exchange between the member for Barrie—Innisfil and the member for Burnaby South. When the leader of the NDP was replying to the member for Barrie—Innisfil, he made a really good point, that the NDP is the fourth party in terms of seats in this House, but it is still able to do something for Canadians, still able to have an impact in this minority Parliament, and he challenged the member for Barrie—Innisfil by asking what his party has done.

I completely agree with the NDP leader when he did that. NDP members have been effective at seeing some of the policies that are

near and dear to the core of their values be brought into legislation and become law, such as dental care. However, as much as I respect and appreciate that, I cannot help but wonder why they would bring forward this motion. They clearly know how they can be effective, but they are completely not being effective with this motion.

They know what they are doing. When we had a majority, we would see this time after time, with the NDP in particular. The Conservatives did not do this quite as much in their motions, as they would just go all out for the throat, but the NDP would do this a lot more often. They would make a motion that is really good in its intentions but then throw one or two poison pills in there, knowing that those one or two poison pills are things that this side cannot support, so that afterwards they can say, "Look, everybody, we brought forward this motion saying we need to protect our universal health care system, and the governing party, the Liberals, would not even vote for it." They know that is exactly what they do, because they do it every time.

In this case, how did they do it? They did it by inserting two sentences. One says, "the prime minister has now dramatically changed his position and has lauded as 'innovation' Ontario Premier Doug Ford's proposed expansion of for-profit clinics". So, if we were to vote in favour of this, we would effectively be saying that we agree that the Prime Minister said that. They know full well he did not, and I will get to that point in a second. The other sentence says that they "express disappointment that the prime minister has promoted Ontario's for-profit health plans as 'innovation'". Again, that never happened.

What I found really interesting about the exchange from the member for Burnaby South was that afterwards, in a response to one of my questions, he actually said that the Prime Minister met with Doug Ford but they never even talked about the privatization of health care. Well, go figure. It just goes to show that the only people who made this jump from the word "innovation" and the context in which it was said to "they support privatization of health care" were the NDP members. By his own admission, the member for Burnaby South said that the Premier of Ontario and the Prime Minister never talked about the privatization of health care.

I happen to think that, despite the fact that the Ontario government is flirting with the idea in Ontario, and I know it is doing that, it also knows that the federal government is the party that brought health care in, with all due respect to Tommy Douglas. Kudos to the NDP for not invoking Tommy Douglas's name every four sentences in this debate today—

An hon. member: Only 10 times today.

Mr. Mark Gerretsen: Madam Speaker, was it only 10 times today? That is a very impressive feat by my definition.

Business of Supply

The reality of the situation is that the Premier of Ontario knows that there is no way this side of the House, the federal Liberal government that brought health care into this country, would ever allow for the privatization of health care in Ontario. So, for the NDP members to take some words that were said out of context and try to jump to the position of saying that this party is now supportive of privatizing health care is ludicrous. It goes against everything they have done in this House since the last election. The member for Burnaby South is absolutely right. They have actually done some really good things that they can take credit for, but what they are doing here today is just back to those old games they used to play before.

● (1630)

The New Democrats introduce these motions that are really laudable, in terms of the objectives here. I do not think anybody really disagrees with anything else in here, but then they drop the one or two poison pills in there that they know we cannot support, so as soon as we do not, they are going to email-blast their friends and say that the federal Liberals will not even say they support universal health care, because the NDP put forward a motion and the Liberals did not support it.

The NDP is just back to the political games I was witness to for the first four or five years in here with the NDP in opposition. I find it really disheartening, because I thought they were here to make a genuine difference, which they have been able to do by using the power they have. Unfortunately, as I have said, they clearly have not done that this time.

What has been worked out with the provinces is \$200 billion over the next 10 years. To the member from the Bloc who just asked my colleague a question before me, I will remind him that the provincial leaders have said that this is what they want and this is a good deal they want to be a part of. We are here to make investments in the made-in-Canada health care system we have.

The Canada Health Act, from the very first lines within it, is to ensure all reasonable access to insured health services on a prepaid basis without direct charges at point of service. That is what the health care system in Canada is about.

I have the luxury of never even having had to contemplate the idea of going to see a doctor or going to a hospital and having to pay for it. Can members imagine, and this happens throughout the world and in the States, a young couple having a child and being so excited, but then they get home and a couple of weeks later they get a bill from the hospital for \$25,000 or \$30,000 to deliver a child? It is a foreign concept to me, because I have had the luxury of the benefit of this system that the Liberal Party brought into place in a minority government, with the assistance of Tommy Douglas and the former NDP before that.

I have had the luxury of that, and I value that. I think it is a really big stretch to think that anybody on this side of the House would actually support the privatization of health care. We have heard NDP members get up and say this on a number of occasions. I heard the member for Burnaby South say it and I have heard other members say it. They have specifically said to members on this side that we have the opportunity to stand up and that now is our time to have our voices heard to protect people and make sure the privati-

zation never occurs by voting for this, but at the same time they know what they did when they wrote this. They put a couple of poison pills in here that made it impossible for us to vote for it.

Earlier, I said to the member for New Westminster—Burnaby, the House leader for the NDP, that I am willing to support this motion and asked if he would be open to removing those two clauses, which really contribute nothing to the objective of the motion. They do not contribute anything to it. I asked if he would be willing to remove those so that I could vote in favour of it, and I am sure they would get a lot more people on this side voting in favour of it. He said no.

It just goes to show that unfortunately the New Democrats are using this as an opportunity to play politics. They did such a good job at standing up for Canadians and delivering for Canadians on a few key issues they believed in during this minority Parliament, and I am just becoming jaded by having to witness what is happening now with that relationship and with their commitment to Canadians.

● (1635)

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, I will be so happy to intone the name of the father of medicare and the system, Tommy Douglas. I just want to remind the member that it was passed by the Liberal government because that human being was sitting in this House and had demonstrated what it meant in Saskatchewan, and that is the only reason that we have this amazing system in this country today.

I appreciate the member's hurt feelings. I understand these are sensitive issues that make us all concerned, but right now we are seeing privatization creep into this system. We have shown that in private systems, often the cost to the patient is double what it would be in our medicare system. When we start down that path, what it means is that more and more people who have resources would be going to the private system, and all the staff would be following that. People in Canada, who have relied on it and who voted in this country that Tommy Douglas was the greatest Canadian ever for the system, will see it deplete.

The NDP is standing in this House today saying there should be a line. We are crossing that line, and we had better stop it. When will the Liberals take responsibility for that creep?

● (1640)

Mr. Mark Gerretsen: Madam Speaker, then they should bring forward that motion. Why not bring forward a motion that is very direct and simple and says, "We stand for universal health care. We do not support the privatization of health care", full stop? They did not do that.

Instead, they brought forward a motion that was intended to wedge Liberals and NDP. They brought forward a motion that they knew we would not support because they put two little poison pills into it. This is where we are.

Business of Supply

I love the grandstanding that we just saw there, but the reality is that, if that member was as genuine as she claims, she would have brought forward something much more simple and direct.

[*Translation*]

Mr. René Villemure (Trois-Rivières, BQ): Madam Speaker, I have a question for my colleague from Kingston and the Islands. What does he think about the assault on Quebec's jurisdictions that the NDP motion is proposing today?

[*English*]

Mr. Mark Gerretsen: Madam Speaker, what I know is that the Prime Minister went and met with the provinces and offered a deal. The provinces took their time to think about it and then came back and said they were supportive of it, including Quebec.

Another member of the Bloc asked a question earlier. He said that this was not the amount that Quebec was asking for originally and asked how we felt about that. I would remind that member that the premier of Quebec said he was happy with this deal and that he endorsed this deal. Nothing is ever good enough for the Bloc. I think that is very clear to most members in the House.

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, I am not sure if this has been read out yet today in the debate on this motion, so I thought I would share it. These are the words of the PM:

I recognize we're in a moment of crisis right now, but we need to build a stronger system for the future.... And that's where my focus is, I'm not going to comment on what Doug's trying to do on this one. And we're supposed to say a certain amount of innovation should be good as long as they're abiding by the Canada Health Act.

This puts me in a difficult position reading the words of the motion as well, a motion I fully agree with. The words of the motion are that he "dramatically changed his position". How would the member for Kingston and the Islands characterize this?

Mr. Mark Gerretsen: Madam Speaker, if colleagues vote for this they are voting for misinformation. That is what I would say. I appreciate the member for Kitchener Centre reading out the quote. If any Canadian listened to what he just read, then read this motion, they would very quickly realize what the NDP has done here by trying to wedge an issue.

The reality is that no member in the House would be against innovation as it relates to our health care. The NDP has taken a leap from that comment to assuming that the Prime Minister of Canada, a member of the Liberal Party, supports privatization. That is a massive leap, and I do not think anybody will believe it.

[*Translation*]

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, I would like to ask my colleague if he recognizes that the cuts to the health care system that were started by the Conservatives and continued by the Liberal government have created the conditions for privatization. Pretty words are nice and all, but the Liberals are responsible for continuing with the Conservative cuts to health care.

[*English*]

Mr. Mark Gerretsen: Madam Speaker, I do not support any form of privatization as it relates to our health care system. I explained in my speech why I value it so much.

If the member is correct in his assertions that various things that have led to it have occurred, then we need to do something about that, but grandstanding in the way the NDP has done in this motion is not the way to do it.

The Assistant Deputy Speaker (Mrs. Alexandra Mendès): It is my duty pursuant to Standing Order 38 to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Vancouver East, Housing; the hon. member for Spadina—Fort York, Public Safety; the hon. member for Bow River, Taxation.

Mr. Brian Masse (Windsor West, NDP): Madam Speaker, it is a pleasure to rise on this motion. I am sorry we have hurt the feelings of the Liberals here. Here they are back to blaming the NDP. We probably took his parking spot in the morning, let his dog out of the yard and everything else he can blame on the NDP. However, we cannot be blamed by the Prime Minister, who goes out at an election and says one thing and then later on says something else, when it is time to put the mettle to the test. It is not our fault that the Prime Minister misleads the public during the voting process and then later on says something else to the premier of Ontario. That is not my fault. I do not control what the Prime Minister says, whether it is during an election or in a private meeting with Premier Ford.

This is the reality. Let me read what they are upset about here. The motion says, "express disappointment that the prime minister has promoted Ontario's for-profit health plans as 'innovation'". The phrase "express disappointment" is an outrage. That is ridiculous. We have health care. As we have noted, Tommy Douglas, Canada's greatest Canadian, fought tooth and nail, and actually reversed the move from the private sector to public health care.

Where I come from, two miles across the river, I see the difference in the American system, where there are people on the street who cannot get any help. I know people who have actually lost their homes because they had to choose between health care for their children versus a home for themselves. That is a normal process that takes place in the United States.

On top of that, we have lost lots of jobs in the past because we have not been the nation that has had an auto strategy or an aerospace strategy. At the same time, what has kept our footprint has been our health care system, against U.S. massive subsidies and tax reductions to some of these profiting corporations. What has taken place is that health care is not only a philosophical element that is important for our culture and the wellness of individuals and rights of a citizen here. It is actually a loss leader, in many respects, that builds innovation, protects our economy and brings in far more investment than it costs.

Business of Supply

On top of that, we have a far more productive society. That is very important to calculate because people can get the help that they need not only at a time of crisis, but also when they are only partially hurt. It is critical, especially in a global market, when we are trying to attract different types of individuals to stay in this country, that one of the feature elements we have is health care. I can say this, after hearing from people at corporations over the years who have said that they have chosen to invest in Canada. As the industry critic for the NDP for 15 of my 20 years here, I can say how many conversations there have been, over and over, where they have said that, and that is one of the reasons.

Child care and dental care are also important. Instead of what the Conservatives and Liberals have been doing over the last number of generations, lowering corporate taxes and hoping for investment, those investments actually go to people, and they control it. Therefore, when we do corporate tax reductions, often those profits are taken out of the country where they are taxed by other nations. They are not invested here because we know we do not get that investment. Whereas, when our subsidies go to the people, our neighbours, our family and our coworkers, not only are we stronger as an economy, but we are also stronger in the international competition for jobs.

It is crucial for manufacturing. Let us look at the type of things we have done over the years. Even right now, a thousand Canadians die at the workplace per year. I come from a place where industrial diseases through working with chemicals and toxins, and where workers losing limbs in manufacturing, are part of the normal process. Having a public health care system is crucial for innovation, maintaining jobs and putting people back in the workplace.

I used to work as an employment specialist for persons with disabilities. I can say right now that it is atrocious that persons with disabilities, of those who are just looking for work, have an unemployment rate of over 50%. Having a public health care system and not a private one, for those who are destitute or who do not have the type of income needed from their job, is crucial for them to stay in the workplace and pay taxes. The creeping privatization we have disproportionately affects the working class, but on top of that, it will lose jobs for us.

I cannot help what the Prime Minister does. I cannot help that he cozies up to Ford when he wants certain things. That is not the NDP's fault, but we have to call him out for what it is. That has been done in this chamber over the years, time after time, when the Liberals have said one thing and have done another. I remember that corporate tax cut reductions by many of their leaders, such as Stéphane Dion, were not fast and hard enough.

• (1645)

There were corporate tax reductions over and over again. Paul Martin underinvested in health care, housing and all those structural features that were so important. They shift back and forth. They say one thing and are upset because they are getting called out on it. We would not be supportive if we did not make sure that the Prime Minister is accountable. This is clear in Ontario right now because, as we are fighting to restore and keep the auto industry, our primary attraction for that is health care.

There is massive subsidization going on in the United States, from the state level and even from the Biden administration, and it is doing special subsidies. What we have for investment is a workforce that is not only going to be strong, trained and educated, but also healthy. That health element will ensure that we are going to continue with innovation and pay more taxes.

That is why we have unions that have fought for safer workplaces. Unions are fighting for pensions for others. Unions are fighting for safer workplaces for others. I think of Local 200. I think of Local 444 with Stellantis in the Windsor assembly plant. I think of Local 195, which makes parts.

They fight for other workers because they do that for the benefit of all. They know that, when they sit down at the collective bargaining table, those employers, many of them international employers who are looking to screw the workers over in some respects, are going to have the health care system they need. They will have that as a backup for their negotiations.

The health care system is something crucial, not only to individuals collectively as a culture, but also our economy, because our economy contributes all the resources back just because we have our health care.

• (1650)

Mrs. Jenica Atwin (Fredericton, Lib.): Madam Speaker, my hon. colleague mentioned the word “innovation”. I would caution him to be careful that the word not be used out of context, as they are doing with this motion. I am happy to discuss health care any time. It is actually one of the reasons I came to the House, but I am disappointed that it is not done in a constructive manner. I speak to health care workers on the ground and they offer solutions. Solutions do exist. They really speak to innovation.

Can the member speak to actual solutions that can help us deal with what we are facing in the health care crisis today? This could be things such as digitization, data collection and technology.

Mr. Brian Masse: Madam Speaker, I am actually a PSW by training. One of the things that we can do for innovation is one of the simplest things. It would be to start to recognize the credentials of foreign-based professionals, who have been in our system and are underemployed right now. That is clear.

Innovation also comes about through our manufacturing. Again, that is why the unions and others support public medicare and benefit programs. They see the benefit of retaining the workforce and what it does, and they know that other parts of the economy do not have those structures. If they had it, they would do even better, be stronger and create more jobs.

Business of Supply

[Translation]

Mr. Jean-Denis Garon (Mirabel, BQ): Madam Speaker, the Liberals keep saying that health care is important to them and that the provinces and Quebec accepted the deal. The reality is that they were forced to accept one-seventh of what they were asking for. If I offered the member a choice between one-seventh of his income or nothing, and held a knife to his throat, he would likely take one-seventh of his income because he would have no choice.

Under a minority government, there is a way to make health care really matter. We know that the provinces need funding. The way to make health care matter is to tell the Liberals that we will vote against their budget if it does not allocate an acceptable amount of funding for health.

Since the NDP is taking a full opposition day today to talk about health care, can it commit to voting against the Liberal budget if the provinces' health care demands are not met?

[English]

Mr. Brian Masse: Madam Speaker, we have not even seen the budget. I would do like any other responsible member of Parliament, which is to see the budget in front of me and then make a decision accordingly.

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, I thank the member for his very powerful speech. One of the things I have heard the Liberals say today is that they announced another \$200 billion for the health care system. That is absolute nonsense. The reality is that the majority of that money was already committed. It was already out there. The only addition was \$46 billion, which is not enough to deal with the crisis we are in right now in this country. It is shameful for them to bring that up.

Does the member have any comments on that?

Mr. Brian Masse: Madam Speaker, I appreciate my colleague's work on this file and others.

This is an interesting thing. We can ask the people who are lined up and cannot get out of the ambulance and into the hospital I represent, Hôtel-Dieu Grace. There are ambulances lined up and people cannot get in there because it cannot get the proper staffing. That is the real test.

We can say all this money is out there. Members brag about how much money they gave and announce things over and over, but this is a famous Conservative Mike Harris trick. The Conservatives talked about having the \$1-million dump truck that would go around and announce money all over Ontario, but no one could get the money because of the complications and the way it was laid out. We never actually saw the money, and it is the same thing with this.

What people really care about right now is getting access to proper medicare and not to be starved from it. Again, the numbers do not really lie in terms of what the reality is. We do not have enough money right now because we starved the system. When someone is sitting in an ambulance and cannot get into the hospital because it does not have the proper staffing, it is not acceptable.

• (1655)

Mr. Mike Morrice (Kitchener Centre, GP): Madam Speaker, I am curious to hear the member for Windsor West's thoughts on mental health in particular. Of the new funds, we have seen \$25 billion over 10 years committed. Mental health is now one of four items on that list, as opposed to a previous commitment of a dedicated \$4.5-billion Canada mental health transfer. Can he talk about how important this would be for folks in Windsor West?

Mr. Brian Masse: Madam Speaker, I really appreciate that question, because I was talking more about the economics of things and did not actually put that into the equation, which is really important.

Mental health is also one of those things we must invest in, and having a dedicated strategy is important because people will be back to work a lot quicker and people with mental health issues will be able to go to work. We know that has a huge impact on the economy and productivity. Again, it is an investment to make sure people are productive, which is key. When we lose those supports, we also lose our friends and family and other people at work.

Ms. Rachel Blaney (North Island—Powell River, NDP): Madam Speaker, I am very proud to be here to talk about this bill. I appreciate that it is a difficult subject.

As a New Democrat, I am incredibly proud of the fact that in 2004, Canadians overwhelmingly voted for Tommy Douglas as the greatest Canadian because he was the father of medicare. When we think about medicare, it is right in our blood. We believe in it foundationally, and it is something we all want to see continue to grow and progress in this country. However, we know the reality is that it is in crisis. I know this very well. I know this because of the realities in my riding.

In my riding, there are currently two hospitals that have no emergency room at night. They shut down. One of those communities is on Cormorant Island. It is an island, so if something happens to someone at a time when the hospital is closed, they have to find a way off of the island to get help.

I think of Port Hardy, which was very much in the news. One time, someone who was going to the emergency room at the hospital with a very serious issue arrived to find it closed. He collapsed and an ambulance had to drive him over 30 minutes to the nearest hospital. He was lucky because he was not on an island. He was lucky because when he got there, the hospital was not closed that day.

The reality is that during a period of time, we had sudden emergency room closures. Often there were Facebook posts just to let people in the community know their hospital was not open for emergencies that evening. This is devastating. It is devastating to communities. I have had so many constituents contact me to let me know how afraid they are. The hospitals are having such a hard time attracting doctors, staff and nurses because they are burning out. It is huge.

Business of Supply

We have to continue to talk about this. When it happens, especially for rural and remote communities that have a very unique experience in this country, people lose emergency access, and they often have to travel far to get any kind of specialist appointment. Now when hospitals are looking at strategies to attract and retain people, it is harder for them. Some are trying to rebuild their communities and economies, but they cannot tell people that if they come to the community to work and live, there is going to be an emergency room open if something happens to them.

Recently, the B.C. NDP government stepped up with \$30 million to help. Part of that help meant that two hospitals had to close their emergency services at night. However, what was different is it was not happening all the time. Now they have some resources to start an attraction and retention strategy to get more of the health care providers they desperately need in that region.

The reality is that in Port Hardy, between 7 a.m. and 5 p.m. there are emergency services, but from 5 p.m. to 7 a.m. there are none. On Cormorant Island, between 8 a.m. and 7 p.m. there are emergency services, but after 7 p.m. there are none. Let us remember that people have to take a ferry to get help or take a helicopter off the island.

I am here and will support this bill because my constituents are pleading for help, and I do not believe the government is standing up to support them. We need the resources flowing. We know something has fundamentally changed in this country, and medicare is worth fighting for.

We need to see that this crisis is happening and that privatization is growing in this country. Why should we be afraid of privatization? Why should we be concerned when the Prime Minister, during an election, made fun of the Conservative leader for saying that privatization is innovation? The Prime Minister said it was wrong, but a little while later he told Doug Ford that it was innovation and good for him. That is the discrepancy here. I really hope members in this House listen to that, because it is a clear discrepancy. All Canadians need to be aware of that.

One of my riding's biggest public health advocates is Lois Jarvis. She is relentless. This woman fights every day for public health care, and I appreciate and respect her so much.

● (1700)

When the communities of Campbell River and Comox Valley were getting hospitals built, she fought like hell to make sure they would have free parking. Do members know why she fought for free parking? It is because those two hospitals serve communities from all around, and people have to come a far distance to get health care. She did not want them to drive for hours, take ferries and then have to pay for parking on top of it, so she fought for it. She fought for public health care, and I will as well.

We know for a fact that private clinics across Canada are advertising that procedures can be done there so much faster and would cost \$20,000 to \$28,000. We also know that medicare in Canada does the same service for just over \$12,000. Privatization is always about making profit; it is not about helping people. That is why the NDP will get up every single day and fight for this system.

Tommy Douglas built it. We all know what he went through to make it happen. It is shameful for the Liberals to take credit for somebody's hard work and inspiration in this country, as if finally the federal government listened and is making sure it happens for every Canadian.

I will stand up for this every day, and I will say that if it does not pass the Lois Jarvis smell test, then I will not have it. Right now, what is happening in this country does not pass her smell test. She knows that privatization is creeping and creeping. Do members know what that means? It means indigenous communities will have even worse health outcomes. It means people who are economically marginalized will be more and more ridden with disease. Our system will fail them. It is already failing too many Canadians.

I will stand up in this House to fight for health care. I certainly hope that everybody in this House has the bravery to do the same.

Mrs. Jenica Atwin (Fredericton, Lib.): Madam Speaker, I also come from a province where we are seeing ERs close. People are dying while waiting to receive care. It is absolutely at crisis levels.

Do members know what is not helping them? It is the games being played in this House, which is exactly what this motion demonstrates.

I am going to allow the member to cut through a lot of the unhelpful pieces of it and maybe speak to the piece about “[enforcing] the Canada Health Act and immediately [moving] to close loopholes that allow for the growth of two-tier health care”. I would like to hear more about that specifically.

Ms. Rachel Blaney: Madam Speaker, I am really disappointed that the member does not see the reality happening on the ground and the fact that the federal contribution to health care used to be substantively more. This is with every different government. It goes down and down.

This is about saying that across this country we deserve health care for everyone. It means the federal government has to take that up.

I will tell the member what is happening with loopholes. Private companies in this country are inviting people from one province to another to get help at a much higher rate. When we look at this administratively, in the U.S. over 30% of costs are administrative. When it comes to medicare, less than 2% of costs are administrative. This makes sense. It is the best for the economy. It is the best for the community. It is the best for health care in Canada.

I hope the member will fight for that just as strongly as I am willing to.

● (1705)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, as we near the end of this debate, a couple of things have been made clear to me.

Business of Supply

One of them is that I have not once heard the Liberals stand up in this House and say they agree with the New Democrats that additional federal public dollars must go to public health care. They claim to support public health care. They claim to support the Canada Health Act. However, they will not say those words.

The result is that the extra \$46 billion that will be delivered to the provinces will be allowed to be diverted to private, for-profit care. The problem is that this care is more expensive, it is more inequitable and it will lead to a drain on the public system. That is the crux of the policy discussion we are having here today. It is not that it does or does not violate the Canada Health Act. It is that it is bad public policy that would result in longer wait lines for Canadians in the public system and additional pressures on already burnt out working groups in the health care sector of this country.

Has my hon. colleague heard anything from the Liberals today that would tell her they understand the gravity of the situation? What needs to be done to protect public health care?

Ms. Rachel Blaney: Madam Speaker, I have not. I think it is absolutely appalling that in all of this work, there was not a clear and decisive statement by the government saying that any money given to the provinces and territories will not go toward privatized health care. That is what defending health care looks like, and the Liberals refuse to do it.

Mr. Mark Gerretsen (Parliamentary Secretary to the Leader of the Government in the House of Commons (Senate), Lib.): Madam Speaker, why would one have to make that statement when it is written in the law? It is literally in the first part of the legislation. It says that the privatization of health care is not an option. It has to be available to the public in a prepaid fashion, and no point-of-service payments have to be made. Why would it be necessary to tell people something that is already the law?

Ms. Rachel Blaney: Madam Speaker, first of all, I will talk through you. I will also let the House know that, unlike the member, I will not be saying anything terrible about him, as he said earlier about me. That is fine. I am a pretty genuine person, in my opinion.

However, what we are seeing again and again through this system is increased privatization. We have outlined in many speeches in this House all the different ways that Canadians are being charged for health care. It is happening. It is very nice that there is a loophole. There are several loopholes, and the Liberals need to fix those loopholes because the creep is happening.

I do not know what else to say. It is a fair fact. We have reported it repeatedly and it has been in the media. I would encourage the member to look at that and do his own research. It is not my job to educate the member. Hopefully he can do it himself.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, it is a pleasure to rise and speak to today's NDP motion about privatization and the health system. It would accomplish two things. One is the substantive denunciation of privatization and the false narrative that somehow this is an innovative solution to the problems of our health system at the moment, or at any time for that matter. It is also a motion about accountability and holding the Prime Minister accountable for statements that he has made. He ran in 2021 denouncing the then Conservative leader who was talking

about privatization as innovation and then recently lauded the Conservative premier of Ontario for privatization and called it innovative himself.

If we want to see the right kinds of outcomes from the government, accountability has to be part of that. It is natural and good in this place to hold people to account for the things they have said, particularly when Liberals contradict themselves. That is especially true in the case of the Prime Minister, who ought to be providing leadership in this moment on the health file. In my opinion, he cannot do that adequately unless he is a champion for public delivery of services over privatization. That is the accountability bit and why this is an important part of the motion.

On the substantive issue, one of the main reasons why it is really important not to encourage further privatization within the system is because it is not a solution to the problems. The overwhelming problem in our system right now is the lack of health human resources. That is an issue of training and education, frankly. It is about trying to mobilize Canadians who either do not have a career yet and are thinking about what career they are going to move into or contemplating a change in career and figuring out how we train them in order to do all of the various jobs within the health system, whether it is being a doctor, a nurse, a personal support worker, a health care aide, an RPN or an LPN.

The point is that we need to get more people working in our health care system. Setting up private clinics to compete with the public system for the people who are trained and are able to do those jobs is not going to solve the problem. It is just going to shift people around between different places within a system that is already starved for people. If private clinics somehow had a magic sack full of health care workers that they could just draw out like rabbits out of a hat, that would be one thing. That would be great. That would mean more people in the system and we could talk about terms and conditions, but we all know that is false.

We know that the people who are ultimately going to pay for the education and training of those people who are going to work in the private clinics is the public. Therefore, the public should have a right to avail themselves of the services of those very same people in the same institutions, not an institution for people who can pay for quick access and then a public system that is starved for talent and people due to private clinics paying more because they are accepting patients who can afford to pay more. That is the dynamic that is set up as we allow for more and more private delivery of services within the Canadian system, and that is why we are here to denounce that today.

Private Members' Business

It is not true that privatization is innovation. That word is often abused when we talk about health care. I think of the Conservative government in Manitoba under Brian Pallister and then Heather Stefanson, who talked about innovation. What did that mean for people in Elmwood—Transcona and northeast Winnipeg more generally? That meant that the Concordia emergency room got closed. That meant that the Transcona community IV program was shut down. That meant that the satellite cancer care clinic in northeast Winnipeg, run out of Concordia Hospital, was closed. That is what they call innovation.

It is not a coincidence that they call that innovation and they also call privatization innovation, because it is closing down services like that and refusing to do the hard work of setting up training programs to have an adequate number of health care professionals to deliver the services that people need. The Conservative governments then come in and say that we now need to privatize because it is not working. First, they close it down, then they starve our educational institutions of an adequate number of seats to train the folks that we need. Then they say it is broken and the only way to fix it is to call our buddies who are doing business in American health care and invite them across the border to come do it here.

That may be innovation from their point of view, from a profit-making point of view, but it sure as hell is not policy innovation when it comes to serving people well in their own communities in the way that Canadians have come to rightly expect, which is to not be greeted at the emergency room door and asked to see their wallets, but to be asked to see their health cards.

• (1710)

That is the way it should be. If we are going to preserve that in Canada, we need to focus the conversation at government levels. That includes the federal government in its role as a funder and the provinces in their roles as deliverers of health services. We need to be talking about how we meet the needs within the system.

The biggest, most pressing need right now is for more people who know how to do jobs to keep ERs open and in order to have access to primary care. We know that is the best investment because it allows people to take a preventative approach to health care and not be treated at the ER, but to be treated in a community clinic where it is cheaper for the system overall and ultimately better for people's health.

That is why the motion is important. It is important because it calls out the false narrative of innovation through privatization that we hear about far too often without any evidence that it actually works. It is also important because it is about holding the Prime Minister to account for the promise he made to Canadians in the 2021 election. Unfortunately, it seems he is going back on it.

Canadians will remember when the Prime Minister made a clear electoral commitment to electoral reform in 2015. He turned his back on that. We are not going to let him do it on health care. That is what today's debate is all about.

• (1715)

The Deputy Speaker: It being 5:15 p.m., it is my duty to interrupt the proceedings to put forthwith every question necessary to dispose of the business of supply.

The question is on the motion.

If a member of a recognized party present in the House 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.

Mr. Don Davies: Mr. Speaker, I would request a recorded vote be held in this matter.

The Deputy Speaker: Pursuant to order made on Thursday, June 23, 2022, the division stands deferred until Monday, March 6, at the expiry of the time provided for Oral Questions.

Mr. Mark Gerretsen: Mr. Speaker, I believe, if you seek it, you will find unanimous consent to see the clock at 5:30 p.m. so we can start Private Members' Business.

The Deputy Speaker: Is it agreed?

Some hon. members: Agreed.

PRIVATE MEMBERS' BUSINESS

[*Translation*]

ARAB HERITAGE MONTH ACT

The House proceeded to the consideration of Bill C-232, An Act respecting Arab Heritage Month, as reported (without amendment) from the committee.

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

[*English*]

Hon. David McGuinty (Ottawa South, Lib.) moved that the bill be concurred in.

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

An hon. member: On division.

(Motion agreed to)

Hon. David McGuinty moved that the bill be read the third time and passed.

He said: Mr. Speaker, good evening to you and to colleagues in the House, and to those who may be watching these proceedings. I am delighted to speak at third reading on my private member's bill, Bill C-232, which would designate every April as Arab heritage month. I would like to thank members from all sides of the House for their support thus far. I would like to note that the Standing Committee on Canadian Heritage reported the bill back with no amendments.

Private Members' Business

Bill C-232 recognizes and celebrates the historic mark that Arab Canadians have made and continue to make in building our great Canadian society. I have had the privilege to spend the past three days in senior briefings at the United Nations in New York on water, sustainability, refugees and other global security issues. While there, it struck me that I felt, as a Canadian, very much at home. I felt at home because I think one leaves the United Nations with an understanding that we are very much all in this together, and the miracle of the planet that we live on needs us to come together. My bill addresses some of that, as I think listeners will conclude in just a few moments.

In the past, I have had the privilege of serving as a deputy minister executive in the Privy Council Office for 10 years. I would like to take a moment to give those watching tonight a bit of a snapshot of what goes on in the work of an MP and the nature of the variety of work that is undertaken in my constituency, and why that has led me to bring this bill forward.

I have the honour of representing Ottawa South, where we have the second-largest Arabic-speaking population of the 338 electoral districts in Canada. In fact, we have residents from over 100 countries of origin who speak over 80 languages. That is not only an opportunity, but it is in fact a special responsibility to show the world that we can all live together, work together and learn from each other, a theme I will return to in a moment.

There are 43 schools in my district. Before the pandemic, I made it a point to visit them and, where possible, have the students visit me here on Parliament Hill. I would tell the kids that they were rich. When they would look at each other in bewilderment and fumble through their pockets looking for change and for coins and cash, I would explain that I did not mean rich in terms of money, but in terms of culture, language, religion, dance, dress and food types, trying to instill in them at an early age an appreciation of the fullness of their world.

Every week, Canada receives representatives from other countries and they ask all of us in this House how we do it in Canada. They ask how we are managing to build a society that is inclusive, where there is room for all. Of course, it is a perfectly imperfect society and a work in progress, but they ask us each and every day when they visit.

I tell them that I am out of patience with the word “tolerance”. I am convinced we have moved on. I do not think it is about tolerating someone anymore; it is about celebrating everyone. It is not only the right thing to do; it is the inclusive thing to do. It is not only the inclusive thing to do; it turns out it is the economic thing to do. Only a foolish country would not avail itself of all the talent within its borders. Only a foolish country would not deploy all of that talent. We need to find and nurture as much talent as we can. This is Canada's privileged opportunity. This is Canada's undeniable responsibility, along with our special responsibility to show the rest of the world that we are a diverse and inclusive place and that we are all in this together, building a society that is the envy of the world.

● (1720)

My mother raised 10 children, and along the way she worked as a nurse for 50 years. She also helped to build two businesses. She

was an extraordinary role model. She was an extraordinary person. She used to tell her 10 children that we had a choice to make: If we pulled apart, we would feel like we were five, but if we pulled together, we would feel like we were 20. To pull together, she would say, means leaving no one behind; it means ensuring opportunity for all. Finding and nurturing the talent in everyone around us and deploying it to the benefit of a country and to the benefit of each other is, in fact, in our enlightened self-interest.

Let me draw from some recent professional experience to share some insights on questions of diversity and inclusion, which also underpin my bill. It is illustrative. I have the honour of being the founding chair of Canada's National Security and Intelligence Committee of Parliamentarians. In March 2020, we released a groundbreaking report that helps to illustrate how seeking out all the talent around us and deploying it is absolutely essential, and that was an analysis of diversity and inclusion in the security and intelligence community.

We know a diverse workforce is made up of individuals with an array of identities, abilities, perspectives and experience. We know an inclusive workforce is fair, equitable, supportive, welcoming and respectful. Why did the committee decide to review these issues in the security and intelligence community in the first place?

First, there are persistent challenges to increasing diversity and inclusion in the security and intelligence community, even after decades of legislation, multiple reports and repeated calls for change.

Second, the committee believes that organizations responsible for defending Canada and protecting Canadians must leverage the broad range of skills, talent, experience and perspectives that this magnificent country has to offer.

Third, as shown conclusively in numerous international reports and studies on security and intelligence organizations worldwide, a diverse and inclusive workforce is critical to operational success and performance. In other words, the more diverse and inclusive a workforce is, it turns out the higher-performing it is. That is a good thing. That is an inclusive thing. That is a fair thing, and that is an economic thing.

Our committee saw evidence that the leaders of our national security agencies are all committed to improving diversity and inclusion in their respective workforce, but we have a long way to go. As detailed in our report, that needs sustained leadership, a broad commitment and increased accountability right across the community, if those organizations are going to fully reflect and include Canada's diversity.

Inspired by those ideas, I am honoured to speak again to my private member's bill to establish the month of April in Canada as Arab heritage month.

Private Members' Business

On a more personal note, in my own family, I was privileged to have a Syrian Canadian godfather, one of the original founding Syrian Canadian families in my hometown of Ottawa, a man of great intelligence, kindness and integrity. His origins were humble. In fact, they were steeped in poverty, and his values instilled in me a deep appreciation for hard work, giving back and public service. He was the ultimate Canadian. He had no access to formal education, and he loved this country far less critically than, I might say, I do.

I have always believed that Canada's diversity is its single greatest source of strength. It is a conclusion I have arrived at having had the privilege of living on four continents and working and travelling in over 80 countries before ever entering elected public service. The belief that Canada's diversity is its single greatest source of strength informs this bill. It is a belief I have reaffirmed over and over again during my almost 19 years in this House.

• (1725)

It is a belief I have reaffirmed over and over again during my almost 19 years in the House, and nowhere has this been more evident and obvious than in our Arab-Canadian community. Arab Canadians, from all walks of life, continue to make extremely important contributions to social, economic and political life in Canada, as well as to Canada's cultural fabric, including through literature, music, food, fashion, science, research, academia, public service, professions and businesses.

Arab heritage month in Canada would be a terrific opportunity for Arab Canadians to be recognized, finally, for their contributions to this amazing country. It would give us the opportunity to recognize and pay tribute to the countless Arab entrepreneurs and small business owners right across Canada, who do so much to support their communities.

From the diversity of my riding to my own godfather, to my many friends in the national capital region Arab community and beyond, perhaps it is more clear to those watching tonight as to why I introduced this bill and why I am working so hard, with all of my colleagues, to make sure it is passed.

The enactment of Arab heritage month in Canada would ensure that the contributions of Arab Canadians are recognized, shared, and celebrated across this great country, not just every April, but every day. It is long past time that we take up that mantle and celebrate that incredible contribution.

We are always stronger when we pull together.

• (1730)

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, I want to congratulate the hon. member for his bill coming to third reading and passing most of the difficulties that any bill can face in the House.

Ottawa is a place with a very large Arab community. I know that my own Lebanese community is quite established here. Could the hon. member give us one incident that he found in the past about the community's involvement and contribution adding to the enrichment of Canadian history and Canadian society?

Hon. David McGuinty: Mr. Speaker, where can I begin? How many are there? How can one count the number of contributions?

I do recall the coming together of the Lebanese-Canadian community here in Ottawa just recently, after the terrible explosions in Beirut. I remember it coming together, with incredible generosity, to match federal government offerings in funding for support right across, not just the greater Ottawa area, but right across the country.

In fact, to be forthcoming about it, we were surprised, as a government.

I think we began with a \$10-million contribution, which was then increased. I believe that it was matched so quickly by our Lebanese-Canadian neighbours right across the country that it spoke volumes to the generosity, passion and commitment of our Arab-Canadian community. I also think it speaks to that very special responsibility that I alluded to in my remarks, where Canada is a beacon. Everywhere I go, including this week at the United Nations, increasingly, countries are looking to Canada for leadership on how to do it.

When we reach out to support a cause like that, I think it is illustrative of a coming together that is worthy of emulation.

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, I want to thank the hon. member for the introduction of this PMB. I know it will mean a lot for members in my community in London—Fanshawe. He spoke about that coming together after the explosion in Beirut, and I really appreciate that. That hit my community so incredibly hard.

They have been asking what we can do now, what more we can do and how we can ensure that consistent building back for Lebanon, which is complicated but necessary, as the jewel of the Middle East, is brought forward.

What can Canada do?

Hon. David McGuinty: Mr. Speaker, it is hard for me to comment on the geopolitics of the region now, except to say that we know that the French government is taking the leadership in rebuilding much of Beirut.

Canada has been there since the beginning, but I think, as legislators here on Canadian soil, one of our responsibilities is to ensure that the diverse and inclusive communities each of us represent stick together. I think it is a truism, as my mother would say to each and every one of us here, if we stick together and pull together, we will go so much further.

The little engine that could that is Canada is, in fact, leading the way, in so many ways, globally as a demonstration project, as I said earlier. That is, I think, very much worth imitating.

Mrs. Jenica Atwin (Fredericton, Lib.): Mr. Speaker, I thank the hon. member for his passion on this subject and his very wonderful speech this evening.

I think about Black History Month here in Canada, and the opportunity that affords us, especially in classrooms across the country, to really learn about each other to strengthen those bonds. I wonder if the member could speak to some of the activities he hopes to see around Arab heritage month.

• (1735)

Hon. David McGuinty: Mr. Speaker, I do not like to dance, but I know there will be a lot of dancing.

Just this morning, I had the privilege of being with one of our ministers to make an announcement on a very important initiative for my own district and across the city in different schools pursuant to Black History Month, which will help bring together teachers and children who are facing some mental health crises to keep them on a straighter or narrower and perhaps healthier pathway.

I think there are all kinds of opportunities to come together, such as with festivals and concerts. For example, in the last several years I have helped with a Lebanese initiative to come throughout Canada and provide tours of symphonies, artists, singers, actors and so forth for movie screenings. I think there would be so much more of that, and it is so enriching for us as we expect an onslaught of Arab culture, music, dance, dress and particularly food.

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Mr. Speaker, it gives me great pleasure to rise once again to offer my support for Bill C-232, an act respecting Arab heritage month.

I am one of more than a million Canadians of Arab descent. As so many have, I came to this country as an immigrant, escaping the dangers of war and economic upheaval. Here I have made my home, raised a family, and I am proud now to be able to give back by serving all Canadians in the House.

I am proud of my heritage, my Arab background, but I am prouder to be Canadian, which means that I will be pleased to celebrate April as Arab heritage month. I will celebrate the contributions of Arab culture and Arab people to Canadian society. However, I will not allow myself to be defined by the hyphen that people use when they call me an Arab-Canadian. When I became a Canadian citizen, I did not make a partial commitment. I went all in. I love the land of my birth, and who I am has been shaped by my heritage, but my identity is now found here.

As the late John Diefenbaker, the 13th prime minister of Canada, reminded us upon the passage of the Bill of Rights in 1960, he said that:

I am Canadian, a free Canadian, free to speak without fear, free to worship God in my own way, free to stand for what I think right, free to oppose what I believe wrong, free to choose those who govern my country. This heritage of freedom I pledge to uphold for myself and all mankind.

When a person is a Canadian, no hyphen is needed. There are no second-class citizens in Canada. It does not matter what a person's race or religious beliefs are. A person's background does not define them, their character does.

Do we as individuals and a nation always live up to our ideals? Unfortunately not. However, as Canadians, when we fail, we say "sorry" and then we try again, always striving to do better. We learn from our mistakes.

Private Members' Business

I think that wanting to do better is one of the values that makes the Arab people want to come to Canada to be part of this great country. We come from a region where old rivalries, sometimes going back thousands of years, are all too often an impediment for progress. "Sorry" is a word rarely heard.

Canada offers an opportunity for a fresh start, and Canadian values are also Arab values. Looking at the Bill of Rights, upon which the later Charter of Rights and Freedoms is based, I see the values that founded Canadian society that resonated with me as a new Canadian.

We read that the Parliament of Canada believes the Canadian nation to be founded upon principles that acknowledge the supremacy of God, the dignity and worth of a human person and the position of the family in a society of free people and free institutions. Also, that humans and institutions remain free only when freedom is founded upon respect for moral and spiritual values and the rule of law.

As the bill recognizes, in Canada there have existed and shall continue to exist without discrimination by reason of race, national origin, colour, religion or sex, the following human rights and fundamental freedoms, namely:

(a) the right of the individual to life, liberty, security of the person and enjoyment of property, and the right not to be deprived thereof except by due process of law; (b) the right of the individual to equality before the law and the protection of the law; (c) freedom of religion; (d) freedom of speech; (e) freedom of assembly and association; (f) freedom of the press.

• (1740)

Sadly, in many places in the world, including Arab countries, some of those rights are not available to the citizens. In some places none of them are. No wonder Canada has become the destination of choice for Arabs seeking a better life.

The lack of freedoms in some places in the Arab world is perhaps one of the reasons why we need an Arab heritage month. Canadians need to be reminded that there is so much more to the history and culture of the Arab people than the negative portrayals found all too often in the news. The current political activities in the region do not always reflect the values of the Arab people, just as the actions of the Government of Canada do not always reflect the values of Canadians.

Arab heritage month would be an opportunity for those of us of with Arab roots to share the richness of our culture in a more deliberate way than is the case now. We have introduced many Canadians to shawarma and baklava already, but there is more than that to be shared and celebrated with Canadians.

Private Members' Business

There is a rich cinematic tradition that is almost completely unknown here that can now be viewed online. Naturally I feel the Arabic language films are best heard in the original, as Arabic is one of the most beautiful languages in the world. I would encourage all hon. members to learn my mother tongue, but watching with subtitles can still convey the cultural richness of the Arab world.

It is not just in film that there is a long-standing tradition, but in music also. Just last month I watched Christa Maria Abou Akl, who was born, as I was, in Lebanon, appear on the French language television show *La Voix*, which airs on the TVA network, singing in Arabic and French. Just 20 years old, Christa Maria is already a musical force to be reckoned with. It was my privilege to get to know the family four years ago when they first arrived in Montreal. It was a pleasure to see Christa's success in becoming part of our music future and history in this country.

I am proud of my heritage and am happy to see the establishment of Arab heritage month. I am prouder still to be a Canadian. It is a great honour to have been chosen by my fellow Canadians, from all different backgrounds, to represent them in this House.

Recognizing my heritage, they have asked me to serve all Canadians, to affirm, as the Bill of Rights says:

That the Canadian Nation is founded upon principles that acknowledge the supremacy of God, the dignity and worth of the human person and the position of the family in a society of free men and free institutions.

This April, and every April thereafter, let us celebrate Arab heritage month and the contributions of Canadians of Arab descent to this great country. Since the 1880s, Canadians of Arab descent have been enriching our nation, adding their ideas, energy and values to making this the best country in the world.

As I have said before, Canada is an example of what a society can be when the people celebrate their heritage without forgetting what unites them in common purpose. Let us celebrate Arab heritage month, whoever we are and wherever we came from.

• (1745)

[*Translation*]

Mr. Martin Champoux (Drummond, BQ): Mr. Speaker, I am pleased and honoured to rise today to speak to Bill C-232, which seeks to designate April as Arab heritage month. This is also a good opportunity to recognize the outstanding contributions that Arab Quebecers make to Quebec society and culture and to direct the focus back to the Arab community, which certainly deserves to be recognized for all that it does for our community.

I commend my colleague for introducing this bill, which seeks to make April Arab heritage month.

There are all sorts of Bloc members. Should we cue the tumbleweeds? One may be gullible or slow, while another may be educated, but all of us are open-minded, welcoming and generous. I think it is important to remind members of that because, although we may be open-minded, welcoming and generous, we also hold certain fundamental values. We have a vision for living in harmony that is different from that of the rest of Canada, and I feel the need to remind the House of that often by rising to speak.

I think that these differences are worth acknowledging. They are not better. We are not better. We are different. I like to remind members of that occasionally, and this bill gives me the perfect opportunity.

The bill refers to Arab Canadians in general, but I think a distinction should be made between Arab Canadians and Arab Quebecers.

I will begin by saying that we hear a lot of different things about Quebec's Charter of the French Language. We hear about it these days in other contexts, but I do not want to talk about that. Let us just say that people often insinuate that it has had intentions and harmful effects. However, it is extremely necessary to enable the French language to survive, flourish and reverberate, to keep French in Quebec alive.

Quebec's charter has also had an extremely positive impact on many francophones and francophiles around the world. Think, for example, of people who live in generally miserable conditions in certain francophone countries where democracy is often non-existent. Quebec appeared to them as a haven of peace, as a destination where they could put down roots and rebuild their lives in a more welcoming environment.

Thousands of Arabs who came to settle in Quebec did just that and made Quebec better over the years. Arab Canadians and Arab Quebecers certainly do not have the exact same history, especially since the Quiet Revolution. As I was saying, the adoption of the Charter of the French Language and this particular tie that unites Quebecers of all origins means we have a common history and we are enriching a common culture through the French language.

Of course, Quebec and Canada's respective national realities have had an impact on how successive waves of immigrants have been welcomed over the decades. While Canadian immigration laws and policies have been applied throughout Canada and influenced the pace of Arab immigration in what could be called the golden age of immigration, Quebec's explicit desire to strengthen its ties with Maghreb countries and to promote francophone immigration, which it has been expressing since the Quiet Revolution, has necessarily had an effect on the trajectory of Arab immigration to Quebec that sets it apart from the rest of Canada.

The linguistic and cultural factor is enough to preclude equating the journey of Arab Quebecers with that of Arab Canadians. In fact, they do not integrate into the same society. Immigrant populations that settle in Canada outside Quebec integrate into Canadian society, in other words, into the English Canadian majority. Much good may it do them. Immigrant populations that settle in Quebec integrate into Quebec society, which is a totally distinct society. I will not get into that. They also integrate into the Quebec nation, meaning the francophone majority.

There are historical factors that explain why many Arab populations already share francophone culture. It is only natural that the integration pathway differs depending on whether it is experienced in Quebec or in Canada. It is quite possible, and even desirable, to recognize the cultural heritage of Arabs in Quebec and Canada.

That is why the Bloc Québécois intends to proudly and happily support Bill C-232.

• (1750)

Not all people of Arab origin need to assimilate, however. We would like to make a distinction between those who have settled in Quebec, in the francophone part of the country, thereby enriching the francophone culture, and those who have settled in the rest of Canada.

As I said, there is no doubt that the Bloc Québécois is eager to support this bill. We will be celebrating Arab heritage month in April.

I will repeat what I have said on previous motions and bills of a similar nature aiming to designate a certain month, week or day as a time to highlight the exceptional contribution of a particular community to Quebec and Canada. I hope this month of April will henceforth serve to highlight everything that has contributed to the enrichment of our respective cultures, both in Quebec and in Canada. What is the point of designating an Arab heritage month if we do nothing with it, if we do not use it to educate people, to promote the community, to forge links and to build bridges?

I would like to point out that the first Arab immigrant to Canada arrived in Montreal in 1882. His name was Ibrahim Bounadère and he was Lebanese. Why did he choose to settle in Montreal?

Actually, he first went to New York and, when he got there, he heard that people in Montreal spoke French. In those days, people spoke French in Montreal. He was delighted about that and decided that that was where he would settle. The rest is history.

I will close by congratulating my colleague for introducing this bill.

[English]

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, *shukran*. It is an honour to rise in the House today to speak about Bill C-232, which designates the month of April as Arab heritage month. I want to thank the hon. member for Ottawa South for introducing it. Arab heritage month is an important month to have because it provides the opportunity and space for Arab Canadians to showcase their culture, their talents and why they are proud to be both Arab and Canadian.

Starting in 1890 and continuing throughout the 20th century, generations of Arab immigrants have come to my home city of London, Ontario, to establish a new life for themselves. In turn, they have built a community that continues to flourish today.

In my riding of London—Fanshawe, I have a large Arab Canadian population that I am extremely proud to call my friends, neighbours and community partners. I have people from all over the Arab world: Lebanon, Syria, Iraq, Palestine, Jordan, Egypt, Libya, Yemen, Sudan and many more. Each Arab Canadian community

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has its own traditions, regalia, food, music, dance and ceremonies, which is something I cherish. I look forward to attending ceremonies every occasion I am invited to one in my riding in London.

I have learned that family is one of the most important aspects of Arab society. Family loyalty and unity are the greatest lessons taught in Arab families, and these are the values we need to build on in our country. The Arabic community in London is also so giving, generous and compassionate. We have seen the many fundraisers they held when the tragic explosion happened in Lebanon. There was a fundraiser just last weekend at the London Muslim Mosque in support of the victims of the earthquakes in Turkey and Syria.

They give so generously internationally, but also do so much for our community at home. I want to take this opportunity to acknowledge some individuals, Arabic organizations and Arabic religious groups in my riding that have contributed largely to our local community: the Canadian Arab Society of London, the Lebanese Canadian Cultural Club of London, the Canadian Cedars of Hope, the Canadian Iraqi House, the Western Arab Students' Association, the London Council of Arab Women, the Muslim Resource Centre, MAC, the Islamic Centre of Southwest Ontario, the London Muslim Mosque, the Hyatt Mosque and the Al-Mahdi Islamic Community Centre. They all hold fundraisers, host information sessions and run community organizations, food banks and soup kitchens, just to name a few.

This past summer, I attended the Middle Eastern Community Festival at the St. John the Baptist Melkite Catholic Church, which offers liturgy services to Arabic-speaking parishioners. I enjoyed attending the festival and appreciated the great hospitality, the amazing shawarma and the za'atar pies. I even did the dabke dance, although not well.

Also in my riding is the St. Elias Maronite Catholic Church, which has a proud heritage that it has shared with me and our community so generously.

I have to mention that in London there are two Arabic newspapers, Albilad and Hona. These two newspapers deliver local and international news and information to the community in the Arabic language.

I also have to mention Philip Aziz, an influential Londoner of Lebanese Greek Orthodox Christian descent. He was recognized for his work in the art technique of egg tempera on gesso panels. The Aziz family is one of the oldest families in London.

Of course, I have to mention Nazem Kadri, a Londoner and famous NHL player, who this summer brought the Stanley Cup home and shared it with members of the London Muslim Mosque.

The holy month of Ramadan is approaching, and I am looking forward to breaking the fast with Muslim and Arab community members. They come together and share so willingly. The children run around and there is such joy in the air. It is a truly wonderful place to be.

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Today, I know members can hear the joy and pride in my voice when I speak about the Arab Canadian community. However, I also speak with a lot of sadness because of the struggles they continue to face with respect to discrimination and hate. London is not immune to that, so I share my sorrow. My hope is that through this bill to designate Arab heritage month, we can move past it, educate and see an end to the discrimination and hate. I hope this bill, and the designation of Arab heritage month, will help educate us and will celebrate Arab Canadians, who are truly Canadian and a part of our community. This will break down fear and ignorance. The Arab community deserves this type of positive recognition, especially when we consider its economic, social and cultural contributions, which continue in our neighbourhoods.

• (1755)

I do not have time to mention all the incredible businesses in my riding that are of Arab Canadian descent and started by incredible entrepreneurs in our community. There are way too many, but I try to get to as many as I can.

I also want to send a special shout-out to the NDP lobby and Anthony Salloom on our team, who is of Arab Lebanese heritage. In my constituency office, my outreach coordinator is also of Lebanese heritage, and I am so proud to be able to offer our office services in Arabic to welcome Arab Canadians. Trying to find support in one's second or third or potentially fourth language is so challenging. I hope people know that by providing those additional supports and services, people from all different communities, including the Arab Canadian community, can feel welcome and safe in my office and that they know my door is always open and we are here to support them.

I want to thank the member for Ottawa South for bringing this legislation forward. I am proud to support this bill and this important recognition of Arab Canadians. I urge all my colleagues to support it, and hopefully next April, when we are all here, we can celebrate together Arab heritage month.

The Deputy Speaker: Continuing debate.

The hon. member for Ottawa South has a right of reply, but he has not asked for it.

Therefore, the question is on the motion.

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.

• (1800)

Mr. Mark Gerretsen: Mr. Speaker, I would ask for a recorded division.

The Deputy Speaker: Pursuant to order made on Thursday, June 23, 2022, the division stands deferred until Wednesday, March 8, at the expiry of time provided for Oral Questions.

ADJOURNMENT PROCEEDINGS

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

[English]

HOUSING

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, when it comes to addressing the homelessness and housing crisis, the Liberals would be hard pressed to do any worse. The Auditor General's report on chronic homelessness found that the federal government does not even know whether the national housing strategy is working to prevent and reduce chronic homelessness, yet they have spent billions to develop unaffordable housing.

On November 15, 2022, I asked the minister when the government will do its job so that everyone has a safe and affordable place to call home. The minister responded that he accepts the Auditor General's report and that the government would implement all of the recommendations, yet in December, the CEO of CMHC, Romy Bowers, confirmed the government will not meet its targets on reducing chronic homelessness. Her response was, "It is a very challenging target to meet."

The Liberals' failure to lead is only worsening the crisis. Skyrocketing rents are forcing families to choose between food and rent. Shelters are over capacity and tent cities are expanding. In Toronto, during a recent extreme cold weather alert, 99% of warming centre spaces were occupied. Unhoused people are dying across the country. Organizations such as the Canadian Alliance to End Homelessness are sounding the alarm, calling for greater action to address surging homelessness.

Rather than stepping up in support, the government's response is to exclude people who have rent paid directly to their landlord by social assistance programs from receiving the \$500 rental housing benefit, which the NDP forced them to deliver. These are some of the people with the lowest incomes, including seniors, people with disabilities and individuals on income assistance, and the government is punishing them. It is absolutely appalling. Meanwhile, the CMHC cannot even deliver on funds that have already been committed. Not a single cent of the \$420 million for transitional homes and shelters for indigenous women, girls and two-spirit people has been released. It has been two years since the announcement, and there has been zero progress on building these projects.

On the federal lands initiative, the government has disbursed only about 11% of the money allocated last year to support urban, rural and northern indigenous housing. The government's website says there is no property available. With the coinvestment fund, 115,000 units have received funding commitments, but the funding has not flowed. Projects are sitting there waiting as project costs rise due to inflation.

Now the government has introduced a new funding limit of \$25,000 per unit for the fund, which means many projects will no longer be viable. I have heard people say that CMHC is where projects go to die. Sadly, this seems to be the case. What will it take to get projects delivered?

The minister called the coinvestment fund the flagship program for deeply affordable housing, yet in a written response to my question at HUMA, CMHC described the coinvestment fund as a supply initiative with an affordability definition linked to the cost of a unit versus market prices. It is not surprising then that the Auditor General found low-income people cannot afford much of the housing being built through this program. The government cannot even get its story straight. Some community organizations have projects ready but have been told by CMHC that the coinvestment fund has been depleted.

When my colleagues wrote to the minister about an affordable housing project for seniors, the minister encouraged them to look to the coinvestment fund for support. On the same date, the minister replied to a letter that I wrote indicating that “the remaining NHCF contribution budget is limited.” The left hand does not know what the right hand is doing.

When will the government get its story straight and fix the housing crisis?

• (1805)

[*Translation*]

Ms. Soraya Martinez Ferrada (Parliamentary Secretary to the Minister of Housing and Diversity and Inclusion (Housing), Lib.): Mr. Speaker, our government believes that people deserve a home where they can live in dignity, and we are determined to put an end to chronic homelessness.

However, as my colleague from Vancouver East knows, this is not the easiest thing to do. It is a complex issue that requires a multi-faceted approach.

We therefore welcome the Auditor General's report and agree with the findings and recommendations. At the same time, I want to assure my colleague and, of course, all Canadians that our investments in the fight against homeless are getting results.

By focusing on the most vulnerable groups in Canada, the national housing strategy offers programs that create the type of housing units on the housing continuum that we so desperately need. Many projects that we finance include the comprehensive support services that people need to keep that housing.

Infrastructure Canada is working with other federal organizations to ensure the success of the reaching home homelessness strategy. Thanks to this strategy, we can help communities prevent and reduce homelessness in ways that best meet their needs.

Other national housing strategy programs are producing concrete results too. For example, the national housing co-investment fund committed funds to housing projects that will result in over 121,000 new or repaired units.

My colleague is from Vancouver, so I will mention a few specific projects she is probably familiar with. An eight-story residential

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housing building is currently under construction on East Hastings. The units are primarily for indigenous individuals, and the building will provide affordable rental housing, supportive housing, a healing centre and a traditional long house space. It was made possible thanks to federal funding and solid collaboration with the province and indigenous partners.

The national housing co-investment fund is also contributing to a new shelter for at-risk youth. This second phase of the Covenant House Vancouver expansion project will also include on-site services for residents.

The rapid housing initiative also meets urgent housing needs for people experiencing homelessness or precarious housing because of the COVID-19 pandemic. Our government launched the third phase of the initiative on November 10, 2022. This latest phase should see the creation of over 10,450 permanent affordable housing units.

As my colleague from Vancouver East knows, the City of Vancouver received major funding in each phase of the program. For example, we recently celebrated the grand opening of Burnham Place, a 68-unit facility operated by Coast Mental Health that will provide tenants with 24-7 support to help them recover, acquire life skills, study and find work.

Our government's investments are changing things. They are making it possible to create much-needed housing units and offer vulnerable people the support they need to keep their housing and build better lives.

[*English*]

Ms. Jenny Kwan: Mr. Speaker, I just want to point out that, with regard to the housing project that the parliamentary secretary mentions, for example, on East Hastings in my riding, just so the member knows, that project was approved by the city back in 2018. It is now 2023 and likely, probably, maybe next year we will see the project finally deliver housing. It has taken that long to actually get that housing done.

Meanwhile, what is happening in the streets of Vancouver? There is homelessness. We have unbelievable encampments littered throughout our streets, people in desperate need of housing.

When the government wants to congratulate itself, pardon me, but it is not good enough. People are dying on the streets. The programs are not being delivered fast enough. Meanwhile, non-profits are not able to make the projects work, as the inflationary costs increase and the government is changing the requirements and the eligibility criteria to reduce the amount of what they can get to get the project off the ground.

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They are failing the community. They are failing Canadians who desperately need a government to show leadership to address the housing crisis.

• (1810)

[*Translation*]

Ms. Soraya Martinez Ferrada: Mr. Speaker, I want to thank my colleague for her intervention. One thing we agree on is that more needs to be done. More needs to be done more quickly and more efficiently.

My colleague and I share the same concern over homelessness. There are camps in my riding as well. I know that everything we are doing through the national housing strategy needs to be done faster and more efficiently. We will be there to help put an end to homelessness across the country.

[*English*]

PUBLIC SAFETY

Mr. Kevin Vuong (Spadina—Fort York, Ind.): Mr. Speaker, we are back again on the issue of foreign interference in Canada. Why? Well, it is an important issue that seems to be addressed in stealth, if at all, by the federal government. Perhaps its members think that if it is ignored, it will go away, or maybe the government is aware of the extent to which foreign operatives have conducted their interference strategies. Perhaps the government is fully aware that these foreign operatives have hit close to home and have raised their nefarious heads to manipulate Canada's electoral system and brazenly violate our electoral laws, all to place in office elected representatives who would be more favourable to the interests of China or Iran. If that is the case, it would be severely prudent for the Canadian government to decisively act to expose these individuals instead of doing nothing. That would be the sensible thing to do, shine a bright light on these operatives and either arrest or expel them. Yet, we see nothing being done.

A parliamentary committee recently explored the issue of foreign interference, because Canada has become a safe haven for thugs for the Chinese and Iranian regimes who seem to intimate and threaten at will anyone they want. As one citizen put it recently, "I'm not sure how safe I feel when the man who tortured my father lived in the same neighbourhood as my family."

Is this the Canada that we want? Is this the level of protection that Canadians want to see from their own government? I think not.

As a member of the House, I also do not want to engage with other members who do not have Canada's best interest in their hearts. What a sham Parliament that would be. What a travesty to our electoral system. What an insult to the safety of our citizens. Such indifference displayed to date by the Canadian government is tantamount to a national disgrace.

The procedure and House affairs committee has been going along for a few months now investigating the reality of foreign interference in Canada. There is no secret that it has happened and is happening.

So what of our intelligence services and their efforts to combat international efforts that destabilize our institutions and threaten our citizens? Well, as the committee was told recently, CSIS is mandat-

ed to protect Canada and Canadians against foreign interference, among other threats. To respond to threats, CSIS works in collaboration with other partners, including the RCMP. In addition, CSIS is a core member of the Security and Intelligence Threats to Elections Task Force, which coordinates efforts to protect federal elections. It is very clear that these agencies are well aware of the existence of foreign operatives in our country.

We also hear of money-laundering operations. I am sure this money is not being used by Iran or China to contribute to the making of a better world.

Why is this government a doormat to foreign interference? Why do its members continue to bury their heads in the sand?

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

Mr. Speaker, I appreciate the opportunity to address concerns of foreign interference in Canada. Canada is a country of open political systems, democratic processes, social cohesion, academic freedoms and prosperity. While these are reasons why people choose to come to Canada, this also makes Canada an attractive target for foreign interference. The government takes these threats very seriously and will not tolerate foreign interference from any actor.

We are aware that certain foreign governments, including the People's Republic of China, the Islamic Republic of Iran and the Russian Federation, may attempt to threaten and intimidate individuals in Canada or their relatives abroad. Some of the tactics employed include harassment, intimidation, detention of family members abroad and refusal to issue travel documents or visas. When individuals in Canada are subject to intimidation, harassment or manipulation by foreign states or their proxies, these activities are a threat to Canada's sovereignty and to the safety of communities and individuals in Canada and will never be tolerated.

Where there is evidence of state-backed harassment or intimidation, CSIS and the RCMP apply the full measures of their mandates to investigate threats to Canada and Canadians. CSIS investigates and may take measures to reduce foreign interference threats, including those involving threats to Canadian communities. The RCMP also collaborates with the police of jurisdiction to investigate harassment, intimidation or offences reported at the local levels that, upon further investigation, reveal a nexus to foreign interference. For example, in response to the reports of the so-called police stations being run by the People's Republic of China here in Canada, the RCMP has confirmed it is currently investigating.

If a member of the public feels they are in immediate danger from a person suspected of acting on behalf of a foreign state, they are strongly encouraged to call 911 or contact their local police of jurisdiction. If a member of the public suspects foreign criminal interference activities that do not pose an immediate threat to life, they should report to the RCMP or CSIS through phone and online reporting channels, including the National Security Information Network web portal.

Finally, we recognize that democratic institutions and processes around the world, including elections, are targets for foreign interference. Over the course of the 2021 federal election, CSIS and the RCMP worked closely with partners as members of the Security and Intelligence Threats to Elections Task Force to coordinate efforts against foreign interference by raising awareness, assessing threats and preparing the government's response to them.

While I cannot provide more detail regarding specific threat activity, I can assure Canadians that our security and intelligence agencies investigate allegations of interference in Canada's democratic institutions or processes by a foreign state in accordance with their mandated authorities, and the RCMP investigates foreign actor interference further to its mandate. Members can be assured that while we cannot always make our actions known to the public, the safety and security of Canadians is always at the heart of our approach.

• (1815)

Mr. Kevin Vuong: Mr. Speaker, the safety of Canadians is currently at risk. People are being intimidated. One need only flip open any recent paper to see that people are intimidated, people are being stalked and people are reporting it. What is with the pussyfooting around this issue when it comes to the government? Why is it such a doormat? What was the point of establishing the Security and Intelligence Threats to Elections Task Force? Are the Liberals just waxing poetic about it? Where is the action? I call upon the government, yet again, to name names and come forward with evidence of foreign interference in the 2021 federal election.

Mr. Mark Gerretsen: What is most important, Mr. Speaker, is for the government, with the agencies that we have, to act on behalf of Canadians to ensure that we are dealing with these matters in a way that is in line with the legislation and in a way that is in line with the mandates given to those authorities. I am sorry if we cannot satisfy the member's curiosity by providing him with the specifics that he wants, but it is very clear that we cannot discuss certain issues. However, he should know that if anybody he comes into contact with or anybody he is aware of is experiencing this, they need to report it and then that will be dealt with by the proper authority within their jurisdiction.

TAXATION

Mr. Martin Shields (Bow River, CPC): Mr. Speaker, I am dealing with a topic that is really important to agriculture in parts of our country. It has to do with dichlorvos and leafcutter bees. People are familiar with honey bees, but there is a very small subset of bees called leafcutter bees. These are the ones that are used to pollinate alfalfa seed and canola seed.

There was a decision made in 2020 about this chemical. When they looked at this chemical, they said it is something we do not want to have used in homes. Some people might remember those old fly strips. It was connected with people, but they did not address outside use. Under the labelling, it did not say it was used outside. However, it is used outside for the parasites that attack the leafcutter bee.

The leafcutter bee pollinates alfalfa seed and canola seed. Those people who grow hay, those people who grow canola need this seed. This is critical. There is no more of this supply in Canada at

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the end of this year. They have used up all of the inventory that is there. This is critical. The producers are saying we need an extension on what was put in to stop it from being used domestically, but this is agriculture.

We need this change now. We are talking about the canola crops in this country. We are talking about alfalfa that is grown. These are the seed producers, and a by-product of these small seed groups is that they export it to the United States for about \$16 million a year.

We need to look at this issue. As the 2023 season ends, we will be in trouble with our seed producers in alfalfa and in canola, the very seed producers who produce it for farmers so they can grow alfalfa and canola in this country. We need to address this issue.

Speaking of another particular area in our economy, most of these farmers grow this seed in an agricultural area that is irrigated. In my riding, we have a huge percentage of the irrigation that is done. When we are talking about 2050 and 10 billion people on our planet, we will need 70% more food produced. Where is that going to happen? The intensification will happen in irrigated areas. We have the water. We have the land. We grow 60 different varieties of plants and products that are exported and used in food security.

The problem with the government is that it believes that carbon tax is a good thing. For our food security, it is not. It is not good, because this is an industry that uses a lot of electricity. People will find that I will get the same reply I have before, that the farmers get a rebate, but they get a rebate that is about 10% of 1% back to their operation. This does not solve the electricity. I have ag people out there paying \$10,000 a month on their irrigation, on the carbon tax.

This is about food security. This is where we are going to grow more food, so we need to get the carbon tax off the irrigated farms in this country.

• (1820)

Mr. Terry Beech (Parliamentary Secretary to the Deputy Prime Minister and Minister of Finance, Lib.): Mr. Speaker, it is a pleasure to be here tonight to address some of the concerns raised by my friend opposite.

This is probably a point of order for later, but there was nothing about leafcutter bees in the member's question. If there happened to be something about leafcutter bees in April when he originally asked the question, I am sure the Minister of Agriculture and Agri-Food would have loved to be here tonight to address it. I have not prepared a detailed statement on leafcutter bees. My apologies to my friend opposite, but I will address the carbon price.

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I would like to thank my friend from Bow River for the opportunity to speak on that particular topic. To be thorough, I have prepared a record of speeches I have given on the subject of global inflation and carbon pricing in the last five months. It includes 14 speeches in 2022 since September, one two weeks ago and one two days ago. I can make those 16 speeches available to him, and he can follow up with me if he has any further questions on that topic.

I think it is important for my friend's constituents to know that even though his Conservative Party refused to pass a resolution acknowledging that climate change is real, he in fact did campaign for a price on pollution in the last election. Unlike our government's plan, which is revenue-neutral, fights climate change, supports farmers and makes life more affordable for eight out of 10 Canadian families, his plan actually costs more, does less and forces all Canadians to adopt a government-controlled bank account allowing his Conservative Party to dictate what someone can or cannot spend their money on. I know that sounds outrageous, but it is very real. I encourage all residents in Bow River to look it up.

Inflation is also real, and it is important that we take action to reduce it. My friend probably wants everyone to think that the main cause of inflation is our price on pollution, but that does not really pass the smell test. In British Columbia, we have had a price on pollution since 2008, but there was no record inflation between 2008 and 2021. In fact, if we look at B.C. generally, not only were we the first province to implement a price on pollution, but we had the fastest-growing economy in the country at the same time. Part of that story is the fact that clean tech companies, including in agriculture, are disproportionately located in British Columbia, generating tens of thousands of good, sustainable jobs and generating billions of dollars in annual revenue.

A September 2020 report on the economic impact of the agriculture sector in B.C. showed that farm cash receipts from 2015 to 2018 actually increased 4% annually and 12% in 2019. That is more than \$3.8 billion per year in revenue for farms. The same report highlighted improved trade agreements made by our government as a significant opportunity to improve profits and grow employment in the agricultural sector. That same report, ironically given the context of tonight's debate, also listed climate change as the number one threat to farmers.

The member opposite ignores the fact that we have exempted gas and diesel for farm use from our backstop pollution price, which accounts for nearly 97% of on-farm GHG emissions. We also return the proceeds of the price on pollution to farmers, something the Conservatives actually voted against. That measure has returned more than \$120 million to farmers in the last year alone. We have also invested \$1.5 billion to support farmers' efforts to reduce GHG emissions, and we have tripled the size of the agricultural clean technology program, with a further investment of \$329 million in the last budget.

Farmers need a real plan to fight climate change and to grow farm profits, and that is exactly what our government is doing. The problem with ignoring the facts or making improper assumptions is that it usually forces people to make bad policy decision. I suspect that is what is happening within the Conservative caucus, and the official opposition continues to put forward reckless policy as a result.

• (1825)

The Deputy Speaker: The Chair, on November 14, 2022, reminded members of the purpose of Adjournment Proceedings. At the time, the Chair indicated that members would be interrupted when their interventions are off topic. It was good to hear today that they eventually did get on topic. The Chair expects all members participating in the proceedings to address the specific matter for which notice was given.

The hon. member for Bow River.

Mr. Martin Shields: Mr. Speaker, what I was talking about was very specific. I am talking about the electricity used for irrigation. I welcome the MP to come out to my riding so he can see how irrigation works. Farmers are using electricity. The gasoline that ag producers are using has gone up by 53%, and other things have increased significantly too. The pipe they use for irrigation is up 44% if they can get it.

The carbon tax is on electricity, and it is tens of thousands of dollars. We are going to grow our ag security in irrigation. It is very specific.

The member is not listening to what I am talking about. I am not talking about policy. I think we need to fix what will provide food for this country and food security. It will be found in irrigation. Production is eight times better there than on dry land anywhere in this country. That is how we are going to get food security. The Liberals are missing the point of what irrigation can do for this country. They are not getting it.

Mr. Terry Beech: Mr. Speaker, I thank the hon. member for that clarification.

Supply chain shocks felt after the global pandemic and after Russia's illegal invasion of Ukraine have only underlined how important it is to protect Canadian farmers' competitiveness, whether that is in irrigation or otherwise. We have a responsible fiscal plan, as well as the lowest net debt and deficit in the G7 with a AAA credit rating. We have created more than 800,000 jobs since the pandemic started, including in agriculture.

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Those farmers who have seen crops ruined by extreme weather events understand that we need to combat climate change and are already taking massive strides to do so. While they undertake this necessary action, they can count on our government to continue supporting them with concrete measures that promote innovation and put money back in their pockets.

[*Translation*]

The Deputy Speaker: The motion that the House do now adjourn is deemed to have been adopted. Accordingly the House

stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

(The House adjourned at 6:30 p.m.)

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