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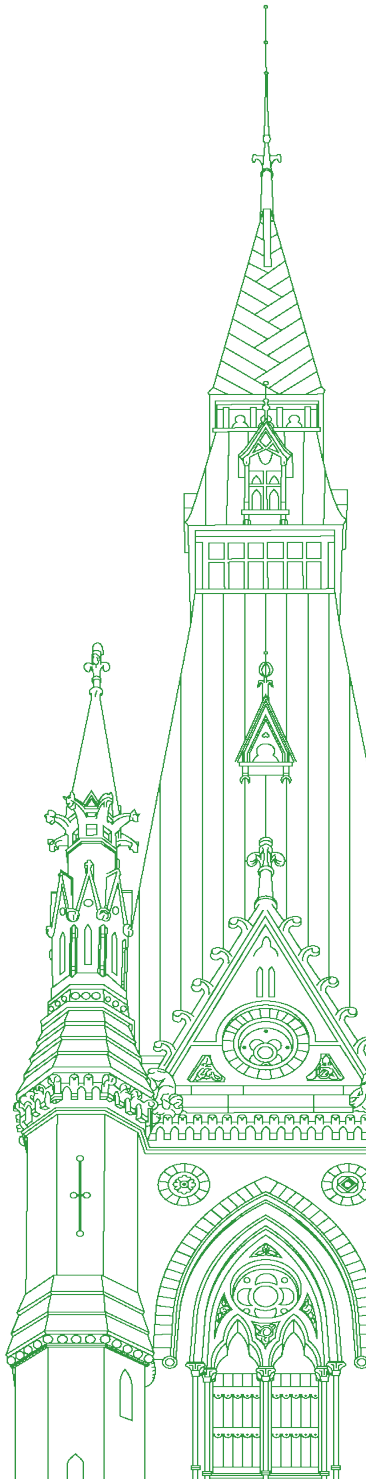

Speaker: The Honourable Greg Fergus

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HOUSE OF COMMONS

Thursday, February 15, 2024

The House met at 10 a.m.

Prayer

ROUTINE PROCEEDINGS

● (1005)

[*Translation*]

PRIVACY COMMISSIONER

The Speaker: It is my duty to lay upon the table, pursuant to subsection 40(1) of the Privacy Act, a report of the Privacy Commissioner entitled "Special Report to Parliament: Investigation of the RCMP's collection of open-source information under Project Wide Awake".

[*English*]

Pursuant to Standing order 108(3)(h), this report is deemed to have been permanently referred to the Standing Committee to Access to Information, Privacy and Ethics.

It is also my duty to lay upon the table, pursuant to subsection 40(1) of the Privacy Act, a report from the Privacy Commissioner, entitled "Special Report to Parliament: Investigation of unauthorized disclosures and modifications of personal information held by Canada Revenue Agency and Employment and Social Development Canada resulting from cyber attacks."

[*Translation*]

Pursuant to Standing Order 108(3)(h), this report is deemed permanently referred to the Standing Committee on Access to Information, Privacy and Ethics.

* * *

[*English*]

SUPPLEMENTARY ESTIMATES (C), 2023-24

A message from Her Excellency the Governor General transmitting supplementary estimates (C) for the fiscal year ending March 31, 2024, was presented by the President of the Treasury Board and read by the Speaker of the House.

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, I have the honour to table, in both official languages, the supplementary estimates (C), 2023-24.

ACCESSIBILITY IN CANADA

Hon. Kamal Khera (Minister of Diversity, Inclusion and Persons with Disabilities, Lib.): Mr. Speaker, I have the honour to table, in both official languages, the historic, first-ever annual report from Canada's chief accessibility officer. This report highlights the progress our government has made toward building a barrier-free Canada by passing the Accessible Canada Act. It highlights the important work we need to continue to do to make Canada more accessible for persons with disabilities.

If allowed, I would like to take a moment to thank Stephanie Cadieux, our chief accessibility officer, for her insight and dedication as we continue to take a whole-of-government approach to building a barrier-free Canada for all.

* * *

CANADIAN HERITAGE

Mr. Taleeb Noormohamed (Parliamentary Secretary to the Minister of Canadian Heritage, Lib.): Mr. Speaker, pursuant to Standing Order 32(2), and consistent with the policy on the tabling of treaties in Parliament, I have the honour to table, in both official languages, the treaty entitled, "Audiovisual Coproduction Treaty Between the Government of Canada and the Swiss Federal Council", done at Montreal on November 3, 2023.

* * *

SITUATION IN UKRAINE

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, I believe if you seek it, you will find unanimous consent for the following motion.

I move:

That this House:

(a) condemn the continuation of Russia's unjustified full-scale aggression against Ukraine;

(b) call on Russia to end hostilities against Ukraine and withdraw all its troops from the territory of Ukraine;

(c) call on the Government of Canada to continue to provide military and financial assistance to Ukraine, to conduct the security guarantee agreement with Ukraine in order to increase its capabilities to defend itself from Russian unprovoked aggression;

(d) support Ukraine's future membership in NATO;

(e) call on the Government of Canada to strengthen sanctions against Russia, confiscate the assets of Russian oligarchs and Russian sovereign assets for Ukraine's rebuilding;

(f) call on the Government of Canada to exert all possible efforts and provide necessary diplomatic and financial support to ensure the return of Ukrainian children forcibly deported to Russia; and

(g) call on the Government of Canada to support efforts to bring those responsible for violations of international law to justice.

● (1010)

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

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

(Motion agreed to)

* * *

PETITIONS

NATURAL HEALTH PRODUCTS

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, I am pleased to present a petition signed by people in eastern Ontario, including Kingston. They are calling on the House of Commons to immediately repeal the new regulatory constraints on natural health products passed last year, so that many of the Canadians who rely upon them to stay healthy can do so. They ask that the Liberals stop just sucking up to the pharmaceutical companies.

The Speaker: I remind members when we are presenting petitions, it is to provide a summary of what is on the petition. I am convinced that was not the wording used on the petition. I will ask all members to please exercise discretion in that regard.

PORNOGRAPHY

Mr. Ted Falk (Provencher, CPC): Mr. Speaker, I have two petitions here. In the first petition, the petitioners would ask that the government follow recommendation no. 2 from the Standing Committee on Access to Information, Privacy and Ethics' 2021report on MindGeek, which recommends that all content-hosting platforms in Canada verify age and consent prior to uploading content. Bill C-270, the stopping internet sexual exploitation act, would add two offences to the Criminal Code. The first would require age verification and consent prior to distribution; the second would require removal of material if consent is withdrawn.

As such, these petitioners call on the House of Commons to pass Bill C-270, the stopping internet sexual exploitation act.

FIREARMS

Mr. Ted Falk (Provencher, CPC): Mr. Speaker, the second petition is stating that the Trudeau government has attempted to ban and seize the hunting rifles and shotguns of millions of Canadians; that, the targeting of farmers and hunters does not fight crime; that, the Trudeau government has failed those who participate in the Canadian tradition of sport shooting—

The Speaker: There is a point of order by the hon. member for Milton.

Mr. Adam van Koeverden: Mr. Speaker, the hon. member is an experienced member, and he knows not to use the first or last names of members of Parliament.

The Speaker: Although the hon. member is reading from the petition, we do have a firm rule in the House that we only refer to members by their riding names or the executive position they hold. Therefore, I will ask the hon. member to rephrase his presentation of the petition.

Mr. Ted Falk: Mr. Speaker, this is what the petitioners are saying: Whereas the member for Papineau's government has attempted to ban and seize the hunting rifles and shotguns of millions of Canadians, the targeting of farmers and hunters does not fight crime; and that, the Liberal government has failed those who participate in the Canadian tradition of sport shooting. Therefore, the petitioners are calling on the current government to stop any and all current and future bans on hunting and sport shooting firearms.

This petition is signed by the residents of Bulkley Valley, whose member of Parliament would not present the petition.

The Speaker: Now we are raising another issue. I am going to ask the hon. member to withdraw that point. The Chair had made it very clear that members cannot make a reference to other members of Parliament. It is a good tradition to have because any member could be a victim of that kind of statement and might not be in the position to defend themselves. Therefore, I ask the hon. member to please withdraw that last sentence.

Mr. Ted Falk: Mr. Speaker, I will withdraw the last sentence and leave it as this: This petition comes from residents of Skeena—Bulkley Valley.

● (1015)

The Speaker: I thank the hon. member.

The hon. member for Abbotsford.

Hon. Ed Fast (Abbotsford, CPC): Mr. Speaker, I, too, am here today to present a petition on behalf of the residents of Skeena—Bulkley Valley, dozens of whom have signed this petition. They draw the attention of the House to the fact that the Liberal government has attempted to ban and to seize the hunting rifles and shotguns of millions of Canadians. The targeting of farmers and hunters does not fight crime, and the very same Liberal government has failed those who participate in the Canadian tradition of sport shooting.

Therefore, the petitioners are calling upon the government to stop any and all current and future bans on hunting and sport shooting firearms.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I rise to present two petitions.

The first petition is on behalf of the good residents of Skeena—Bulkley Valley, the riding adjacent to my beautiful riding of Cariboo—Prince George.

The petition states that the undersigned citizens and residents of Canada draw the attention of the House of Commons to the following: Whereas the current government has attempted to ban and seize the hunting rifles and shotguns of millions of Canadians, the targeting of law-abiding farmers and hunters does not fight crime and the government has failed those who participate in the Canadian tradition of sport shooting. Therefore, the undersigned call on the Government of Canada to stop any and all current and future bans on hunting and sport shooting firearms.

CORRECTIONAL SERVICES OF CANADA

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I also rise to speak regarding the thousands of correctional workers, guards, within our prison system. I ask this today, on behalf of the correctional officers in Mission—Matsqui—Fraser Canyon and surrounding areas who are concerned about the prison needle exchange program currently being operated by Correctional Services Canada.

I have met with these officers and those who are on the front line. They truly are frontline heroes. They say that drugs and drug paraphernalia are considered contraband in prisons, yet the Liberal government is forcing our correctional officers to simply turn a blind eye and to allow dangerous drugs to be used inside prisons. They also say that these drugs and contraband needles and syringes can be used as dangerous weapons against the officers and their members. These correctional officers are calling on the government to immediately cancel the prison needle exchange program, to stop permitting the use of illicit drugs in Canadian prisons and to focus efforts on helping inmates recover from their addictions.

I will add, too, that I received an impassioned letter signed by members of a female prison in Alberta who called on us and said that when they are incarcerated, it is their time to get clean, and the prison needle exchange does nothing to facilitate recovery. They ask that the government end its prison needle exchange program.

[*Translation*]

FOREIGN AFFAIRS

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I have three petitions to present today.

The first is signed by more than 70,000 citizens who say that blockades in Gaza have continued for two decades. Since October, air strikes have been carried out in densely populated areas in Lebanon and Gaza, which is a violation of international law. Journalists have been killed by Israeli forces, and thousands of children have died or have been killed in these strikes too.

These 70,000 people are calling on the government to sanction the State of Israel for violating international law, to impose an arms embargo and stop selling arms to Israel and to condemn the war crimes committed against the Palestinian people.

My second petition concerns the 2015 arrest of a child, Ahmad Manasra, who was convicted of attempted murder in 2016 in proceedings marred by allegations of torture, and despite the fact that he was below the minimum age of criminal responsibility at the time. This teenager is still detained and has been in solitary confinement since November 2021, which constitutes cruel, inhuman or degrading treatment, according to Amnesty International. Hundreds of people have signed this petition and are calling on the government to demand that Israel release Ahmad Manasra.

CORPORATE SOCIAL RESPONSIBILITY

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, my third petition is from citizens who are concerned about human rights abuses and environmental damage caused by companies based here in Canada. They are calling on the Canadian government to require companies to prevent any negative impact on human and environmental rights throughout their global operations and supply chains. They are asking that these companies be required to exercise due diligence and that there be legal recourse to bring these companies to justice in the event of any human rights violations or environmental destruction.

● (1020)

[*English*]

FIRST RESPONDERS TAX CREDIT

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskasing, NDP): Mr. Speaker, I am pleased to table a petition that includes individuals from my riding, especially volunteer firefighters from Wawa. The petitioners indicate that 71% of Canada's total firefighting essential first responders are volunteer firefighters and that there are approximately an additional 8,000 essential search and rescue volunteers, who respond to thousands of incidents each year. They also indicate that the tax code only allows these volunteer first responders to claim a $3,000 tax credit if 200 hours of volunteer service are completed in the calendar year.

That comes up to only about $450 a year, or $2.25 an hour, but if they volunteer more than the 200 hours, the tax credit becomes even less than that. They add that these essential volunteers not only put their lives on the line but also play an important role in keeping the property taxes low and ensuring that communities are safe. The petitioners are calling on the government to support Bill C-310, which would amend the Income Tax Act by increasing the volunteer firefighting and search and rescue volunteer service credit from $3,000 to $10,000.

I am pleased to table this petition.

HUMAN TRAFFICKING

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, I rise today on behalf of British Columbians who are concerned about human trafficking in Canada.

The U.S. Department of State's “2023 Trafficking in Persons Report”, or TIP, indicates that “Canada fully meets the minimum standards for the elimination of [human] trafficking.” It also highlights that the range, quality and timely delivery of trafficking-specific services varies across Canada, including persistent funding shortages in certain jurisdictions.

The petitioners call upon the Government of Canada to strengthen the Protection of Communities and Exploited Persons Act to address these shortcomings and to put an end to human trafficking in Canada.

* * *

QUESTIONS ON THE ORDER PAPER

Ms. Lisa Hepfner (Parliamentary Secretary to the Minister for Women and Gender Equality and Youth, Lib.): Mr. Speaker, I ask that all questions be allowed to stand.

The Speaker: Is that agreed?

Some hon. members: Agreed.

* * *

PRIVILEGE

ALLEGED MISLEADING COMMENTS BY THE PRIME MINISTER—SPEAKER'S RULING

The Speaker: I am now ready to rule on the question of privilege raised on February 6 by the House leader of the official opposition concerning allegedly misleading statements made by the Prime Minister about invitations during the visit to Canada of the President of Ukraine.

In his intervention, the House leader argued that the Prime Minister offered misleading responses to questions in the House about the invitation offered to Mr. Yaroslav Hunka for President Zelenskyy's joint address to Parliament. The member referred to several exchanges where the Prime Minister reiterated that neither he nor his government had any knowledge of the invitation that was made to Mr. Yaroslav Hunka.

[*Translation*]

He pointed to recent media reports establishing that an invitation was sent under the Prime Minister's name to the same individual for a separate event to honour President Zelenskyy. This, according to the member, demonstrated the Prime Minister was, in fact, aware of this individual.

[*English*]

The House leader of the official opposition claimed that this constituted contempt of Parliament, in the sense that the Prime Minister's statements were misleading, that he knew that they were misleading and that he delivered them with the intention to mislead the House. The House leader asked the Chair to find a prima facie case of privilege so that a motion could be moved to deal with this matter. His comments were later echoed by the member for La Prairie.

[*Translation*]

The Government House Leader, for his part, disagreed with the premise of the question of privilege, arguing it was based on speculative assumptions. He argued that the House leader of the official opposition was conflating two separate events, leaving the impression that these events were planned together by the Prime Minister, his office, or both.

The Government House Leader stressed that only the former Speaker had knowledge of the invitation to Yaroslav Hunka to Parliament, and that there were no facts presented that would suggest otherwise. In his view, this was a matter of debate and not a question of privilege. He also reminded the House that the Standing Committee on Procedure and House Affairs was currently examining the matter of the invitation of the individual by the former Speaker, and he suggested that the House should allow the committee to complete its work.

● (1025)

[*English*]

In the past, members have raised questions of privilege alleging that other members made misleading statements to the House. As was referenced in the various interventions pertaining to the present case, the Chair considers three essential conditions before making a positive determination that a member has deliberately misled the House: It must be proven that the statement was misleading; it must be established that, when making a statement, the member knew it to be incorrect; and finally, it must be demonstrated that the member intended to mislead the House.

[*Translation*]

As one of my predecessors stated on February 26, 2015, at pages 11707 of the Debates, and I quote:

> The conditions are admittedly and deliberately not easily met. This is because, as Speaker, I must take all members at their word. This underscores the way we function every day in our proceedings; all members rely on this and draw advantage from it.

[*English*]

I assessed the facts that were brought to this House through the lens of our stringent three-part test.

The Chair is mindful of the recent media reports about another invitation sent to Yaroslav Hunka for a separate event, a government reception in Toronto. While that provides additional information to the general controversy from last September, it was not referenced during the exchanges in the House between different members and the Prime Minister last fall.

On January 31, 2008, Speaker Milliken made a useful point about what the Chair can consider for such disputes. He said, at page 2435 of the Debates:

> ...any dispute regarding the accuracy or appropriateness of a minister's response to an oral question is a matter of debate; it is not a matter for the Speaker to judge. The same holds true with respect to the breadth of a minister's answer to a question in the House: this is not for the Speaker to determine.

[*Translation*]

Based on the evidence that has been presented and my own review of the proceedings last fall, the Chair has not been able to establish that the statements made by the Prime Minister were in fact deliberately misleading. Accordingly, I do not find there to be a prima facie question of privilege.

The Chair does note that the issue of the second invitation has surfaced in public debate, which offers members many opportunities to raise it in the House, in the context of debate, in any number of ways, including through additional questioning of the Prime Minister during question period.

[*English*]

There is also an ongoing study of the Standing Committee on Procedure and House Affairs to examine the issue surrounding Yaroslav Hunka's invitation to and recognition in Parliament on September 22, 2023. Both the House leader of the official opposition and the government House leader referred to this study in their interventions. It might also offer members an opportunity to raise these new issues that have recently come to light.

I thank all members for their attention.

GOVERNMENT ORDERS

[*Translation*]

CRIMINAL CODE

The Speaker: Pursuant to order made on Tuesday, February 13, 2024, the House will now proceed to the consideration of Bill C-62 at third reading stage.

Hon. Anita Anand (President of the Treasury Board, Lib.) (for the Minister of Health) moved that Bill C-62, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2, be read the third time and passed.

[*English*]

Mr. Yasir Naqvi (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I am thankful for the opportunity to speak about Bill C-62 and the extremely important issue of medical assistance in dying, or MAID, and mental illness.

I think all members can agree that this is a highly complex, quite sensitive and emotional issue, that raises divergent and deeply held views from the medical community, experts and the public at large. The questions of whether, how and when to expand eligibility for MAID to persons whose sole underlying medical condition is a mental illness are difficult; they do not have easy answers.

The federal government believes that eligibility for MAID should be expanded to such persons. However, such an expansion should not be rushed and should not occur before the health care system is ready to safely provide MAID in all cases where it is requested on mental illness grounds. This is why we have introduced Bill C-62, which proposes to extend the temporary mental illness exclusion by three years, until March 17, 2027. The bill also includes a provision requiring a parliamentary review prior to that date.

As members will recall, in 2015, the Supreme Court of Canada concluded in the Carter case that the Criminal Code's absolute prohibition on physician-assisted death was unconstitutional. The Supreme Court held that physician-assisted dying must be permitted in some circumstances, namely, for competent adults who clearly consent to the termination of life and who have a grievous and

irremediable medical condition. This decision led to the legalization of MAID in Canada one year later, in 2016, through Parliament's enactment of former Bill C-14. Our original MAID law limited eligibility for MAID to competent adults with an eligible medical condition whose natural death was reasonably foreseeable. Our MAID framework was added to the Criminal Code and was made up of a stringent set of eligibility criteria, as well as procedural safeguards to prevent error and abuse in the provision of MAID.

A few years later, the "reasonable foreseeability of natural death" eligibility criterion was challenged in Quebec; in 2019, it was declared to be unconstitutional by the Superior Court of Quebec in the Truchon decision. As this was a trial-level decision, it was only applicable in Quebec. Nevertheless, the Attorney General of Canada did not appeal the decision; instead, the federal government made the policy decision to expand eligibility for MAID. This led to Parliament's enactment of former Bill C-7 in 2021, which expanded eligibility for MAID to persons whose natural death is not reasonably foreseeable. This resulted in the removal of the eligibility criterion that a person's death be reasonably foreseeable and the creation of two sets of procedural safeguards for the lawful provision of MAID.

The first track of safeguards applies to persons whose natural death is reasonably foreseeable; the second, more robust, track applies to persons whose natural death is not reasonably foreseeable. This second set of safeguards was created in recognition of the fact that requests for MAID by persons who are not at end of life are more complex. This is why a minimum of 90 days must be taken to assess a person for eligibility for MAID when their natural death is not reasonably foreseeable. This is not a reflection period; it is a minimum assessment period. This safeguard aims to respond to the additional challenges and concerns that may arise in the context of MAID assessments for persons whose natural death is not reasonably foreseeable. This includes whether the person's suffering is caused by factors other than their medical condition, as well as whether there are ways of addressing their suffering other than through MAID.

● (1030)

This second set of safeguards also requires that two practitioners be satisfied that the person meets all the eligibility criteria, and if neither of them has expertise in the medical condition causing the person suffering, one of them must consult with a practitioner who does. Involving a practitioner with the relevant expertise aims to ensure that all treatment options are identified and explored.

Practitioners are also required to inform the person of available counselling services, mental health and disability support services, community services and palliative care; to offer them consultations with the relevant professionals; and to ensure that the person has given serious consideration to such alternative means to alleviate their suffering. Although this does not require a person to undertake treatments that may be unacceptable to them, it requires that they fully explore and weigh the risks and benefits of available treatment options.

Former Bill C-7, as originally introduced, permanently excluded eligibility for MAID on the basis of a mental illness alone. This was not because of the incorrect and harmful assumption that individuals who have a mental illness lack decision-making capacity or because of a failure to appreciate the severity of the suffering a mental illness can cause. Rather, this was done because of concerns about the inherent risks and complexities of permitting MAID for individuals who suffer solely from mental illness.

During its consideration of the bill, the Senate made an amendment that added a sunset provision that would repeal the mental illness exclusion 18 months later. The House of Commons accepted the amendment in principle, but changed the date of repeal to two years; in other words, the provision of MAID based on a mental illness alone was set to become lawful on March 17, 2023.

The decision to temporarily maintain the exclusion of eligibility was based on the recognition that additional study would be required to address the risks and complexities of permitting MAID in these circumstances. This is why the former bill also included a requirement for an independent expert review respecting recommended protocols, guidance and safeguards to apply to such requests for MAID.

Former Bill C-7 also required the creation of a joint parliamentary committee tasked with conducting a comprehensive review of the Criminal Code's MAID provisions and other MAID-related issues, including MAID and mental illness. The committee undertook this important work, and its interim report, which focused on MAID and mental illness, was tabled in June 2022. It urged the federal government to collaborate with regulators, professional associations, institutional committees and the provinces and territories to ensure that the recommendations of the expert panel were implemented in a timely manner.

The committee's second report was tabled in February 2023. The majority view expressed was that eligibility for MAID on the basis of a mental illness alone should be permitted. However, the final report also raised a key concern that more time was needed for standards to be developed and training to be undertaken before the law should permit a mental illness to ground a request for MAID. The federal government recognized the significant progress that had been made by the provinces and territories, stakeholders and the medical community in preparing for the expansion. However, it ultimately concluded more time was needed.

This is why we introduced Bill C-39, and Parliament enacted it. It extended the exclusion by one year, until March 17, 2024. This extension aimed to provide additional time for the dissemination and uptake of key resources by the medical and nursing communities. We thought it essential to prepare for the safe assessment and provision of MAID in all cases where a mental illness grounds a request for MAID. The committee expressed support for the extension in its second report.

● (1035)

I want to take a moment to recognize the work that the federal government has done during this extension to support the fulfillment of some of the expert panel's recommendations. For instance, we amended the regulations for the monitoring of MAID last year to ensure comprehensive data collection and reporting. Such changes allow for data collection related to race, indigenous identity and disability of persons requesting MAID. These changes came into force in January 2023, and the first set of data will be captured in Health Canada's 2024 annual report on MAID.

Moreover, Health Canada convened an independent MAID practice standards task group to develop a practice standard for MAID. In March 2023, the model MAID practice standard and supporting documents that provide guidance to support complex MAID assessments were released. Finally, Health Canada supported the Canadian Association of MAiD Assessors and Providers in the development of a Canadian MAID curriculum, which was launched in September 2023.

In Canada, certain aspects of MAID fall under federal jurisdiction and others fall under provincial and territorial jurisdiction. The federal government is responsible for the criminal law aspect, whereas the provinces and territories are responsible for the implementation of MAID within their health care delivery systems. Impressive progress has been made in preparing for the expansion by the March 2024 deadline. However, the provinces and territories have all expressed that they are not yet ready. For this reason, we are proposing to extend the temporary mental illness exclusion for another three years, until March 17, 2027.

The extension would allow more time for the provinces and territories, and their partners, to prepare their health care systems by implementing regulatory guidance and developing additional resources for their medical and nurse practitioners. It would also provide more time for medical and nurse practitioners to become familiar with the available training and supports. Our ultimate goal is to help ensure that the necessary protections are in place to protect the interests of individuals who may seek MAID on the basis of a mental illness alone.

We believe that this issue should not be rushed. Eligibility for MAID should not be expanded until the health care system is ready to safely provide MAID in these complex circumstances. I urge all members to support the bill so our partners can get this right.

● (1040)

Mr. Todd Doherty (Cariboo—Prince George, CPC): Madam Speaker, I have sat through much of this debate, on the committee as well. The provinces and territories did not ask for a three-year pause; they asked for an indeterminate pause because they are not ready. Industry is not ready. The health care professionals cannot come to any conclusions.

As a matter of fact, Dr. Gaind, a professor of psychiatry at U of T, summed it up best at the committee last night. He said, "once again, there is no evidence that shows we can predict irremediability in mental illness, and it is vastly different from other medical conditions and neurodegenerative diseases...but we have to remember what MAID is about. It is about us predicting who will never get better, and we can't do that. And if we can't do that with mental illness, we would be providing death under false pretenses." He equated it to being much like flipping a coin to choose who could get better and who could not. MAID would simply be killing people who could possibly get better.

What would my hon. colleague say to that?

Mr. Yasir Naqvi: Madam Speaker, the hon. member and I were both at the committee last night, which heard from quite a few experts on MAID. I think it was fairly clear that there was a difference of opinion as to the readiness of the system. There were some experts who believe that MAID for people with mental illness could be provided as early as March 17, 2024.

However, the member is right. There is a letter from seven provinces and three territories that have asked for an extension to the period. The government feels that a three-year period is the right amount of time for the medical profession and the provinces and territories to be ready to be able to provide MAID to people with mental illness, with appropriate safeguards.

● (1045)

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, the issue of what guidelines should be in place to allow someone to die is perhaps one of the most profound things we have to discuss. Parliament agreed to move forward with MAID, and we expected that we were going to get a review. Instead there was a Quebec provincial court decision, the Truchon case. The federal government did not appeal the decision; it just rewrote the law.

Then the Senate, an absolutely unaccountable, dismal group as far as I am concerned, decided to just throw in an arbitrary date to allow people with mental illness to die, and the government accepted it. We are now scrambling, with a month left. The government is saying it is going to put some guardrails in place to punt it down the road.

Why is the government not taking the issue seriously? The member for Abbotsford's bill would have dealt with this. The government has put us in this situation, and it is not credible.

Mr. Yasir Naqvi: Madam Speaker, I will take exception to the member's comment because a tremendous amount of work has been done to create the appropriate safeguards. Not only are there legislative safeguards in place in the Criminal Code, which I alluded to in my remarks, but there are also safeguards being developed within the medical profession.

We need to make sure we listen to our health care providers, those who deliver health care at the provincial and territorial level, and extend the date for the change in eligibility criteria for three years so MAID could be administered with all the appropriate safeguards in place.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, we just witnessed a great NDP-Conservative coalition.

The member is reiterating the Conservatives' argument to the effect that the ruling in Gladu and Truchon was not challenged before the Supreme Court. However, the reason why it was not challenged before the Supreme Court is that people were suffering and Ms. Gladu and Mr. Truchon deserved to have relief. This was based on the Carter decision. However, the NDP voted against Bill C-14, which did not go far enough. I do not know why the member is being so inconsistent today.

I would like to know whether the member is aware that, basically, his party is trying hard not to say that it lacks courage, that it is backing down when it comes to mental illness and that it is throwing the ball back into the court of the Conservatives who, as they announced, are going to do away with all of this.

[*English*]

Mr. Yasir Naqvi: Madam Speaker, the government is taking the most prudent approach in making sure people get the care they need. This is a very sensitive issue that requires that we work closely with medical professionals to ensure that all the appropriate safeguards, training and associated curriculum are in place. If there is doubt, as we see by the request that we create an extension, it is only prudent for the government to do so. That is why we are encouraging all members to support Bill C-62 and extend the pause on eligibility for MAID on the sole basis of mental illness by three years.

Mr. Ken Hardie (Fleetwood—Port Kells, Lib.): Madam Speaker, as the provinces and territories are not ready to implement medical assistance in dying for people with mental disorders, personally I am also not ready. I could not vote for something like it right now.

I am taken by the case of a woman, E.F., who was granted the right to have her life taken with medical assistance in 2016, after reports that she suffered from severe conversion disorder. Nobody could read the media accounts of this and not understand that there are some people for whom life is clearly not worth living anymore.

Would that provision, in the Court of Appeal decision in Alberta, still provide a way forward for the people who are in a terrible condition right now and who need relief?

Mr. Yasir Naqvi: Madam Speaker, our number one job is to protect people's rights. Given that the various decisions of the courts have said that it is a person's right to determine their end of life, we need to make sure that right is protected.

Of course we need to ensure that they get all of the care they need in order to be able to recover, but as the courts have said, if their suffering is irremediable, they should have that option available because it is a matter of their rights. That is why we are working so hard, along with our provincial and territorial partners, to ensure that all the right safeguards and all of the right training are in place before MAID is extended to people whose sole underlying condition is mental illness.

● (1050)

Hon. Rob Moore (Fundy Royal, CPC): Madam Speaker, we know we are in this situation because a radical justice minister and a radical government have pushed this agenda.

I want to get the member's thoughts on this quote from 32 law professors. They state:

> We disagree as law professors that providing access to MAiD for persons whose sole underlying medical condition is mental illness is constitutionally required...as Minister Lametti has repeatedly stated.

I asked the minister, when he appeared at the justice committee, who was right, these 32 legal experts or him. He said, of course, that he was right.

I want to ask the member this. Does he believe that these 32 legal experts are right or that the former minister of justice was right?

Mr. Yasir Naqvi: Madam Speaker, this is a very sensitive issue. It is highly emotional and complex. I would urge all members that calling names and ascribing labels is not the responsible way forward. Canadians are looking to us to make responsible decisions. That is why it is incumbent upon us to work with everyone, including the legal community. The hon. member across the way knows that if we talk to 10 lawyers we will get 10 different legal opinions on any matter.

Most importantly, we need to work with health care professionals and understand from them what is required with respect to all the appropriate safeguards.

Last but not least are the provinces and territories, which are primarily responsible for delivering health care. We need to listen to them carefully, and they are asking for an extension. That is what Bill C-62 is doing.

Hon. Ed Fast (Abbotsford, CPC): Madam Speaker, I seek unanimous consent to split my time with the member for Leeds—Grenville—Thousand Islands and Rideau Lakes.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Does the hon. member have unanimous consent to split his time?

Some hon. members: Agreed.

Hon. Ed Fast: Madam Speaker, it should have never come to this. Had the government properly consulted with Canadians, this expansion of MAID would never have seen the light of day. Instead, what we now have is MAID in Canada, a triumph of ideology over common sense.

The Liberal government's recent decision to further delay, but not cancel, the expansion of MAID to the mentally ill reflects an unserious approach to this all-important life-and-death issue. MAID was originally designed for those whose physical illness was incurable and caused intolerable pain, and where death was reasonably foreseeable. However, the Liberals soon eliminated the requirement that death be reasonably foreseeable and then went far beyond that by quickly agreeing to a demand from the unelected Senate to expand assisted suicide to include those suffering from mental illness.

The government has signalled a willingness to go even further by including children in its deadly scheme. As we predicted back in 2016, when the Prime Minister introduced medically assisted death to Canadians, our country is now hurtling down a steep and slippery slope. Despite the accusations of fearmongering and exaggerating that have been levelled at us, history has proven that Conservative MPs were right. Over eight short years, our country has moved from banning assisted suicide to having the most permissive and dangerous regime in the world. The statistics are staggering. Last year, over 13,000 Canadian deaths were attributable to MAID, a 31% increase over the year before. That is without MAID being made available for mental illness.

MAID is now the fourth leading cause of death in the country. When compared to other jurisdictions where MAID is available, like California, Canada's assisted suicide deaths far exceed those of other jurisdictions. That should really concern us, as it reflects a reckless implementation of MAID. Imagine how many more thousands of deaths will be added every single year, should the Liberal plan to include the mentally disordered come into force.

Of increasing concern are the growing number of cases in which MAID has been improperly approved and administered outside of what the criminal law currently allows. Here are just a few of them: There is a Hamilton man who would rather die than struggle with poverty, as reported in the Hamilton Spectator Reporter; the Cape Breton woman who sought MAID over lengthy workers' compensation delays; the Ontario quadriplegic mother who applied for MAID over a lack of access to disability supports; the former paralympian who told MPs that the veterans affairs department offered her assisted death instead of help; and the Winnipeg woman who chose to die through MAID because of her futile struggle for home care.

There is the case of Donna Duncan from my own city of Abbotsford, who was euthanized because mental health support was not available when she needed it the most. Indeed, she received MAID without her daughters, Christie and Alicia, knowing about it until after the fact. They had no chance to say goodbye to their mother.

Then there is Kathrin Mentler, who lives with chronic depression and suicidality. Feeling particularly vulnerable, she went to Vancouver General Hospital looking for psychiatric help for feelings of hopelessness she could not shake. Instead, a clinician told her there would be a long wait to see a psychiatrist and that the health care system is broken. That was followed by a jarring question: “Have you considered MAID?”

There is the case of Sophia, who suffered from severe sensitivity to smoke and chemicals, triggering rashes, difficulty breathing and blinding headaches. She died by MAID after a frantic effort by friends, supporters and even her doctors to get her safe and affordable housing in Toronto. She begged officials for assistance in finding a home away from the smoke and chemicals wafting through her apartment. “The government sees me as expendable trash, a complainer, useless and a pain in the ass,” she said in a video filmed eight days before her death.

● (1055)

Canadians are dying unnecessarily and under circumstances that scream out for reconsideration of how far Canadians are prepared to go in euthanizing their fellow citizens. It has become stunningly clear how little the government consulted on MAID expansion. Mental health professionals are only now becoming aware of the government's plans to euthanize persons suffering from mental disorders.

Psychiatrists, psychologists, clinical counsellors and suicide prevention experts overwhelmingly oppose this expansion, and only recently has the government begun to consult with indigenous communities, our fellow Canadians who are at the greatest risk from an expansive application of MAID.

The provinces and territories, as has already been mentioned, have sent a joint letter to the government, saying that they are not ready for MAID expansion. Indeed, they have called not just for a delay but for an indefinite suspension of the government's plans. Ordinary Canadians, of course, have repeatedly said they do not favour expanding assisted suicide to include the mentally ill.

What is worse is that this expansion is taking place at a time when Canada faces compounding national crises in mental health, palliative care, opioid addiction, affordability and homelessness. The skyrocketing cost of living has only exacerbated these profound social challenges.

The government's reckless approach to MAID also flies in the face of Parliament's stated commitment to suicide prevention, including the recently activated 988 suicide helpline, which is thanks to my colleague from Cariboo—Prince George.

How can members claim to support suicide prevention efforts, when at the same time they are promoting state-facilitated suicide? Clearly, the government's contradictory approach has been one in which blind ideology has trumped common sense and reason. More troubling is that the message to our most vulnerable Canadians, the mentally disordered, the opioid addicted, the homeless and hungry, and the veterans, is that their government would rather euthanize them than provide them with the mental health and social supports they need to live productive, meaningful lives.

The utilitarian implications of the government's approach are deeply disturbing and profoundly wrong on so many levels. By any other definition, expanding MAID to include the most vulnerable is nihilism hiding behind the fig leaf of compassion.

In a briefing recently, Liberal government officials indicated that they are still hell-bent on expanding MAID to the mentally ill. It is just that their masters, namely the Prime Minister and his Liberal colleagues across the floor, do not want to face the voters' wrath for placing their corrosive ideology above the interests and welfare of the most vulnerable among us. That is why they, the Liberals, have kicked the ball down the road to avoid the political consequences.

We can and should do better. What is really required and what Canadians are demanding of the Prime Minister and his justice minister is that they put a full stop to this madness now. There being no national consensus on MAID expansion, completely rescinding this policy is the only reasonable and responsible thing to do.

● (1100)

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Madam Speaker, the member and I sat on the third edition of the special joint committee together. I know the member is a lawyer, and my question is really a legal one. I agree with the recommendation of the committee for an indefinite delay, but does he expect that this case will come up at the Supreme Court eventually? What does he think the reasoning of the court might be, given that the definition of irremediability in law is very different from irremediability in clinical medical practice, which requires a bit more certainty? There is a tension between the two, so I would be interested in his perspective on that.

Hon. Ed Fast: Madam Speaker, let me first of all thank that member for bringing such a thoughtful approach to our work at the committee and now here in the House.

I agree with him that we should have an indefinite pause on this expansion, but with respect to the Supreme Court of Canada, I think it would be wrong to presume what the court might read into any additional changes that might happen. We do know that the federal government refused to appeal lower court decisions, like the EF decision in Alberta and the Truchon case in Quebec, to the Supreme Court of Canada, which is where this type of final decision should rest.

I expect fully that eventually a case will make its way up to the Supreme Court of Canada, and the Supreme Court of Canada will opine whether the Carter decision should go beyond just the incurable, intolerable illnesses where death was reasonably foreseeable and should in fact include vulnerable populations like the mentally ill.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, my colleague complains that people are accusing him of fearmongering, but he is unable to use the right technical terms to debate this issue. The Council of Canadian Academies does not refer to children. Referring to children in general shows a lack of intellectual rigour in a debate like this. The right term is "mature minors".

For example, at the age of 15, Charles Gignac was diagnosed with a cancer that ate his bones. He was fit as a fiddle, an athlete with a very strong heart. He suffered for two years because he was not eligible for medical assistance in dying. He requested medical assistance in dying. He passed away at 17 years and 10 months, without MAID, in pain and anguish. What treatment did he receive? He was given palliative sedation because no one was able to relieve his suffering. After he received palliative sedation, his loved ones watched him spend 24 hours in an agitated, delirious state before he died. Is that what my colleague calls compassion?

● (1105)

[*English*]

Hon. Ed Fast: Madam Speaker, I am deeply disturbed that individual would actually promote assisted death for children. Let us not forget this. The suggestion is not only that this would be assisted death for mature minors. There is the suggestion that parents would not have the final say over whether their children would be euthanized. This is appalling. Is this the state of our country, where we have parties in the House of Commons actually promoting the deaths of children when in fact they can be helped and treated? We can do better as a country; I know we can.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I think my colleague shares my concern that we are now 30-some days away from an arbitrary deadline that was imposed. We passed a national palliative care motion that I brought in 2016, and nothing was done. In 2019, we brought forward the national suicide prevention strategy that was based on the work in Nunavut. Everybody signed off, and nothing was done.

Now we are being told that we should be making it easier for people who are suffering with mental illness, people who are on the streets, people using opioids, people who are hopeless, and that we should be fast-tracking that rather than putting in place the protections needed to protect people.

What are my hon. colleague's thoughts are on that?

Hon. Ed Fast: Madam Speaker, I want to thank my colleague for his work at the Special Joint Committee on Medical Assistance in Dying, where we did excellent work in coming up with a recommendation, which unfortunately the government did not choose to follow in its entirety. We had called for an indefinite pause. Unfortunately, the government felt an arbitrary three years was sufficient.

To answer his question, I have great concern the government's promises to deliver improved palliative care supports to the provinces and to deliver improved mental health supports to them have not been fulfilled. Now people are asking for death because they are not getting those supports. That truly is sad.

Mr. Michael Barrett (Leeds—Grenville—Thousand Islands and Rideau Lakes, CPC): Madam Speaker, we come here to debate the most serious of issues, and we are faced with one of those issues today.

I want to start by being very up front. I do not think that a pause is appropriate for the expansion of medical assistance in dying to those whose sole underlying medical condition is mental illness. There must be an abolition of the expansion to those who are most vulnerable and to those who are suffering.

We have heard that the Liberal government is pushing this off to avoid political consequences in the next election, and it is shameful. However, it does present an opportunity, because a Conservative government would not allow the expansion of doctor-assisted death to people for whom our country should be offering hope and help.

The concrete solutions that have been put forward by Conservative members have been heard in the House, including by my hon. colleague from Cariboo—Prince George with the 988 suicide prevention hotline, which he shamed the government into taking action on. While it took that shame for the Liberals to act, it does offer some help to those who desperately need it.

The hon. member for Abbotsford spoke just before I did. His Bill C-314 would have scrapped doctor-assisted death for those whose sole underlying medical condition was mental illness, but the government rejected that. With respect to the provinces and territories, which are constitutionally obligated to deliver on health care, the majority of their heads of government have had to call for the government to stop this reckless march forward.

While I will vote in favour of a pause, I cannot abide anyone believing that I am okay with this continuing three years from now.

This debate is following the Liberals' pulling the emergency brake on the reckless expansion of MAID just a year ago. Given the chance, there would be a wide expansion of MAID, and not just to those who are suffering from mental illness and addiction. This expansion of doctor-assisted suicide cannot be carried out safely or justly. It is difficult, if not impossible, to determine the irremediability of a mental disorder in individual cases, meaning we cannot say, with the certainty that is required in a matter that truly is life or death, whether a person suffering from mental illness will get better.

In appearing before the Special Joint Committee on Medical Assistance in Dying, on which I sat as a vice-chair, Dr. Jitender Sareen, a physician in the department of psychiatry at the University of Manitoba, testified, said:

> We strongly recommend an extended pause on expanding MAID to include mental disorders as the sole underlying medical condition in Canada, because we're simply not ready. In our experience, people recover from long periods—"long" meaning decades—of suffering with depression, anxiety, schizophrenia and addictions with appropriate evidence-based treatments. We strongly believe that making MAID available for mental disorders will facilitate unnecessary deaths in Canada and negatively impact suicide prevention efforts. The clinical role is to instill hope, not to lead patients toward death.

Dr. Sareen went on to say:

> Unlike physical conditions that drive MAID requests, we do not understand the biological basis of mental disorders and addictions, but we know that they can resolve over time. The real discrimination and lack of equity is not providing care for people with mental disorders and addictions.

I could not agree more with the doctor.

● (1110)

We have a moral obligation in our society to ensure that every person is treated with the inherent dignity and value with which they are created, everyone. They do not get that when we offer them death instead of help and hope, treatment and care.

Psychiatrists and even the Prime Minister's so-called expert panel cannot know if someone is going to recover from mental illness, and this under a government where wait times for psychiatric treatment can be over half of a decade. If the government goes ahead with this, people who would have gotten better will not get the chance, because they will have been killed at the hand of the government.

Further, it is difficult for a clinician to distinguish between a rational request for medical assistance in dying where mental illness is the sole underlying medical condition and one motivated by suicidal ideation. On the question of suicidality, Dr. Sareen said:

> ...there is no clear operational definition differentiating between when someone is asking for MAID and when someone is asking for suicide when they're not dying. Internationally, this is the differentiation. If somebody is dying, then it can be considered MAID. When they're not dying, it is considered suicide.

On the same question, Dr. Tarek Rajji stated, "There is no clear way to separate suicidal ideation or a suicide plan from requests for MAID."

With the line being blurred between suicidal ideation and so-called rational requests for medical assistance in dying, evidence from jurisdictions that have assisted suicide for mental disorders, both suicides and medically facilitated death go up.

We cannot move forward with this dangerous game that the government is playing, the plan of moving full steam ahead no matter what the cost. The minister said that the Liberals had the moral imperative to move ahead with an assisted suicide regime. Hopelessness and misery, that is their imperative. A moral imperative? It is immoral.

This is the same government that has degraded life in the country to the point where an entire generation of people is giving up hope. Two million Canadians are lined up at food banks a month and once former middle-class families are living in their cars. People are being offered MAID instead of a wheelchair, after serving our country and going to veterans affairs for help. People are being offered MAID at routine doctor appointments. People are seeking MAID because they cannot afford housing. People are seeking MAID because they cannot get the psychiatric care they need. This is blind ideology ahead of evidence. It is death on demand for any reason.

Depression, anxiety, schizophrenia, personality disorders and addictions will all become justifications for death under the Liberal government if this plan is allowed to be carried forward. A new generation of addicts will have been created, by normalizing and legalizing opioids that are being peddled to our children. The MAID regime seems like it will become the government's plan for addictions. Rather than offering treatment and a chance to get better to people who are suffering, they are being offered death.

There is hope yet, if we pass this bill, that we could stop the expansion of MAID to people who are suffering. We can make a commitment, as the representatives of Canadians, to deliver on the health, help, hope and treatment that Canadians deserve, that every human person deserves. Dignity, respect, hope and life, that is what we are going to have to vote to protect.

I am proud to stand and vote in support of life.

● (1115)

Mr. Chandra Arya (Nepean, Lib.): Madam Speaker, as an advanced democratic country, Canada sometimes brings in legislation on issues that have never been dealt with before. Sometimes Canada is one of the first countries in the world to deal with these types of issues.

When we bring in legislation that fundamentally affects every single Canadian, sometimes we have to look at it again to see how we can serve Canadians, whether we are stepping on the toes of the fundamental rights of Canadians.

Earlier the hon. member for Abbotsford said that there was no national consensus. I would like to ask the member whether he agrees with me that due to the different religious beliefs, different religious faiths and philosophies, we cannot have national unanimity on issues like this.

Mr. Michael Barrett: Madam Speaker, I do not believe that this is a question of religion. I think it is simply a question of humanity and how we care for the most vulnerable among us. This is an imperative that we have as parliamentarians. Ensuring that we care for the least of us, those who are most in need of our help, is the highest calling we can answer. To allow MAID for folks whose only medical condition is mental illness would be an abdication of that. Allowing state-sanctioned death, or doctor-assisted suicide in that case, is an abdication of our responsibilities to the most vulnerable, regardless of one's beliefs or creed.

[*Translation*]

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Madam Speaker, Voltaire said that fanaticism pretends to be the child of religion.

I think we have proof of that again today, unfortunately. Our colleague stated the Conservatives' position on freedom of choice, on medical assistance in dying and on providing relief to people who are suffering. The Conservatives want to abolish medical assistance in dying. That is what we just heard.

The Liberals claim their position is different, but I cannot tell the difference. They are going to put the decision off for three years, but by then, the Conservatives will be in power and can decide to abolish it. Then there is the NDP, which is applauding that.

Is the real coalition basically just the Ottawa coalition?

● (1120)

[*English*]

Mr. Michael Barrett: Madam Speaker, we have an epidemic in this country of people who are suffering from addiction. We have people who are suffering from mental illness. I am not going to be shamed by anyone who wants to call me a fanatic for saying that we need to protect the vulnerable.

If there are members in this place, and I abhor the thought, who would rather have the government kill people than give them the treatment they deserve, have it abandon its responsibility, then I genuinely hope we do not elect anyone to this place who represents Canadians who believe that. I certainly do not. I believe in helping the most in need.

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): The member for Saint-Hyacinthe—Bagot on a point of order.

Mr. Simon-Pierre Savard-Tremblay: Madam Speaker, I will not stand for anyone saying that I am telling the government to kill people. I demand an immediate apology.

The Assistant Deputy Speaker (Mrs. Carol Hughes): That is a point of debate.

The hon. member for Saint-Hyacinthe—Bagot on another point of order.

Mr. Simon-Pierre Savard-Tremblay: Madam Speaker, it is not a point of debate. Words have meaning. Saying that I am encouraging the government to kill people has no place in a debate. The member can say he disagrees with me, but he cannot say that.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I will check the record and get back to the House if necessary.

The hon. member for Timmins—James Bay.

[*English*]

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I would challenge the member. The government is not killing people, but it is failing to put in place protections for people. There is a difference, and our language does matter, but we need to have a strong support for everyone. To simply say that people are being killed does not help our conversation. I would ask my colleague to reflect on that.

Mr. Michael Barrett: Madam Speaker, through action or inaction, the result is the same. By failing to help the vulnerable, by failing to offer those supports, we are condemning those people. The government is condemning those people to death. To take a positive action and offer them suicide in place of help and treatment, well, we can take a look at a thesaurus and decide whether or not that is to be described as the government killing them, but it is not reaching out a hand in help, and that is exactly what government should do.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I am still looking into what was said a while ago, but I do want to remind members to be very careful with some of the wording they are using because it is not quite proper to be using that type of language in the House.

Resuming debate, the hon. member for Joliette has the floor.

[*Translation*]

Mr. Gabriel Ste-Marie (Joliette, BQ): Madam Speaker, I would first like to ask for unanimous consent to share my time with my colleague and friend, the member for Montcalm, who is a leading expert on this subject.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Does the hon. member have unanimous consent to share his time?

Some hon. members: Agreed.

Mr. Gabriel Ste-Marie: Madam Speaker, medical assistance in dying is a topic as crucial as it is sensitive. By choosing to delay debate for three years, the Liberal government is aligning itself with the Conservatives, with the blessing of the NDP, to ensure this debate will never happen again. That is highly irresponsible.

The Bloc Québécois was in favour of a one-year delay, but three years pushes it to after the next election. In other words, we will not be discussing this issue for a very long time. Meanwhile, Quebec has passed a law that allows advance requests. Specifically, it covers people suffering from neurodegenerative diseases such as Alzheimer's and Parkinson's. However, Quebec's law is blocked until the Criminal Code is amended by the House. The entire National Assembly of Quebec has asked Ottawa to amend the Criminal Code accordingly. Although the Quebec law allows advance requests, the Criminal Code does not. This leaves doctors open to prosecution.

That is why we presented an amendment addressing this issue. Again, the Liberal government, the Conservatives and the New Democrats chose to oppose it. Again, Quebeckers are reminded that we cannot decide for ourselves, even when there is consensus, and that our neighbour will decide for us. Furthermore, the government did all this by imposing a super gag order, with the NDP's support. It wanted to muzzle the House and put off debate well into the future while rejecting Quebec's unanimous request. So much for democracy here.

Here we are reviewing a bill that seeks to delay choices involving mental disorders and that says nothing about neurodegenerative diseases and advance requests, unlike Quebec's law. All this is happening three years after Bill C-7 was passed. Regardless of what other parties choose to do, we continue and will continue to ask that the Criminal Code be aligned with Quebec's Act Respecting End-of-Life Care by allowing advance requests.

Can I ask for a bit more compassion in the House? Is it so complicated to change the Criminal Code to give effect to the Quebec law with respect to advance requests for people suffering from serious and incurable neurocognitive disorders?

In an attempt to convince my colleagues of the importance of Quebec's request and the urgency of the issue, I would like to read a very moving letter sent by one of my constituents. She talks about what her mom, Jacinthe Arnault, went through. Here is what the letter says:

> At age 56, my mother, Jacinthe Arnaud, a clinical nurse, was diagnosed with early-onset Alzheimer's. Nothing in her family history could have predicted that this huge black cloud would darken the rest of her life. The second thing she told me in 2019 after being diagnosed was:
>
> "Promise me you won't let me die in a long-term care home. Promise me, Cath, that you'll let me go with dignity." Back then, the MAID legislation did not allow for people with cognitive impairments to access this type of care.
>
> I scrambled to learn about the subject, to talk with MPs, to contribute to the improvement of the legislation at the National Assembly and to get informed about what was being done in other countries. What I found was that we were in a dead end—even if my mother repeated her request week after week, I could not see how I could grant her the end she was hoping for. In 2021, when the "imminent death" requirement was taken out of the legislation, there was a glimmer of hope. Fortunately—or unfortunately—my mother wasn't 100% aware of her condition and wasn't ready to let us go and choose to die, at the risk of losing her chance to die with dignity.
>
> The disease progressed very quickly, much faster than the legislative work to expand MAID. In early 2022, we had to watch over my mother almost constantly as her cognitive abilities, her memory and even her motor skills became more and more impaired. She still had enough clear-mindedness to ask her geriatrician for MAID. We started the procedure. It was very stressful not to know whether my mom would change her mind right until the very end, not because she didn't want MAID anymore, but because the disease would have made her unable to understand her condition and where she was headed.
>
> Do you know that the legislation imposes a 90-day waiting time before MAID can be granted to patients with cognitive impairments? As a nurse myself, and seeing my mother get worse and worse every day, I could not see how she would still have a clear mind after 90 days. After several discussions with the prescribing physician, we were able to move up the date.
>
> Why was my mother's credibility called into question? Why do patients with cognitive impairments have to wait before receiving MAID, but not patients with other incurable diseases? Requesting in advance to die with dignity is a very personal and legitimate choice, according to my mother and me. It is a decision that should, in a perfect world, be made quickly after diagnoses of this nature. Considering that neurodegenerative diseases evolve very differently from one patient to the next, wouldn't it be logical to allow these patients to request a dignified death in advance?

● (1125)

> Not knowing if she would be allowed to die put my mother under incredible stress. And let me tell you, as a mother of two young children, I too was under a tremendous amount of stress, not knowing if my mother would pass away or if I would have to institutionalize her within a few months, which would have been a very difficult choice to make, considering the wishes she had so forcefully expressed.
>
> During the last years of her career, my mother worked in the hemodialysis department at the Joliette hospital. She wanted to keep helping others. On May 4, 2022, she died in an operating room at the Joliette hospital, with her by her loved ones at her side. She saved three people. Both of her kidneys and her lungs live on somewhere in Canada. We're extremely proud of that.
>
> I'm so proud of her and of us.
>
> I wish with all my heart that ADVANCE requests for MAID were allowed. All these people who are sick now and who would like to die with dignity are depending on the legislation to be changed quickly.
>
> Best wishes,
>
> Catherine Joly

I thank Ms. Joly for her letter from the bottom of my heart. I agree with her, because I also hope with all my heart that advance requests for MAID will become an option. As she says, it is a matter of dignity. As she points out, everything depends on how quickly the legislation can be changed. Quebec has changed its legislation. The one step left is to harmonize it with the Criminal Code.

I sincerely hope that Ms. Joly's words have helped convince my colleagues about how important it is to make this change and make it quickly. I thank her.

● (1130)

[*English*]

Mr. Chandra Arya (Nepean, Lib.): Madam Speaker, Canada is one of the most advanced democracies in the world. That is why we bring in legislation, some of which is quite unique. In Canadian history, over all 155 years, this is the first time legislation like this has been brought forward.

Whenever we bring forward legislation that fundamentally affects every single Canadian's life, is it not important that we relook at it, modify it if required, take a pause, check to make sure everything is okay and patiently advance it instead of rushing it through? I would like the hon. member's views on that.

[*Translation*]

Mr. Gabriel Ste-Marie: Madam Speaker, I would like to say two things. First, there is unanimous consensus in Quebec. All parties in the Quebec National Assembly voted to pass a law, but it has no force or effect because it is being blocked. Quebec is asking that its law be aligned with the Criminal Code so it can come into effect in Quebec alone. That is what we are asking. It is not complicated. The government tells us this is very important, but it chose to do nothing and kick it down the road, even though we need to act quickly.

Second, the decision to delay all debate in the House for three years brings us to after the election. Projections indicate that the Liberals will not form a majority government. In all likelihood we will never discuss this again, we will never come back to this debate. I think that is irresponsible.

We first dealt with Bill C-7 in 2021. That is already three years ago. What has the government done in three years? It came up with the current bill, which says they will ensure the debate will never be over. We think that is irresponsible. I beg the government to at least try to harmonize the Criminal Code with the unanimous will of Quebec. It is a matter of dignity. My society and my nation are ready. However, they are being blocked by their neighbour, who is choosing not to act. I am asking them to act.

[*English*]

Mr. Ziad Aboultaif (Edmonton Manning, CPC): Madam Speaker, the hon. member read a letter from a constituent. Conservatives also receive letters that speak in a different way about the dignity they look for and how they want their lives to be treated based on MAID and the new law that will be put in place.

If the hon. member's emphasis is on the humanitarian and compassionate side of this, would it not apply to every Canadian rather than just narrowing it to Quebec? I understand and respect that he represents a Quebec riding, but we need to look at something that applies to all Canadians. I think that is the purpose behind what we are debating today.

[*Translation*]

Mr. Gabriel Ste-Marie: Madam Speaker, from my perspective and that of my party, the substance of Bill C-62 is to ensure that we never discuss this again. By choosing to extend the exclusion by three years, there could well be a Conservative government—possibly a majority government—in power. I would be amazed if that government chose to follow up and move in the same direction.

Let me remind my hon. colleague that Canada is a federation that includes several nations. The Quebec nation has a unanimous position on advance requests but cannot implement it because the federal government refuses to amend the Criminal Code.

We understand that the rest of Canada may have other debates. That is the idea of a federation, to bridge different cultures and perspectives. There is unanimity in Quebec. We are not asking for a unilateral approach or for the Quebec model to apply from coast to coast, but for Ottawa to stop blocking what Quebec has unanimously decided.

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Madam Speaker, I simply want to remind my colleague that, yesterday, I voted in favour of the amendment for advance requests because there is a political and social consensus in Quebec society. I think that the message for the federal government is to find a compromise and a solution so as not to prevent Quebec from moving forward.

However, we must also not block the bill, because there is no medical or scientific consensus on the issue of mental health as the sole underlying condition. I think that it is important to meet the March 17 deadline and to ensure that we can reflect together on this issue because there is no medical or scientific consensus.

● (1135)

Mr. Gabriel Ste-Marie: Madam Speaker, I recognize that the member voted with the Bloc Québécois for advance requests, but I deplore the fact that he was the only one from his party to do so. This demonstrates the rift that exists between Quebec and the rest of Canada on this issue. It is deplorable. I deplore the fact that the member could not convince his entire caucus to vote with us.

I recognize the importance of taking the time to talk about such important issues. However, we have been at this for three years, and the government has not done anything.

Extending the deadline by three years is a hypocritical way of ensuring that we never talk about it again, because that takes us past the next election. It is irresponsible.

Mr. Luc Thériault (Montcalm, BQ): Madam Speaker, I will start with an assertion whose veracity will become clear. With Bill C-62, the cowardly Liberal government brought forth a mouse.

If we are talking about Bill C-62 today, it is because Bill C-7 created the Special Joint Committee on Medical Assistance in Dying when it passed. The committee's mandate was to review the medical assistance in dying legislation, in particular as regards the issue of advance requests. Because we knew that the problem was more difficult in cases of mental illness, the government set up an expert panel to help MPs do their job. The panel was to issue a report to the special joint committee.

The expert panel was indeed set up. The problem is that, instead of putting everything in place following the adoption of Bill C-7, the government decided to call an election in 2021. That delayed the process.

Immediately after the useless election, we would have expected the special joint committee to sit but, no, we had to wait. They took their sweet time. The committee was finally convened, but it had a huge mandate. Its mandate was so huge that Bill C-39 on mental illness had to be introduced, delaying the committee's recommendation.

Since February 2023, the committee has been very clear on the issue of advance requests. In fact, that was its most widely held recommendation. During the entire debate on Bill C-62 in the House, the government said that we needed to be cautious and proceed slowly. That is fine, but when caution involves making patients suffer, I cannot agree. I think we need to be diligent.

The government took its sweet time. Here we are in 2024, and it introduced legislation seeking to postpone the issue of mental illness. Fine, but what is happening with the main recommendation the committee made in February 2023? The government knew very well that Quebec was laying the groundwork on the issue of advance requests. It knew very well that Quebec would bring in its own law. Instead of taking inspiration from that and seeing what measures could be included in the regulation accompanying Canada's MAID legislation, it did nothing.

I have stood in the House many times to ask the Minister of Justice and the Minister of Health why the government did nothing. Why does the bill not include a component on advance requests, which should have been prepared over the past year? After all, the government introduced legislation enacting the special joint committee's February 2023 recommendation on mental illness. On the issue of advance requests, however, it did nothing, despite the majority recommendation.

Yesterday, I got my answer. The Minister of Health demonstrated in front of the whole committee that he was unfamiliar with the Quebec law, yet he rises in the House and says he has enormous respect for Quebec's process. The Liberals do not even know what they are talking about. The minister told me that the issue of advance requests is more difficult than the issue of mental illness because, for example, there might be family quarrels at the patient's bedside.

● (1140)

I realized that the minister had not read section 29.6 of the Quebec law, which stipulates that, as soon as patient is diagnosed, they can appoint a third party. The third party will not determine when the person can access medical assistance in dying, but will advocate for their wishes, which will be included in the advance request, or the person's criteria.

People in my riding have told me that, when they become incontinent and can no longer control their bowels, when they have reached the point where they no longer have any appetite and it becomes a chore for their caregivers to feed them, although they are well compensated for their troubles, when they are no longer able to recognize their friends and family members and when they can no longer maintain relationships, they would like to have access to medical assistance in dying. The third party in whom they have placed their trust will then ask the care team—because patients are indeed cared for by entire teams—to evaluate whether they are meeting the criteria, if they are there yet.

If people make advance requests, it is because they want to avoid shortening their life. They want to live as long as possible. We could be good to them and take care of them until they cross their tolerance threshold.

The minister does not even know what I am talking about right now. Do members think it is normal that people say they respect Quebec, that they have great admiration for Quebec's progress on this issue, but that they do not even know what is in Quebec's law?

It is no surprise that they come out with a bill like Bill C-62, that does not address this at all. Then they have the gall to say that Quebec has made good progress, but that not all Canadians are ready for that, so they have to wait and watch their patients suffer. Quebec is not the only province that supports advance requests. According to an Ipsos survey, 85% of Canadians from coast to coast support advance requests.

The Conservatives claim that they want to do good, they want to take care of Canada's most vulnerable. I, too, want to take care of the most vulnerable, but who is more vulnerable than a patient who is about to cross their tolerance threshold, who is suffering and who is being told no by the government?

Some claim that there could be abuses, as if the Criminal Code did not provide for punishment of abuses. They seem to believe the medical system to be inherently evil. I heard my Conservative colleague earlier. Listening to the Conservatives, one would think everyone working in the health system wants vulnerable people euthanized. I heard another Conservative member say there is an opioid crisis, there are people in the streets, and we are going to euthanize them. That is absolutely false. It is really far-fetched. That kind of rhetoric is meant to scare people; it amounts to spreading misinformation on a crucial topic.

When we care, we do not infringe on individual autonomy. The role of the state is not to decide matters so personal as how someone wishes to cross their threshold of tolerance. It is not to tell patients what is right for them. It is to provide the conditions so they can make a free and informed choice.

● (1145)

[*English*]

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, I have to say that I find the position of the Bloc to be somewhat curious insofar as it is inconsistent with the position taken by the National Assembly, which rejected the policy of the government to expand MAID in cases where mental illness is the sole underlying condition.

I understand that the position of the Bloc members to oppose Bill C-62 is on the basis they would like to see the policy implemented in one short year from now.

Can the member explain why the Bloc is taking a position that is inconsistent with that of the National Assembly?

[*Translation*]

Mr. Luc Thériault: Madam Speaker, I have said it repeatedly, the Bloc Québécois wants Bill C-62 to include a section on advance requests for MAID. This is our main objection.

We tried to introduce amendments in step with Quebec's request and that of the whole National Assembly. Where mental disorders are concerned, we start from the premise that psychiatry is unable to ease the suffering of every patient stricken by a severe mental disorder.

Psychiatrists told us that 50% of their diagnoses are wrong. It is a wonderfully precise science. However, one thing is true. Although there is no exact diagnosis and a diagnosis can change, what is clear, straightforward, specific and a constant in a patient's journey over the decades is that they suffer. Psychiatrists cannot deny that their patients suffer, and that all they can offer them is a path to palliative care. In fact, Dr. Gagnon told us we had to develop palliative care for people afflicted with mental disorders because that is all we can offer them.

Quebec made its decision in 2021. It did not have the opportunity to work off the expert report that the Special Joint Committee on Medical Assistance in Dying had in 2022.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Madam Speaker, this morning is my first opportunity to take part in this debate.

I have heard a few comments from people who think the Government of Canada is going to have a hand in murdering Canadians.

[*English*]

I know it has come up in a point of order. We are stuck, but it does not mean that anyone wants to murder any Canadians.

I think we need to be concerned, with a choice and a debate this deeply personal and moral, and with such complicated questions. Given the constraints of Supreme Court decisions and the work of the Senate, how do we keep the focus here not on the partisanship of this place but on making and passing good laws?

[*Translation*]

Mr. Luc Thériault: Madam Speaker, I challenge anyone to find petty partisanship or political calculation in any of my speeches. I always focus on the issue at hand. Since 2015, what I have come to realize is that, unfortunately, parliamentarians here in the House are not on the same page as Quebec parliamentarians. Time for reflection is sorely lacking here.

We could have had some time for reflection—since 2021, actually—but the government dragged its feet. That meant that we had less time and less of an opportunity to do thorough work.

The issue of mental disorders is now being postponed until 2027, which basically amounts to choosing not to deal with this issue. I would like us to work on this issue immediately after royal assent, but that is not going to happen.

● (1150)

Mr. Simon-Pierre Savard-Tremblay (Saint-Hyacinthe—Bagot, BQ): Madam Speaker, I congratulate my colleague for his responsible speech. Scaremongering is absolutely deplorable. That said, even though the Conservatives make a habit of scaremongering, I consider it our duty to address any reasonable apprehensions that the public may have.

Obviously, MAID is a permanent and irreversible solution. Could my colleague briefly tell us how MAID precludes the possibility of rash decisions and how it will be implemented in a structured, responsible and reasonable way?

Mr. Luc Thériault: Madam Speaker, first of all, we have to start from the premise that all health care workers are basically caring and compassionate people. The premise of MAID's opponents is based on their belief that certain fundamentally malevolent and evil people want to get rid of vulnerable members of our society.

It seems rather surprising that the Conservatives, as economic libertarians, believe that the state should get mixed up in such a personal decision as an individual's death. The reason is that other determinants are at play. I have asked them repeatedly why they think that they are in a better position to make that decision than the person who is suffering. Today, I will say the thing they lack the courage to admit: it is because of religious beliefs.

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

The member for Saint-Hyacinthe—Bagot rose on a point of order earlier. I checked the record.

The member for Leeds—Grenville—Thousand Islands and Rideau Lakes' comment was not directed at the member. It was a general comment. When he repeated his remarks, I heard him clearly that time. I then mentioned that such comments should not be made in the House. It can cause disorder, but I am also certain that no member in the House wants to kill anyone.

I checked the record. It was a general comment that went: "If there are members in this place...who would rather have the government kill people".

I just wanted to add that.

The hon. member for Saint-Jean is rising on a point of order.

Ms. Christine Normandin: Madam Speaker, in response to the ruling you just made, I would invite the Chair to possibly consider the fact that using unparliamentary language about members in general is no less harmful than using it about one member in particular, in my opinion.

I would like to hear the Chair on that because even if the comments were not directed at one specified member, they are no less harmful. I think that the ruling should be made regardless of who the comments are about, whether it is someone specific or members in general. It is the comment itself that is harmful.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I appreciate the hon. member's comment, and I will discuss it with the other occupants of the chair. These sorts of comments have been a number of times, and we need to stand up and say whether that is acceptable or not. We also heard many such comments yesterday. This is not the first time. This sort of thing has been happening for years.

We also need to ensure that the members who are rising to speak think about what they want to say or what they are going to say before they say it. It is not just the Speaker's responsibility to manage the House. It is the responsibility of all members to ensure respect for the House and how it works.

[*English*]

Resuming debate, the hon. member for Timmins—James Bay.

● (1155)

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, as always, it is a great honour to rise in this House, as I have done many times over the past 20 years. I mention the 20-year mark because I have always been a great political optimist, a great believer in Canada and a believer in our fundamental goodness when it comes to working things out.

However, we are in a very dark time for democracy. We see the rise of disinformation and social conflicts in all aspects of life. On the international stage, we see the uncertainty coming out of Putin's aggression and the mass killing of innocent people in Palestine. I do not feel that the House of Commons is rising to what Canadians expect us to be. Too often, we are dealing with very profound issues through glib press releases or slogans and bumper sticker politics.

Every now and then we are confronted with legislation that forces us to go deeper, and this is certainly such a moment. There is nothing more profound in the human community than birth and death. How we address the rights of people as they are dying, as well as the supports that need to be in place, not only defines who we are as a society but also goes right down to who we are as families, as neighbours, as spouses, as parents and as children.

We are in a very unfortunate moment in terms of the failure to put the guardrails in place to protect people at this most profound moment. The issue of MAID is very personal, and it is of societal importance that we get this right.

I have certainly struggled with this issue. I wanted to make sure that what we did was done for the benefit of all, in the best interest of the human community, considering the right not only of the individual but also of the people who love them to be part of something special.

I am coming up on the anniversary of my sister Kathleen's passing. Nobody blew through our family more like a summer storm than Kathleen, and I have never seen anybody suffer greater pain. She was fearless right until the very end. Kathleen was always wanting one more gathering, song or story. She would never have accepted MAID, because her will to live was so powerful even as she knew she was not going to live.

I am not saying that her death was any more profound than anyone else's. How she went was her choice, as well as our choice. My mother said the rosary; I sang *Danny Boy*. That is how we do things in our family. We had one of those great Celtic wakes afterward. There were people there who had never even met my sister, but they all told stories about her. That is the way we do things in the Celtic tradition.

I have also had friends, who had cancers they could not beat, phone me to say goodbye. MAID allowed them the opportunity to choose, with their family and their community, a dignified way to go. I respect that. It is a very profound choice.

When Parliament was confronted with the need, because of the Supreme Court ruling, to put a regime in place, we did so and then said that there would be a review. We needed a review because we were going to a place we had never been to as a society. The review would happen after we saw how MAID was working. Was it working as it was supposed to? Were there abuses? Were the rigours that Parliament said had to be put in place not paid attention to?

Then we had the Quebec Superior Court decision, the Truchon decision. I felt at that time that it was the obligation of the federal government to appeal. I am not going to argue the merits of the Truchon decision, but the obligation of the federal government was to make sure that, if we were to apply this at the national level, we had really done all the due diligence. That was not done.

The Liberals moved a change to MAID before the review that was supposed to happen. Suddenly, things were already changing from what we had agreed on. Then it went to our colleagues in the Senate. I will never say much that is positive about the Senate, but today I will certainly say how dismal and appalling the attitudes of the senators were.

● (1200)

Stan Kutcher, whom I had to sit with on the special committee, showed disrespect and arrogance. Senators, who are not elected, who have no accountability, who do not have to go back to their communities when they are dealing with a suicide crisis like I and other people have to, said that they wanted an arbitrary date to extend MAID to people suffering from mental illness and depression. That was an extraordinarily outrageous and poorly thought out overreach, and it was the job of the Parliament of Canada to simply say, no. All the other provisions of MAID would have stayed in place, but that did not happen. What happened was the Liberals agreed, and then it dawned on them that we were going down a very dangerous road and things had not been thought out.

There is my colleague from Abbotsford, whom I have sat with on many committees. We probably disagree on a lot in politics, but we share the same integrity of coming to the House to do the right thing, bringing what we can bring to bear. He brought forward legislation to deal with this provision, and it was voted down. Therefore, we are now some 30 days from a profound change in legislation that would change Canada forever, and we are scrambling on a question of life, death and body autonomy. This is not how we should be dealing with these issues.

I used the words “body autonomy”, because it is one of the profound human rights, the right to control one's body and the right to make a decision, but it is not an absolute right. There are societal factors that go into that right. When people are deeply depressed, when they are suffering mental illness and feel alone, their body autonomy has been compromised as has their ability to make decisions.

It is really important for us to always remember that nobody dies alone. They may die in grief. They may die in isolation. They may die in the blackest hole of their personal pain, but the impacts of that death affect family, neighbours and people beyond what the poor person who suffered that dark moment could ever understand. If people have ever sat down and worked with people whose loved ones were lost to suicide, they want to say, again and again, “If only they had known how much they were loved.”

In the northern communities I work in, children as young as 10 years old are giving up and killing themselves. What kind of nation sits back and lets children give up hope at age 10?

I would have thought that when we had those kinds of suicide crises at Cross Lake, Attawapiskat, Pikangikum, and Wapekeka, and we cannot even mention how many of those communities have suffered, that there would have been a national consensus to look at what we needed to put in place, but that did not happen.

When I sat on that special committee and heard some of the medical experts say that they were really pleased that the Liberal government had put in place all the steps necessary to help this through, it made me think that we were putting resources in place to push ahead the ability of people, who are severely depressed, to make a decision to die without getting a second opinion from their loved ones, their families or their spouses, even. The government would do that, but it would not put in place the broader supports we need for mental illness.

This is not a whataboutism issue; this is about the crisis we are facing, with 4,000 suicide deaths a year. The mental health crisis is extreme. In 2016, I brought forward the national palliative care strategy, because it is not applied fairly across the country. When we cannot die in dignity, it is a terrible thing.

We have talked with doctors and nurses across the country about the palliative care approach. The federal government agreed and said it would put a strategy in place, that it would work with the provinces and territories, yet nothing was done. In 2019, I brought Motion No. 174 on a national suicide prevention plan, which was based on the incredible work that was done in Nunavut. We know that Quebec put a suicide prevention plan in place and cut the suicide rate by 50%.

● (1205)

Once one starts to map it out, these factors are not difficult to find, the patterns of where those suicide clusters form, with respect to areas of age and economic crisis. That was part of what the suicide action plan would be. Parliament would provide the resources so we could to start to map out where these crises occurred and put the mental health services in place.

We need to be doing that as a Parliament instead of scrambling at the eleventh hour to come up with a fix, a temporary fix, another temporary fix on a temporary fix, on a decision that was put forward by a non-elected, unaccountable Senate, which had no backing, no credibility and no support, other than the fact that a couple of arrogant senators, who have never been elected and have no accountability, decided that Parliament would go along with this, and the government put up with that.

It was an absolute failure of public policy, to unelected senators like Pamela Wallin and Stan Kutcher dictate health policy for people in crisis. We would never allow that for anything else, yet here we are, 30 days from the deadline.

We have had letters telling us not to do this. Seven out of 10 provinces say to not do this. We had the medical community saying that it had no way to even properly assess and not do this. We have had really profound, thoughtful witnesses come forward to talk about the complexities of the issues of mental illness. Who is one to say whether it is irredeemable? Who is one to say that this suffering is so bad that it warrants death, when there are options?

We also have the issue of people in increasingly desperate situations, who feel alone. It tells us who we are as a society when we say that it is really too bad that one is homeless. It is really too bad that one is suffering the nightmare of addiction. It is really too bad that there are young people in a northern indigenous community and they have never, ever been able to get proper medical attention. However, if they want to die, we will set up a process.

MAID was not meant for that. MAID was meant to deal with people who could make the choice, an informed adult choice as they suffered pain that would not go away, with their loved ones and their families.

I remember when my good friend Liz from Vancouver Island called me. We were good friends. She used to drive me around Vancouver Island in this old Jaguar with wood panelling that she got for $4,000. I kept saying, “Liz, if this car breaks down on the mountains, I'm not going to have to get out to push it to the other side am I?”

Liz played blues music for me in the car. She talked about the Catholic saints and about queer politics. She was her own person, and she smoked. As she was dying, she called me and said that this was the moment, that she was taking the moment because this was the last one she may have to make that decision. It was a very profound way to go. MAID is for that.

MAID is not for people who feel they have no hope, without a back-up, without a robust, multidisciplinary team to walk the issues through with them. It is not something they can make a second choice.

I think of Dr. Valorie Masuda, a palliative care physician, who said to the committee:

> If this special joint committee on MAID recommends proceeding with allowing access to MAID for chronic mental conditions, I would recommend that there be a robust, multidisciplinary review process involving physicians, psychiatrists, social workers and ethicists involved in a patient's MAID application, and that there be a transparent review of MAID cases shared between health authorities and provincial and federal oversight so that we ensure we are not treating social problems with euthanasia.

Imagine if someone with mental illness and depression were able to get a multidisciplinary team of physicians, psychiatrists, social workers and ethicists, we would not have a mental health crisis. Those people are not there. Those teams are not there.

The government made a commitment to transfer $4.5 billion for mental health to the provinces to deal with the crisis that is unfolding before us, but it has not done that.

● (1210)

Therefore, again, we are in a situation where we are being asked to vote. The bill that the Liberals have brought forward is gutless, because it will punt this down the road for three years, and we will be back at it in three years.

We had punted it down the road for a year over the fundamental failure of the former attorney general who simply let it pass. However, the Senate made a completely unreasonable, undemocratic and unwise pronouncement that overrode the work of the democratically-elected House, a House whose members, as dismal as we are sometimes, dumbed-down, sloganeering and fighting over the stupidest things, have to go back to our constituents and talk to them. We have had to go the funerals of people who have died from suicide because of depression. We bring that experience into the House.

We can disagree on the extent of MAID, we can disagree on many things, but we have a democratic right and a duty to do the right thing here. The Senate has no democratic accountability to anyone. Therefore, the fact that we are having to pick up the pieces from its arrogance and the failure of the Liberal government to hold it to account is concerning. We need to reflect on that. I would urge the members in the other chamber to not play games with this.

On March 17, the deadline changes, the law of Canada changes, and the amount of people who could die without proper support would change. It would change forever the legal framework of Canada. My message to those unelected senators is not to play games with the work we are doing. We are picking up the pieces. We are trying to fix the damage they did, and we need to do so this, because a bigger principle is at stake, the stake of human dignity in a country.

We have to also extend this conversation to our ongoing failure as a nation on mental health; our ongoing failure to offer young people a better future; and our ongoing failure to recognize that if the weakest people in our society are allowed to kill themselves because there is no hope, then we have failed, and we are failing.

I would like to think that we can come together across party lines to say that there has to be guardrails that protect the autonomy of the individual, and also places individuals who are in mental crisis and depression within the context of their family, their loved ones and their society. When one dies alone and in darkness, the effects are felt for years and years after.

Going into some communities after a suicide crisis is like walking into shockwaves of grief that play out for years and years to come, and it takes so much work to come back from that for a community, for a family. Here we are as a society making that decision. Therefore, let us do this right and let us do this with respect for the people who expect us to do the right thing.

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Madam Speaker, as always, I appreciate the member's interventions, his insights and all that he brings to the table. I would agree with the member in that one of the sticking points for me in this process is the fact that the agenda, and this is undeniable, has been driven by the Senate.

There is a big difference between government legislation and Senate legislation, and we are talking about a Senate amendment. The government has all kinds of resources. It has access to all kinds of experts to consult. It has access to legal experts, it does charter analysis and everything else. However, the Senate side does not have those same resources.

Therefore, how could the Senate approach this with such a degree of certainty and, in some cases, one might say, a sense of infallibility when it does not really have the resources that the government has? The government, with all those resources, never intended to go ahead. I would like the member's comment on that.

Mr. Charlie Angus: Madam Speaker, if people are not elected and cannot be fired, it does not just give them a sense of infallibility; it gives them a sense of absolute arrogance, because they can do whatever they want, for better or worse for Canadians.

I was certainly appalled. I had the honour to sit in for my colleague for Nanaimo—Ladysmith for one of the meetings, and I was super careful asking questions, even for the people with whom I did not agree. I wanted to get this right. However, I felt this sense of lazy arrogance. Senator Kutcher so much as said that they had already agreed they would not hear all the witnesses, that they had already agreed they would just push ahead. The Senate blew this. It did not do the due diligence. Senators were not even interested in hearing the witnesses. We should never have been put in a situation to let that lot make a decision as profound as this.

● (1215)

Mr. Kevin Waugh (Saskatoon—Grasswood, CPC): Madam Speaker, that was a passionate speech by the member. He spoke in particular about northern Canada, where maybe the resources are not the same as those Canadians enjoy in metro areas. He also brought up the Senate situation.

I think we are seeing in the House of Commons these days that we are having issues with the Senate, in particular with Bill C-234, which we have brought back several times here, and the MAID legislation. This is a concern. As the member said, they are not elected. They are appointed. It has caused some strain on families, not only with the MAID legislation but also for the agriculture sectors with Bill C-234.

I just wanted to point that out and have the member comment on the issues we are having with the Senate. It looks like we could have these issues for a number of years with the Senate, compared to the House of Commons.

Mr. Charlie Angus: Madam Speaker, we certainly know that the Conservative record on the Senate is pretty dismal too. I mean, they put Mike Duffy, the Come-From-Away senator, in there. Why was that? Was it because he was a hack who raised money for Stephen Harper? Pamela Wallin and Patrick Brazeau can be included in a rogue's gallery of people who are not accountable.

The issue today is that we now have, as a Parliament, a democratic body, the obligation to fix something very profound. I would love to debate and talk about how we deal with that unelected, unaccountable lot where it seems that, if they flipped pancakes for the Liberal or Conservative parties, they get a job for life. There has to be a better way of running a democracy.

[*Translation*]

Ms. Christine Normandin (Saint-Jean, BQ): Madam Speaker, a few weeks ago, I attended the funeral of a friend's mother who had decided to avail herself of MAID. In her farewell speech to her mother, my friend said the following: Mom, when you told us about your decision, I did not agree because it was going to deprive me of a mother, but I had no choice but to respect your decision, because it was yours to make.

I thought it was a testament to her generosity of spirit.

In his speech, the member for Timmins—James Bay talked about respect. Since he is so knowledgeable on the subject, I would like to ask him a question that I did not have the opportunity to ask earlier. Although it is not necessarily the subject we are debating today, I would like to know why he decided to vote against the amendment to allow Quebec to offer advance requests. The purpose of this amendment was to allow the Government of Quebec to proceed with the safeguards we have in place, and this request did not require a specific provision for Quebec in the Criminal Code. The purpose was to ensure that all provinces could use the program if they wanted to. I would like to hear why the member for Timmins—James Bay—

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member for Timmins—James Bay.

Mr. Charlie Angus: Madam Speaker, I thank my colleague for her thoughtful question.

Parliament needs to put a process in place to examine all these issues. Personally, I think it is an important issue, and members of Parliament need to work together to make the necessary changes to this bill.

[*English*]

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, the member highlighted the ravages of what colonial systems continue to do to indigenous peoples, but I wanted to ask specifically about Bill C-62 and the amendment that has been inserted about the creation of a joint committee of both houses of Parliament designated for determining eligibility.

What does the member think about that amendment, which would require discussions on ensuring the eligibility of a person whose sole underlying medical condition is mental illness? Does he think that is an urgent task that needs to happen after Bill C-62 is passed?

● (1220)

Mr. Charlie Angus: Madam Speaker, we know that a joint committee was struck, and we heard a lot of testimony, in particular, that the process in place to make this work is not there. We need the legislation to say that the right of someone to die because there are no other options out there for them is not good enough. We need to close this loophole.

We need a committee to be struck, I think, to examine how MAID is rolling out to make sure that it protects rights. Also, I think we need a conversation about proper mental health services, which are being denied to people across the country.

Ms. Marilyn Gladu (Sarnia—Lambton, CPC): Madam Speaker, I acknowledge the member's work with his palliative care motion, which led to my bringing the palliative care bill to Parliament. He may be aware that the five-year review shows an increase in people who have accessed palliative care from 30% to 58%. There is still a long way to go.

My question for the member has to do with the Truchon decision, which he talked about. I agree that it should have been appealed to the Supreme Court, but the government today can still ask the Supreme Court to weigh in on it. I think that is what the government should do. Does the member agree?

Mr. Charlie Angus: Madam Speaker, the problem was that the government accepted the decision and changed the law. Now we are dealing with it.

My message to government is that, from here on in, we cannot be cavalier about this. We cannot just allow unelected bodies, or even a superior court, to make a decision on something so profound. Our duty as parliamentarians is to test the law, check the law and make sure that any changes from here on in are done within a broader framework of rights, dignity and the protection of the vulnerable.

Ms. Laurel Collins (Victoria, NDP): Madam Speaker, I thank the member for his advocacy on this issue.

I have heard from constituents who have given up hope, who are struggling with the housing crisis and the high cost of living and feel like that they have been legislated into poverty. They are worried about the expansion of MAID and what that means for them and the people they love who are in the same situation.

I am wondering if the member can talk about the responsibility of successive Liberal and Conservative governments in putting people in this dire situation.

Mr. Charlie Angus: Madam Speaker, I have spent my career believing in the great hope of Canada and the fundamental goodness of Canada, but as a nation, we are failing people. We are failing people in a time of growing climate uncertainty and international uncertainty. People are afraid. They need to know that what we do in the House brings their concerns forward and tries to put reasonable solutions in place because people cannot be left feeling hopeless and uncertain at this time.

Mr. Chandra Arya (Nepean, Lib.): Madam Speaker, I will be sharing my time with the member for Fundy Royal.

I am pleased to have the opportunity to speak in the House today in support of Bill C-62, the bill that proposes to extend the temporary exclusion of mental illness as an eligible condition for medical assistance in dying by three years, until March 17, 2027. I will speak today about the importance of a delay before lifting this exclusion to provide more time for the provinces, territories and their health care partners to prepare for this critical juncture in the evolution of medical assistance in dying, which we refer to as MAID in Canada.

The legal framework for MAID is set out in the federal Criminal Code. However, it is the provinces and territories who have the responsibility for health care delivery, including MAID implementation. We have been working in close collaboration with the provinces and territories to support the safe implementation of MAID since before the original legislation permitting MAID was enacted in the Criminal Code in 2016. This is an important relationship built on the mutual goal of ensuring quality health care for the people of Canada.

Both the expert panel on MAID and mental illness and the Special Joint Committee on Medical Assistance in Dying emphasized the importance of clear practice standards and consistent implementation of guidelines across the country, training for physicians and nurse practitioners, and case review and oversight to support best practices and trust in the appropriate application of the law.

Provincial and territorial governments and their stakeholders, such as health care professional organizations, regulatory bodies and practitioners, have been actively planning for eligibility for MAID for persons whose sole medical condition is a mental illness. As has been recognized across the board, critical progress has been made in this regard. However, the provinces and territories face different challenges within their jurisdictions and are at varying stages of work in implementing these key elements and consequently their readiness for the lifting of the exclusion.

For example, a model practice standard for MAID was developed by an independent task force group made up of clinical, regulatory and legal experts as a resource for physician and nursing regulatory authorities to adopt or adapt in their development or ongoing revision of MAID standards. In addition to the model standard, the task group also released a companion document entitled "Advice to the Profession".

Practice standards are developed and adopted by regulatory bodies responsible for ensuring that specific groups of health professionals operate within the highest standard of clinical practice and medical ethics. While some provincial and territorial regulatory bodies have successfully implemented MAID practice standards into their guidance documents for clinicians, others are still in the process of reviewing and updating their existing standards. To support the safe implementation of the MAID framework, health Canada supported the development of a nationally accredited bilingual MAID curriculum to support a standardized approach to care across the country. The Canadian Association of MAiD Assessors and Providers has created and is now delivering a training program that has been recognized and accredited by the appropriate professional bodies.

The MAID curriculum includes a series of training modules to advise and support clinicians in assessing persons who request MAID, including those with mental illness and complex chronic conditions, or who are impacted by structural vulnerability, as well as help with the practical application of the MAID legislative framework. The curriculum will help achieve a safe and consistent approach to care across Canada and ensure access to high-quality MAID training for health practitioners. So far, more than 1,100 clinicians have registered for the training, which is impressive given the curriculum was just launched in August 2023. This is only a portion of the workforce. More time would allow additional physicians and nurse practitioners to register and participate in the training, and to internalize these learnings and put them into professional practice.

● (1225)

Now let me turn to case review and oversight of MAID. In Canada there is a process of self-regulation within the medical and nursing professions. The provincial and territorial regulatory bodies, which I spoke of earlier, have a mandate to protect the public for all health care, and MAID is no exception. In addition to the presence of health professional regulatory bodies, several provinces have implemented formal oversight mechanisms specific to MAID. For example, in Ontario, the Chief Coroner reviews every MAID provision, as does Quebec's end-of-life commission. Both of these bodies have strict policies regarding the timing and type of information to be reported by clinicians, and the Quebec commission issues annual reports.

While the provinces with formal MAID oversight processes represent over 90% of all MAID provisions in Canada, other provinces do not have formal MAID quality assurance and oversight processes in place to complement existing complaint-based oversight processes undertaken by professional regulatory bodies. Work is being planned to explore case review and oversight models, and best practices, through a federal-provincial-territorial working group, with a view to supporting consistency across jurisdictions.

All provinces and territories were united in their request to delay the lifting of the exclusion in order to have more time to prepare their clinicians and health care systems to manage requests where mental illness is the sole underlying condition, and to put the necessary supports in place. Provincial and territorial governments must ensure not only that practitioners are trained to provide MAID safely but also that the necessary supports are available to clinicians and their patients through the assessment process.

Both the expert panel and the special joint committee on MAID emphasized the importance of interdisciplinary engagement and the knowledge of available resources and treatments. Experts and practitioner communities have also expressed the need for support mechanisms to be in place for providers undertaking assessments and persons who request MAID, irrespective of their eligibility.

While some jurisdictions have robust coordination services to manage requests and provide ancillary services, other jurisdictions take a decentralized approach, which can result in less coordination across services and disciplines. The availability of necessary support services for both practitioners and patients is also variable, depending on the region. For example, we have heard about the challenges of accessing health care services generally in rural and remote areas of the country. Additional time would allow more work to be done to support patients and clinicians involved in MAID.

The Liberal government is committed to supporting and protecting Canadians with a mental illness who may be vulnerable, while respecting personal autonomy and choice. The provinces and territories are ultimately responsible for the organization and delivery of MAID and supporting health services. Given their responsibility for how MAID is delivered, moving forward before provinces and territories are ready would not be the responsible course of action.

We believe that the extension of three years proposed in Bill C-62 would provide the time necessary to work on these important elements for the safe and consistent application of MAID for persons suffering solely from a mental illness.

● (1230)

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, I think that we all know that indigenous peoples have the fewest mental health resources. A huge part of that is because of Canada's colonial history.

One of the efforts we have been making is trying to get more indigenous healers and indigenous care workers incorporated into the non-insured health benefit system so they can be paid similarly to professionally or academically certified educated mental health professionals. I wonder whether the member agrees that making sure these workers are being funded as well would be a way of alleviating some of the pressures, and one of the better ways to make sure indigenous peoples are getting the mental health services they need.

Mr. Chandra Arya: Madam Speaker, I agree with the hon. member that rural and remote communities, including indigenous peoples, have difficulty accessing the quality health care that many of us in urban centres take for granted.

I also agree with the member that we need to look beyond the formal structure that is currently available in identifying the people with knowledge who can provide health care services. We should see whether we can bring people with the knowledge and expertise in traditional medicine or the various other knowledge systems available around the world into the system, where their knowledge and experience would be available not only to indigenous peoples but to all Canadians.

● (1235)

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, I served on the special joint committee on MAID, and the overwhelming evidence from experts, including leading psychiatrists, is that there are fundamental political problems with MAID in cases where mental illness is the sole underlying condition. This includes the difficulty in predicting irremediability and in distinguishing a request that is rational from one motivated by suicidal ideation.

What evidence can the member cite to indicate that these fundamental political problems will be resolved in three short years?

Mr. Chandra Arya: Madam Speaker, especially on issues on which highly qualified experts and professionals are giving their opinions, sometimes it may not be possible for everyone in the room to agree on the right answer. That is why the government has invested in consultation. The bill did not come up on its own. It is not just an outcome of the thought process of some bureaucrats sitting in a government building here; it also includes a lot of consultations with Canadians, health care professionals and other experts. Their inputs have also been taken into consideration when formulating the legislation.

Mr. Michael Cooper: Madam Speaker, a survey released two weeks ago from the Ontario Psychiatric Association indicates that 78% of Ontario's psychiatrists oppose the expansion and do not believe that there are sufficient safeguards.

Can the hon. member speak to the government's decision not to add additional safeguards, and would he support additional legislative safeguards pursuant to the Criminal Code if in fact we move ahead with this in three years?

Mr. Chandra Arya: Madam Speaker, the short answer would be what I always say, which is that whenever we bring in legislation that fundamentally affects all Canadians, especially the kind of legislation that has never been thought of during the last 155 years, we need to take a real look at it, modify it and change it if required. I am sure there will be a time in the future when we can have a real look at the whole MAID legislation to see whether we can tweak it to better serve Canadians.

Hon. Rob Moore (Fundy Royal, CPC): Madam Speaker, Canadians would be forgiven for thinking they have seen this movie before, because they have. It was only last year that we debated Bill C-39, which provided an extension of the coming into force of this dangerous legislation. Now we are debating Bill C-62, which was introduced two weeks ago thanks to consistent pressure from Conservatives, advocates, experts, organizations and individuals from across the country who want to help individuals live with mental illness, not help them end their lives.

How did we get here? We got here because we have a justice minister, a Prime Minister and a government that have ignored the science, the legal experts, the courts and the pleas of the most vulnerable. They have ignored Canadians. They have plowed ahead with legislation to expand medical assistance in dying to Canadians who deserve help, Canadians who are suffering from mental illness.

I do not need to tell the House about some of the shocking headlines we have seen over the last year. Veterans suffering with PTSD are being told by employees of Veterans Affairs that they could consider MAID. Individuals without housing are considering MAID for economic reasons. Individuals, as we heard at our justice committee when we studied Bill C-7, who did not wish to have MAID were consistently pressured to considered it.

On this side of the aisle, Conservatives have chosen the path of hope rather than harm, and we will continue to do so, but across the way, just this week, we heard a government minister say it is not a matter of if this expansion takes place; it is a matter of when.

I mentioned ignoring the law. When we were at the justice committee studying Bill C-7, we consistently heard the government say that we have to do this because the courts told us we have to. Nothing could be further from the truth. First of all, there was a court decision, which the government did not appeal. That decision in no way directed the full expansion of accessibility to MAID to those suffering from mental illness. In fact, it was not in the original legislation.

What happened with Bill C-7, which we studied at justice committee, in no way, shape or form involved expansion of MAID to those suffering from mental illness. However, when the bill got to the unelected Senate, it was amended to include this provision, which we had not even studied. The minister at the time assured us his bill was charter-compliant. The previous justice minister was at committee.

I am holding today a letter signed by 32 leading experts on the law, professors from faculties of law around the country. The letter says, “We disagree as law professors that providing access to MAID for persons whose sole underlying medical condition is mental illness,” which is what we are talking about today, “is constitutionally required, and that Carter...created or confirmed a constitutional right to suicide, as [the Minister of Justice] has repeatedly stated. Our Supreme Court has never confirmed that there is a broad constitutional right to obtain help with suicide via health-care provider ending-of-life.”

Those are powerful words. If I had time, I would read the names of the 32 professors who signed the letter. People would recognize many of them. They would certainly recognize the different universities they represent.

With the letter in hand, I said to the minister of justice, “Minister, you have come here saying that, constitutionally, you have to do this, but these 32 experts are saying you do not. Who is right, you or these experts?". The minister said, “I'm right.”

● (1240)

That is the attitude we have seen consistently with the government as it has plowed ahead in spite of the evidence, in spite of the concerns and in spite of the pleas from disability groups, mental health experts and psychiatrists.

I have a brief from the Society of Canadian Psychiatry, which makes a number of conclusions. I do not have time to read them all, but I want to touch on a couple of the conclusions:

> At this time, it is impossible to predict in any legitimate way that mental illness in individual cases is irremediable. A significant number of individuals receiving MAID for sole mental illness would have improved and recovered.

This is a finding of the Society of Canadian Psychiatry. I have already spoken about this a bit, but even they can see this. They go on to say:

> The political process leading to the planned expansion of MAID for mental illness has not followed a robust and fulsome process, has not reflected the range of opinions and evidence-based concerns on the issue, and has been selectively guided by expansion activists.

If that does not send a shiver down one's spine, I do not know what would. When we are talking about Canadians at their most vulnerable place, they should be able to count on us. How many of us participate in, for example, Bell Let's Talk Day every year? We say to people, if they are suffering with mental illness, to reach out, that we are here to help and that they should talk to someone they trust and access mental health support. Now, in spite of all this, we have psychiatrists saying the government is moving in the wrong direction.

I turn to their recommendations:

> The Board of the Society of Canadian Psychiatry recommends that the planned 2024 MAID for mental illness expansion be paused—

It's not for a year, not for three years and not for five years, but:

> —indefinitely, without qualification and presupposition that such implementation can safely be introduced at any arbitrary pre-determined date.

What are we led to believe when a government will not listen to legal experts when it comes to the criminal law and will not listen to psychiatrists when it comes to mental illness? It begs the question of who it is listening to and why.

This is the second time, and Conservatives have warned all along that there would be a dangerous, slippery slope. Canada has leapt ahead of all other nations. Some nations were ahead of the curve on this compared to Canada. Now they look at us and ask what happened that we would even be discussing providing assisted death to someone who comes to Veterans Affairs or to one of the number of hospitals across our country, looking for help, and instead is offered medical assistance in dying.

I want to set the record straight that the Liberal government has not, in any way, been bound by the courts to expand MAID to those whose sole underlying condition is mental illness. This was a path it chose to take. We need to take this time to reflect on that path, to turn back and to give people hope.

We all know individuals who have been touched by mental illness in the health care system. We know the wait times can be extraordinary for people to get help. We also know the government has contributed to those wait times. After eight years, people are suffering.

I would urge members to support this bill and then to look at ways to provide support for those suffering with mental illness, not to offer them assistance in death.

I move:

> That the question be now put.

● (1245)

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

Questions and comments, the hon. member for Timmins—James Bay.

Mr. Charlie Angus (Timmins—James Bay, NDP): Madam Speaker, I want to follow up on something my colleague pointed out that people in Canada really need to understand.

Because the federal government failed to challenge the Truchon decision, the legislation came back to the House. Parliament went through it, and it was to be approved in the Senate, yet unaccountable, unelected people in the Senate who did no due diligence decided arbitrarily that they would expand MAID to include people who were desperate, isolated and alone with mental illness. They threw it back to the House without any work being done, and the Liberals accepted it. Now we are scrambling, 30 days away from the deadline.

I would ask my hon. colleague what it says about the fundamental failings of democracy that unelected, unaccountable people in the Senate, who cannot even be fired, could make such a profound change in legislation that would affect so many lives without any oversight, due to a failure of the government to say they are way over the line, this is not their purview and this is the work that Parliament does.

● (1250)

The Assistant Deputy Speaker (Mrs. Carol Hughes): It has happened a couple of times today that members of the Senate have been mentioned or adjectives have been used regarding the Senate. I want to remind members that the House rules say that no member shall use offensive words against either House or any member thereof. Members should be careful with the words they are using and not mention members from the other House directly, because they are not here to defend themselves.

Mr. Charlie Angus: Madam Speaker, I am very concerned that you are rewriting rules in Parliament. Is the issue that I used the word "unelected"? Is that not parliamentary? Is "unaccountable" not parliamentary? It has been used in the House.

The Assistant Deputy Speaker (Mrs. Carol Hughes): We need to be very careful with the words we use. We should ensure that we are not causing disorder. The comments being made are on both sides of the House, and I would ask members to please be careful with the words they use.

The hon. member for Abbotsford.

Hon. Ed Fast: On the same point, Madam Speaker, I would ask that you get clarity on this and come back to the House. I do not believe the terms "unelected" and "unaccountable" are offensive. They are appropriate, because they reflect the fact that the Senate is not elected.

If it is a matter of naming senators, that may be a different issue, but using terms that most of us would acknowledge accurately reflect what the Senate represents is fair, especially in this chamber, where we are supposed to be free to express our thoughts and feelings about the issues of the day.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I will read part of the ruling that was given in the House not that long ago. *House of Commons Procedure and Practice*, third edition, has the following, on page 620:

> Although the Chair has been known to show considerable leeway at times in recent years, it is generally understood that disrespectful reflections on Parliament as a whole, or on the House or the Senate individually, are not permitted...and it is out of order to question a Senator's integrity

I would again ask members to please be mindful of that.

Mr. Charlie Angus: Madam Speaker, I would ask you to review the debates today, which I think have been very respectful. You mentioned disorder. Did anyone speaking about unelected or unaccountable senators cause disorder where it was raised?

You are putting yourself in a discussion where I think there has been very respectful conversation. Talking about the fundamental problem with the other House is germane to the issue at hand. It is why we are here today. It is why this debate has to happen. If we cannot talk about that, then we are not doing our job for Canadians.

The Assistant Deputy Speaker (Mrs. Carol Hughes): I appreciate the additional input. I will certainly look further into this and get back to the House, if need be.

Earlier today the hon. member used some adjectives that were not becoming of the language that should be used when it comes to specific senators, so I would ask him and all members to please refrain from doing so.

Mr. Dan Albas: Madam Speaker, I listened to our critic for justice. He has done yeoman service on committee and in this place on this subject, and I know it is very dear to him—

Mrs. Carol Hughes: The hon. member for Timmins—James Bay is rising on a point of order.

Mr. Charlie Angus: Madam Speaker, I asked a question. I think I should be allowed to have an answer, even if I mentioned unelected and unaccountable senators. I should not be denied an answer from my colleague.

● (1255)

The Assistant Deputy Speaker (Mrs. Carol Hughes): I apologize for that. I jumped one step there.

Hon. Rob Moore: Madam Speaker, my hon. colleague is quite right. The government and the minister have been all too eager to lose. When they had a constitutional responsibility to defend their laws, they did not appeal decisions that would protect vulnerable Canadians, and when the then minister appeared at the justice committee on Bill C-7, which expanded medical assistance in dying, he assured us it was quite constitutional. Then, the next day, he was back, assuring us that without the expansion to those suffering from mental illness, it would be unconstitutional, so this was a minister who was all too eager to lead his government, and the government members did not stand up and push back.

Now we are in the situation we are in. We have already extended the coming into force for a year, and now we are debating a bill to extend it by three years. That is a clear indication that the government got it wrong, and we are going to do what needs to be done to protect Canadians.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Madam Speaker, the member in his speech today questioned the government's judgment on a lot of these issues. As a long-standing member of this place, I was hoping he would comment a bit further, because it seems to me that the Liberal government in particular somehow believes that if we create a law that changes the way institutions such as our health care system work, and there are not sufficient practical resources or understanding of those changes in law, it has very real repercussions.

I fully supported the bill from my colleague from Abbotsford, because I believe this is an issue that we need some finality on.

Could the member maybe comment on those two items?

Hon. Rob Moore: Madam Speaker, my colleague is quite right. With Bill C-7, but for the passage of Bill C-62, the impact would be profound on our health care system, on individuals suffering with mental illness and on the message we send Canadians suffering with mental illness. I can say only that the government has moved forward in this dangerous direction while ignoring at every turn the advice of experts, including, as I quoted extensively, the Society of Canadian Psychiatry, medical experts and legal experts, about the merits of moving forward. It is our job to debate these things, to consider them and to hear from experts. Unfortunately, because the government dropped the ball, it is up to us to pass the legislation before us to protect Canadians suffering with mental illness.

Mr. Tom Kmiec (Calgary Shepard, CPC): Madam Speaker, I am glad to be joining debate on Bill C-62. Off the top, I will mention that I will be voting for it. Like the shadow minister for justice on the Conservative side said, this is about protecting the vulnerable. Though the federal government has dropped the ball in this latest iteration of its legislation, these three years, I hope, will be taken to basically fix the mistakes that were made all the way back to Bill C-14. I want to talk a little about what brought us to this moment, and then refer to some constituents of mine who have emailed me over the last few months on the issue of assisted suicide.

I will also mention that I am sharing my time with the member for Mission—Matsqui—Fraser Canyon. I am sure he will add more to this debate.

To go back to the beginning, not too far to the beginning because I could get into Genesis, the Carter decision is what kicked off multiple debates that I have now been a part of. I have now seen this debate go from Bill C-14 to Bill C-7 to Bill C-62, and the attempts by my hon. colleague from Abbotsford, who, I think, tried to do right by vulnerable Canadians all across Canada to make sure that we would not see an expansion of the MAID provisions to those who are still suffering with mental health conditions.

The great thing about Hansard is that I was able to go all the way back and review what I had said on Bill C-14. I spent quite a bit of time complaining that the reasonably foreseeable clause would be knocked down by a court. It was knocked down by a court in the Truchon decision, because all our deaths are reasonably foreseeable; that is what living is all about. At the time, I had said that all of us who are born are born with one foot in our grave. One is assured one will die; one does not know just what it is, but it is reasonably foreseeable. I am just repeating it now. I know that it is morbid, but it is the truth. A lot of what we are dealing with here are issues of life and death and how one's death will happen. Therefore, at the time, this reasonably foreseeable clause would get knocked down, and it was knocked down in the Truchon decision.

My issues, just generally, are that, in a perfect world, this would not be necessary because people would not suffer. However, because this world is not perfect, people do suffer. People suffer in deep and different ways. Members know that I had a disabled daughter who passed away a few years ago. Had she lived longer, and I know at least one little girl in Calgary who has lived much longer with the same conditions my daughter had, she would be one of those vulnerable Canadians who would be facing the possibility that her physician, her specialist, might push for and might offer MAID.

I say “offer MAID”, but it seems so weird to say “offer MAID”, to offer something that I do not consider to be a medical service and to rush one's death sooner. Although we all die, as I said many Parliaments ago, the act of dying is not one that one does alone; it is done as a family, as a group of friends and with those loved ones around.

It is not something that happens in solitude. There are others who will miss one when one is gone. I know that it is difficult in a moment of suffering and a moment of great pain, or chronic pain, to believe it, to know it. A lot of the emails, the correspondence and the meetings I have had were with people who are worried about the assisted suicide MAID provisions, which the government has ineffectually dealt with through successive pieces of legislation. I think it was a grave error not to appeal the Truchon decision. I really do. I think it was a mistake. I said it to constituents at the time.

I have a Yiddish proverb, because I always do. They are great proverbs, and everybody should live by them and should know more of them. I just wish I could pronounce them in Yiddish: The truth never dies, but it is made to live as a beggar. This legislation is a beggar. This legislation should have been a permanent fix to the issues.

I think that Conservatives have suggested, both in committee and outside of committee, what some of those fixes would be. Although I disagree with an acronym, I will use RFND, reasonably foreseeable natural death. It should be limited to those who are terminally ill, where their death is foreseeable within the next six months, where there is a prognosis from a medical professional saying that one will indeed pass away.

For those most terrible conditions, I am thinking of a lot of cancers. My grandfather passed away from brain cancer in Canada, which brought my family to Canada. His death was very much reasonably foreseeable when it was terminal. There are others who have mental health conditions, which are caused by a physical condition. The mental health condition alone should not be the reason to seek assisted suicide.

Different Conservatives have mentioned, and I very much agree with this, that patients should be the ones requesting it. These are all things the government could have legislated into law. These are things that experts have said, and I want to read some of what the experts said in different committees.

● (1300)

Professor Trudo Lemmens and Mary Shariff persuasively rebutted a bunch of arguments that were made in Truchon. They noted again that reasonably foreseeable natural death applied to "all" persons, "not only to persons with disabilities". "The judge in Truchon failed to appreciate how such a restriction reflects a constitutional duty to protect the equal value of the lives of all Canadians."

I have read the Carter decision twice now. As many in the House know, this is something I take pride in saying that I am not a lawyer. I am not burdened with a legal education. I know the member for Fundy Royal is disappointed and that the member for St. Albert—Edmonton will be disappointed too, so I come to this as a layperson. Even the Carter decision did not say he had a right to die. It goes back to this idea, like I have said, that all of our deaths are reasonably foreseeable. It will happen; it is unavoidable in life.

These two experts said that the judge in Truchon made a mistake. This concept, this expertise, was then repeated in observations made by 72 disability rights organizations that penned a letter to the then justice minister. They said that reasonably foreseeable natural deaths are the ones where there is terminal illness that is coming up very quickly, and that this idea is an equalizing effect, guaranteeing a common thread among persons accessing MAID, assisted suicide, namely that they are dying within a very short time window. That is how I think this legislation should work. I am not saying there should be no MAID.

The Carter decision stands as a Supreme Court decision in Canada, so there has to be a provision of it in a method. It should be rare and should be restricted to the very few people for whom it was originally intended. I feel that Bill C-14 to Bill C-7 to the situation we are in today do not address that. That is why we have this legislation that is a beggar. It is not in the original form that it should be. The truth lies in abiding by what Carter decided.

Another one reads, "From a disability rights perspective, there is a grave concern that, if assisted dying is made available...regardless of whether they are close to death, a social assumption might follow (or be subtly reinforced) that it is better to be dead than to live with a disability." That is a terrible message to send to persons with disabilities. I am thinking of my daughter, had she lived. That would have been a terrible message to send to her.

All three of my living kids have a chronic kidney condition. My boys will likely need a kidney transplants. What a terrible thing to tell them, that they are a burden on the medical situation and that maybe they should seek faster death. Is that what specialists are going to tell them when they are adults? I will not be in the room, but they will be in the room. Will that be pushed onto them? For those who are on dialysis, it is hard on their bodies to go three to four days a week to get dialysis in a hospital setting. I am not speaking of peritoneal dialysis that can be done in the home.

There have been lots of experts. The member for Fundy Royal explained a lot of what has been said on the issue. The government keeps erring in the wrong direction with more expansive legislation to allow more people to access something that was not the original intention of Carter. We should abide by Carter, as I mentioned before.

I have had constituents write to me. I just want to make sure that I read some of their thoughts into the record. Leanna wrote, "Please Halt the expansion of MAID to include those facing mental illness." Catherine wrote, "As a parent who has seen my own children experience mental health challenges while in their teen years and early twenties, I am writing to express my deep concern about people with mental illness alone becoming eligible for medical assistance in dying. The move towards this will put countless vulnerable people at risk."

Joe, in my riding, is a regular writer. I respond to most of his emails. I will send this to Joe just to make sure he knows I read his emails. His second and third points read, "By offering MAID for mental illness governments may put less money into treating mental illness.... Canadians may wish for MAID because of despair. They have not have been offered treatment for their mental illness."

Cameron talked about a friend of his who is a nurse working in a mental health unit in Calgary. Mental health for him is all about seeing the intrinsic value of every human being, as celebrating the person not for what they contribute but for the beauty of their existence. He feels that once we stop seeing the dignity of one person, we will doubt our own worth and validity.

I know my time is running short, so I will not belabour this. I have heard comments from some members of the House who have tried to impugn a person's faith, religion or philosophical affiliations with whatever beliefs; although, all of us come to the House with our different beliefs. Some of them are sacred. Some of them are secular. It really does not matter where they come from, but all of us try to ascribe value to life, what that life is and what autonomy should be like.

To those members, I note that I did abstain from one vote that was specifically on advance directives because I have a constituent, Jim, who communicated with me over email that he and his spouse saw the experience of his mother, who passed away from Alzheimer's, and how terrible it was. In situations like that, it is incumbent upon the government to find a way to meet the requirements of the original Carter decision so that Jim and his spouse, when that time comes, can have their wishes met.

● (1305)

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, in issues like this, there is always this tension between the right of the individual and the impacts that individual has on the "culture", for lack of a better word, and on others in the society when exercising that right. This was brought up by one of the psychiatrists who appeared before the committee when he said that one of the concerns he has with MDSUMC is a possible contagion effect. I do not know if courts would actually consider this because it is so difficult to prove. Anyway, it is just something I think about a lot, and I wonder whether the member has any thoughts on that.

Mr. Tom Kmiec: Mr. Speaker, it is something that I also think about. The member mentioned courts, and sometimes, I feel that these court decisions should apply for six months to the judge who makes them before they apply to the rest of the public. I sometimes wonder, when they think these things through, that it goes back to too much legal information that clouds their judgment at times. This is where I worry that it is exactly that contagion effect. Does it then become permissible, broadly, that suicide and suicidal ideation are the go-to? Is that the type of society we want to, I do not think "encourage" is the right term, but do we want an acceptance of it? We have companies that promote things like Bell Let's Talk. What is the point of doing that when we have MAID provisions being expanded consistently through a series of legislation and court decisions?

● (1310)

Mrs. Tracy Gray (Kelowna—Lake Country, CPC): Mr. Speaker, we have heard from a lot of people in the disability community, advocacy groups, who advocate for persons with disabilities. They have come out very strongly against expanding MAID for people where the sole underlying condition is mental illness. I wonder if the member can speak to that, if he has heard that as well, and also to the concept that it should not be easier to get MAID than it is to access mental health and addiction treatment.

Mr. Tom Kmiec: Mr. Speaker, the member raises a great point. There are a lot of vulnerable, disabled Canadians who have expressed themselves through not only their associations but also as individuals by communicating to their elected representatives that they do not want to see this expansion because they are worried. It comes from their experience when they go into a clinical setting or into a hospital setting, where the law says that because it does not have to be patient-initiated, medical professionals can give up on their patients.

As someone who has been in a lot of hospitals with my children, both living and those who have passed, I can say that, sometimes, ER doctors and specialist nurses and physicians, who are at the end of their wits and are tired, take on a lot of patients. They have a lot going on and have complex patients with complex needs. It is easy to see how it could lead to a situation where they are maybe not giving the best advice and are looking for a path that requires less care in the long term. That is the worry that a person with a disability has.

That is the worry every parent has when they have children with a disability. When they are adults, will they be able to advocate for themselves? How will the medical system stream them, and where will it stream them? As a parent, I worry about that.

Mr. Dan Albas (Central Okanagan—Similkameen—Nicola, CPC): Mr. Speaker, I want to thank the member for sharing his experiences. I am a big fan of the Yiddish proverbs that he says, so maybe he has one he can share in addition to the one he shared already.

Getting back to the subject at hand, I worry most that there was an amendment put to the legislation that would basically allow for an expansion of medical assistance in dying to persons with mental disorders. The government had a choice where it could just simply say no to that amendment and just leave things as they are until, at the very least, the provinces which run the health care systems, and the mental health professionals could say "we are ready". Does the member believe that the government really made a mistake and that this does have a bit of "the dog ate my homework" kind of approach to it? The government is simply relegislating over and over and making the same mistake.

Mr. Tom Kmiec: Mr. Speaker, I obviously agree with the member. The dog that ate the government's homework has been fattened up over the last nine years, because it had a lot of homework to eat that the government has not done or pretends not to have done.

However, we had an opportunity to close the door completely with the bill from the member for Abbotsford, Bill C-314. I think it was a grave mistake of the House not to have voted in favour of it. There would have been no expansion of MAID to those with mental illnesses. The House and future Parliaments could have reviewed the situation and redecided on the matter in five, 10, 15 or 20 years. Then, there would be more data and more people looking at how the system had been used, what the demand was like, and whether there had been advances in the psychiatric and mental health services provided to Canadians. If we do not provide the service at the front end, so that a person could choose to get healing and have the ability to live a fulsome life the way they want to live it, then we cannot really be pushing MAID on the other side as the only path available to those who are vulnerable or suffering from mental illness.

Mr. Brad Vis (Mission—Matsqui—Fraser Canyon, CPC): Mr. Speaker, I rise today to speak to Bill C-62 which seeks to delay the expansion of medically assisted death to individuals whose sole condition is a mental illness until March 2027.

Yesterday, in anticipation of these remarks, I sent an email to about 10,000 constituents, and I heard back from 95 of them on the subject we are debating today, medical assistance in dying, or MAID. I heard from parents who have lost children, as well as those who have suffered from depression and were able to overcome their illness with treatment.

The majority of respondents agreed with the position I am about to outline, but there were some who did not. Many of those who disagreed with my stance came from Mission—Matsqui—Fraser Canyon's very large and diverse Dutch community. Given its history in, and our connections to, the Netherlands, people in the Dutch community have a deep understanding of this issue. I appreciated hearing their thoughtful comments.

Among those who disagreed, the most common concerns raised were about access and advance requests for those suffering from dementia. Concerns were also raised about the challenges many Canadians face in accessing mental health supports and treatment, which can leave some feeling hopeless. In fact, it nearly brought me to tears, hearing from constituents who asked, "How dare you try to take away the right for me to access MAID when I am suffering from mental illness?" They did not see a pathway out for the circumstances in their life. That is a horrible position to be in.

One thing, however, was unanimous: Our health care system is failing to meet the needs of Canadians suffering from mental health challenges. This must be addressed. I am grateful to everyone who took the time to share their thoughts and concerns in a compassionate and respectful way.

Almost a year ago, I stood before my colleagues in this House and expressed my concerns about the Liberal government's decision to extend medically assisted death to individuals suffering solely from mental illness. I highlighted the stark contradiction between our efforts to promote mental health awareness and services and those to offer death as an option to those struggling with mental health challenges.

Mental health affects every family in our country, and it pains me to see the government contemplating the provision of death as an option to individuals who are at their lowest point. I shared the heartbreaking story of a member of my community of Abbotsford, who received medically assisted death without her daughters being informed, despite her documented mental health condition. Regrettably, such stories are becoming too common under our existing MAID regime.

Retired corporal Christine Gauthier, who represented Canada at the Paralympic Games, testified before the Special Joint Committee on Medical Assistance in Dying that she had tried for five years to get a wheelchair ramp installed in her home through Veterans Affairs Canada. Instead, she was offered MAID by a VAC caseworker. A week before her testimony, the Minister of Veterans Affairs confirmed that at least four other veterans had been offered MAID as well.

Now, after eight years of the Liberal government and with the cost of living soaring, some Canadians are seeking MAID in fear of homelessness. Most recently, a member of my community from the Family Support Institute of BC raised deep concerns about the expansion of MAID. They stated that, even with the current restrictions, our most vulnerable populations are gaining access to MAID without adequate precautions, social services, expertise, professional supports and wraparound social networks to consistently represent their interests and voices.

Despite our repeated calls to protect the most vulnerable, I believe the Liberal government has failed to act responsibly on this point.

Around this time last year, instead of cancelling the expansion of MAID for mental illness, the Liberals introduced last-minute legislation to impose a temporary one-year pause. Now, a year later, I am here again to see that the government wants to add another pause of three years to the mental illness expansion, delaying it until March 2027.

This past fall, the Liberals had an opportunity to get rid of this expansion altogether. In February, my colleague, the hon. member for Abbotsford tabled Bill C-314, which would have cancelled the expansion of MAID to those with mental illness as the sole condition. When the bill came up for a second reading vote in October, most Liberals, along with the Bloc Québécois, defeated it.

The government is seemingly only choosing to delay the expansion again after the significant backlash it has received from mental health experts, doctors and advocates across Canada. It seems that the government wants to recklessly push aside this issue instead of listening to what Canadians and, indeed, our mental health professionals want.

● (1315)

For many years we have heard about the fast expansion of assisted suicide in Europe. Now, Canada has infamously become a global leader with its progressive euthanasia policy. The Netherlands was the first country in the world to legalize euthanasia, and it took the country over 14 years to reach 4% of the total population's death from assisted suicide. Other countries with similar policies, such as Switzerland and Belgium, have not even reached the 4% mark. Canada's MAID regime has only been around for six years and has outpaced these countries with euthanasia, accounting for 4% of total deaths in 2022. Health Canada reported that 13,241 Canadians received assisted suicide just in the past year. That is more than a 30% increase from 2021 deaths.

Belgium allows euthanasia to children of any age. Most recently, the Netherlands expanded its euthanasia policies to include terminally ill children. The Liberals have met with the largest pro-MAID lobbying group, Dying with Dignity, many times. This group is advocating for assisted suicide to be expanded to mature minors. If the government continues to take us down this slippery slope, will it lead us to a path that expands euthanasia to all children? Youth in this country are already falling through the cracks, with suicide being the second leading cause of death for youth and young adults. How can youth struggling with mental illness even think of having a better future if they become eligible for MAID and it is normalized? The Liberals, in my opinion, are inadvertently creating a culture of death.

Delaying the expansion of MAID for mental illness is not enough. The government must immediately and permanently halt the expansion of MAID to those with mental illness. The reports from the committee echo what Conservatives have been advocating for years, which is that expanding assisted suicide to those suffering from mental illness will lead to the premature death of individuals who could have recovered with proper support and treatment.

The government is taking an ideological stance, and it is not listening to the experts working in the field. Last year, the country's largest psychiatric teaching hospital, the Centre for Addiction and Mental Health, said that it is not ready for this expansion and emphasized the need for more mental health resources.

The chief of the psychiatry department at Sunnybrook Health Sciences Centre in Toronto, Dr. Sonu Gaind, has said that it is irresponsible for us to provide "death to someone who isn't dying before we ensure that they've had access and opportunity for standard and best care to try to help alleviate their suffering."

We cannot overlook the inherent dignity and value of human life, especially when individuals are at their most vulnerable. It is our duty as lawmakers to prioritize the well-being and protection of everyone in Canada, particularly those facing mental health challenges.

As the member of Parliament for Mission—Matsqui—Fraser Canyon, I believe in upholding the principles of compassion and support for those struggling with mental illness. Yes, I also acknowledge that we need to do a lot more; efforts to date have not been sufficient, whether in terms of the government response or the societal response.

Delaying the expansion of MAID for mental illness is not the solution; it merely postpones the inevitable reckoning of the profound ethical and moral implications of such legislation and the broader implications we are faced with here today. Those struggling with their mental health deserve support and treatment, not death. We know that recovery is possible when treatments are more readily available.

● (1320)

Mr. Chandra Arya (Nepean, Lib.): Mr. Speaker, in his speech, the hon. member mentioned the 31% increase in the number of Canadians using the assistance of this MAID legislation.

I know this number of a 31% jump, when seen in isolation, is big. However, does the member agree that, because the legislation is fairly new, all the people who had been waiting and suffering for such a long time started utilizing these MAID legislation provisions? Does he agree that, going forward, when these MAID provisions are normalized, the rate of growth he quoted will not be so huge in the future?

Mr. Brad Vis: Mr. Speaker, I would like to thank the member for Nepean for a very fair question and for some of the points he made.

Are we simply catching up in Canada as it relates to the availability of MAID? Perhaps in some cases, but under the current legislation, there has to be a foreseeable death.

I believe that the way information is exchanged, access to MAID, and the access to information that people have, has led to a rapid increase, yes. However, I will also note that there was an individual in my community of Abbotsford who accessed MAID because she did not feel she had a place to live. That story was well documented in Canada. She did not believe that she had the support she needed to live a life that was respectable. I believe that with the normalization of MAID, for people who do not feel they have a lot of hope in life, it has become a more readily available option. My message today is that all people should have hope.

● (1325)

[*Translation*]

Mrs. Caroline Desbiens (Beauport—Côte-de-Beaupré—Île d'Orléans—Charlevoix, BQ): Mr. Speaker, I am a little thrown off by my colleague's comments.

I have a friend who had a second kidney transplant, and complications ensued. She was told to go home, that her days were numbered. She was told that they could not give her any more anti-rejection drugs for her kidney and that her kidney would waste away, and so would she. At that point, in a panic, she asked if she could at least have access to MAID. She was told that she could access it in due course and was told to call to schedule an assessment.

As if by some miracle, she got an unbelievable break: The transplanted kidney continued to thrive without the anti-rejection drugs, which she had stopped taking. She is still with us today, and she is listening. She did not need MAID. She always said that she was able to be at peace because she knew that she would always have that option, no matter what happened.

I cannot understand why members are referring to all kinds of nonsense today, using big words like "assisted suicide" and "euthanasia", when we are not the experts. We are here simply to lay the groundwork so that experts can have their say in due course. That is what happened to my friend.

I would like to know where our colleague is going with his speeches on euthanizing children. That is horrifying, and I do not understand his point. Can he explain it to me?

Mr. Brad Vis: Mr. Speaker, I will try to answer the question in French.

In this specific case, the person was eligible for MAID.

[*English*]

More broadly, with respect to that question, I do not believe that the legislation before us today relates specifically to that issue. That was related to kidneys, and there was a foreseeable death, but, thankfully, that individual did not have to face that situation.

The legislation we are debating here today relates solely to mental health and a government decision to expand MAID to those suffering from mental health illnesses for three years. The experts who appeared at the joint committee between the House and the other House outlined that we are not ready for that expansion. So, the Conservative Party is in fact listening to the experts and taking the position that we have today.

The Deputy Speaker: The hon. member for Calgary Heritage is rising on a point of order.

Mr. Shuvaloy Majumdar: Mr. Speaker, yesterday was Valentine's Day. I misspoke in the House, and I retract my comment.

The Deputy Speaker: I appreciate that.

Continuing debate, the hon. Parliamentary Secretary to the Minister for Women and Gender Equality and Youth.

Ms. Lisa Hepfner (Parliamentary Secretary to the Minister for Women and Gender Equality and Youth, Lib.): Mr. Speaker, I will be sharing my time today with the member for Lac-Saint-Louis.

I am very pleased to have the opportunity to speak in this House today in support of Bill C-62, particularly after listening to some of the debate this morning and hearing some of the language used in this House today.

For example, the member for Abbotsford, throughout his speech today continually used the words “the mentally disorded” I believe in reference to people who are suffering from mental illness. A little later in the day, we then heard from the member for Leeds—Grenville—Thousand Islands and Rideau Lakes, who continually referred to people as “addicts” throughout his speech.

In this House, we are leaders. Our words are important and we should not be furthering the stigmatization of people who suffer mental illness. I would caution my colleagues across the way to be careful in their language and to please not further marginalize people who are already suffering.

I will turn back to Bill C-62. As the Minister of Health and the Minister of Justice have emphasized, the government believes an extension of three years is necessary to provide individual clinicians as well as provinces and territories the time they need to prepare for this change.

I also believe a three-year extension of the period of ineligibility to receive MAID on the basis of a mental illness alone is necessary. Although significant progress has been made, more time is needed to ensure the safe assessment and provision of MAID in these circumstances. I have heard from psychiatrists in my riding of Hamilton Mountain who have said these very things. They need more time to get the system ready.

My remarks today will focus on the progress that has been made in preparing the health care system, and also what more needs to be done.

In 2021, as required by former Bill C-7, an expert panel examined the issue of permitting MAID where the sole underlying condition is a mental illness. It concluded that the existing legal framework of eligibility criteria and safeguards is sufficient, providing that MAID assessors apply the existing framework appropriately with guidance, through the development of MAID practice standards and specialized training.

Our government understood the importance of the panel's findings. To that end, we have been working in collaboration with the provinces and territories and other health care partners to implement consistent standards across the country and support a highly trained workforce to undertake these complex assessments.

For example, we supported the development of a model practice standard for MAID by individuals with clinical, regulatory and legal expertise. A model practice standard for MAID was released in March 2023 and has been adopted, or is in the process of being adopted, by most regulators across the country as a basis for assessment for clinical decision-making. The standard also provides guidance for MAID clinicians as they navigate more complex MAID requests.

We also supported the development of the first national, fully accredited bilingual MAID curriculum, which was launched in August 2023. The curriculum consists of seven training modules addressing various topics related to the assessment and provision of MAID, including how to do a MAID assessment, how to assess capacity and vulnerability, how to manage complex chronic situations and how to assess requests involving a mental illness. Over 1,100 clinicians have registered for the curriculum since August of last year.

This progress is the result of leadership and collaboration among health system partners, including federal, provincial and territorial governments, health professional organizations, regulatory bodies, clinicians and organizations like the Canadian Association of MAID Assessors and Providers. This collaboration and progress will continue to make improvements in approaches to safety and quality in assessments and provisions of MAID.

In terms of the future, I want to briefly speak to the Regulations for the Monitoring of Medical Assistance in Dying, which outline the reporting requirements relating to MAID requests. These regulations came into force in November 2018, but were recently revised to facilitate enhanced data collection and reporting on MAID activity. Most notably, the regulations now allow for the collection of data based on race, indigenous identity and the self-reported presence of a disability, where a person consents to provide this information.

● (1330)

The revised regulations came into force on January 1, 2023, and information on MAID activity in 2023 will be released in Health Canada's annual MAID report this year, in 2024. This information will provide valuable insight into who is requesting and receiving MAID, including those under track 2, whose natural death is not reasonably foreseeable.

Despite all this work, we have heard that the provinces and territories are at various stages of readiness for the lifting of the exclusion of eligibility and that they need more time to prepare their health care systems.

I know that the suffering caused by a mental illness can be just as severe as that caused by a physical illness, but I strongly believe that this extension is necessary to ensure that MAID can be safely assessed and provided on the basis of a mental illness alone. This extension does not question the capacity of people with mental illness to make health care decisions. It is about giving the health care system more time to adopt or implement some of these key resources to ensure that MAID practitioners are properly equipped to assess these complex requests, and that the provinces and territories have the necessary mechanisms in place to support them.

For example, both the expert panel that I referred to earlier and the special joint committee on MAID have emphasized the importance of case review and oversight of MAID, both to educate practitioners and to support accountability and public trust in the law. While the majority of cases of MAID, 90%, take place in provinces with formal oversight processes, other provinces do not have formal MAID case review and oversight processes in place beyond those already undertaken by professional regulatory bodies.

Work is being planned to explore best practices through a federal-provincial-territorial working group, with a view to encouraging more consistent and robust mechanisms across the country.

The expert panel and the special joint committee also identified engagement with indigenous partners as a priority. The Government of Canada has launched a two-year engagement process on MAID to hear the perspectives of first nations, Inuit and Métis, including urban indigenous people, indigenous people living off-reserve with or without status, indigenous people living with disabilities, and two-spirit, LGBTQQIA+ and gender-diverse indigenous people.

The proposed extension under Bill C-62 would provide the necessary time to have these discussions with indigenous partners. It is an essential process to appropriately inform implementation as well as guidance and training material for clinicians to support enhanced integration of cultural safety in MAID practices.

Health Canada will provide its first official update to Parliament on this work in March 2024, just next month.

In conclusion, the Government of Canada remains committed to ensuring that laws reflect the needs of people in Canada, protect those who may be vulnerable, and support autonomy and freedom of choice. While we have made significant progress in the study of MAID and mental illness, and in the development and dissemination of key resources, we are not yet ready. We need to act prudently and not rush this change without the necessary resources in place.

This decision is not an easy one, but I want to assure the House that we will continue to work collaboratively with our partners to improve the mental health of Canadians.

I thank all members for the opportunity to speak today as we debate this important bill.

● (1335)

Mr. Adam Chambers (Simcoe North, CPC): Mr. Speaker, not every person who jumps off the Golden Gate Bridge actually dies, and in fact a study tracked down 29 individuals who survived. Some 98% of jumpers, by the way, do not survive the jump. A study of 29 individuals who survived their jump off the Golden Gate Bridge revealed that every single one of them regretted their decision to jump the moment they jumped.

I was just wondering if my colleague could reflect on the fact that suicide is a permanent solution to a temporary problem.

Ms. Lisa Hepfner: Mr. Speaker, I would like to, first of all, say that we cannot equate suicide with medical assistance in dying. They are two completely different issues. Second, I would say that yes, we absolutely need to take the time to make sure we get this right. That is why this legislation is so important. We need these three years to get our medical system up to the level where we can make sure that everyone who is granted the MAID provision truly is someone who has gone through the medical system, has taken all of the medical treatments that are available and has still reached this conclusion.

We need more time, and that is why we need this legislation.

[*Translation*]

Ms. Andréanne Larouche (Shefford, BQ): Mr. Speaker, I have the pleasure of working with the member at the Standing Committee on the Status of Women, and I thank her for the question.

We have many values in common, but, in this case, she is talking about consultation with various communities. She mentioned continuing the consultation process, but what does she make of Quebec's clear request for legislation and action now?

Does she realize that this delay and her party's lack of political will will cause women like Sandra Demontigny to continue suffering?

● (1340)

Ms. Lisa Hepfner: Mr. Speaker, I, too, enjoy working with my colleague at the Standing Committee on the Status of Women.

To be clear, conversations with the Province of Quebec are very important. We need to pass Bill C-62 now to ensure that we have a program in place. This is not the end. We will keep talking with the Government of Quebec. We will keep learning from the Government of Quebec.

I very much appreciate my colleague's comments.

[*English*]

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, we are about 32 days away from a legal deadline that was arbitrarily thrown at us by the unelected, unaccountable Senate, forcing us to allow people who are depressed, people who are isolated and alone, to die through medical assistance in dying. Now my colleagues are saying to give them a couple of years and they will make it all work.

What I found profoundly disturbing was that my colleague said they would support this. They figure that if they have another year or two, if they can meet just a few more people and just tick all the boxes at consultation, then people who are depressed and alone should be allowed to die. I find that an appalling position of the government. The government put us in this position through its cavalier approach to MAID, and its refusal to look at the issues and hear that this is really not a road we want to go down, that this is a line in the sand with respect to the human community.

If the member thinks that in three years she will have consulted enough people, but, at the end of the day, she will support people dying because they have no support, then the government has very poor vision and it needs to explain that to the Canadian people.

Ms. Lisa Hepfner: Mr. Speaker, I do not think consultation is simply checking boxes. It is extremely important, particularly when we are talking about our vulnerable and about our medical system.

As I mentioned, I have personally consulted with psychiatrists in Hamilton. These people study and work at some of the best institutions in Canada. They are the experts. They have told me that, while the idea behind MAID for mental illness is a sound one, we are just not ready yet. We need to have all the proper safeguards in place before we move forward with this legislation. I think that is fair and I think it is reasonable.

[*Translation*]

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, I am rising for the second time this week to speak to this issue. As I said at the beginning of my speech at second reading, I was so interested in this issue that I offered to sit on the Special Joint Committee on Medical Assistance in Dying when it dealt with the question of mental illness. I felt it was my duty to take part in a debate that is so important for our society. This is a crucial and extremely complex social debate. As a legislator, I wanted to learn more about this hot-button public policy issue that is so important to my constituents. Many of them have written to me about this.

I attended much of the debate on the issue this week, and I was very impressed by the tone. It is true that emotions can sometimes get the better of us, but that is to be expected when we are debating such a crucial matter, a matter of life and death. I must say that I was impressed that the debate was conducted in a respectful manner. That is impressive, and we should adopt that same tone when we discuss the many other issues addressed here in the House.

I heard arguments that I do not want to call fallacious, because that is a pejorative term and I do not want to criticize anyone, but let us just say that I heard a few contradictions during certain speeches.

First, someone claimed that we could have simply amended Bill C-62 to include advance requests. I do not think we are ready to make a hasty amendment to open the door to something as complex—if not more—as medical assistance in dying, namely, medical assistance in dying for persons with a mental illness. It took much effort, much debate, much discussion and several committee meetings for us to be able to talk about medical assistance in dying for patients with a mental illness.

Moreover, the idea that we can move an amendment in committee is wrong, because such an amendment would certainly be ruled out of order, since the scope of the bill is not that broad. The bill deals with a specific question, namely, medical assistance in dying for persons with a mental illness.

People claim we are taking too much time to debate this issue, that it has already been three years and that we should end the debate. We are not talking about policies like affordability or the need to build housing as quickly as possible. We are talking about something very serious. We really are going beyond the more practical issues, and I think it will take the time it takes because there is no consensus among the experts. If there is no consensus, we cannot force the issue, suddenly demand consensus and insist we move forward because time is running out. The issue of how long it will take to reach a good conclusion is unfortunately not a problem for me.

As I was saying, this is not simply a technical medical issue, it is a moral and ethical issue for society, certainly.

● (1345)

The matter of caution was also raised. Some claim that the government is too cautious, too timid, on this issue, that it is not acting as quickly as people would like, that it has not addressed the issue fast enough or lacks political will. It does in fact lack political will because there are too many uncertainties. In this case, it is not a bad thing to lack political will in order to forge ahead as soon as possible.

However, on this idea of being too cautious, I would say that this is true even for the Bloc Québécois, because it has accepted the framework we have established. For the moment, we are not implementing this framework. Nevertheless, under the framework, not everyone who requests medical assistance in dying on the grounds of a mental illness will receive it. We are talking about a mere 5% acceptance rate. Even if we went ahead, we would do so with a lot of caution, given the 95% of people who would request medical assistance in dying on those grounds.

We should then not talk as if caution were not an issue. Caution is an issue, even if we agree to move forward. I would like to ask my colleagues who keep disparaging the government for its caution whether it would be too cautious to require that, in these cases, a psychiatrist be involved in assessing the person's request. Right now, it is not necessary for a psychiatrist to be involved in the assessment. In the Netherlands, where medical assistance in dying is legal, a psychiatrist must give an opinion on the request. There is caution built into the process, but it is not unreasonable. I would say that my colleagues in the Bloc Québécois agree that some caution is required.

There is also talk about freedom. Some say that this is a matter of freedom, as if they were talking about absolute freedom. It is not a matter of absolute freedom, because 95% of those requesting medical assistance in dying would not have access to it on the grounds of a mental illness. We need to make things clear and add nuance to this debate to avoid giving the impression we are talking about absolute concepts.

Then they bring up the issue of the Quebec nation. I listened carefully to my friend, the hon. member from Joliette, with whom I enjoyed working on election reform. He is a seasoned parliamentarian who makes excellent speeches in the House. He said that there were many nations in Canada. Indeed, there is the Quebec nation, but there are also indigenous nations. There are indigenous nations within the Quebec nation as well. What I understand is that indigenous nations are not too keen to move this issue forward at this time. They say that they have not been consulted enough. They have concerns about the systemic racism that exists in health care systems across the country. Among other things, they are afraid that not enough thought will be put into processing the requests.

We should not focus too much on the idea of community when it comes to medical assistance in dying. When people get to that point, when they are on their death bed, I do not think they dwell too much on the community. Each person is a soul facing infinity alone. That is why we should not talk too much about nations when we are discussing medical assistance in dying. It is not a matter of being part of a community. I agree that it is a matter of individual rights. That is where it gets complicated, because we do not want people to suffer.

● (1350)

However, we do not want people to do things that have not been assessed with the utmost caution, because it is a matter of life and death.

I will stop here and await my colleagues' questions.

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, first of all, we are not talking about advance directives. That has already been settled. We are talking about advance requests.

Second of all, in my speech this morning—because this is a reply to the speech I made this morning—I never said that not enough work had been done. The Bloc Québécois's position is that one year is enough and that we will see after one year, immediately after royal assent, whether we can start to work on the mental illness issue.

The member should have sat on the committee from the get-go. He has been an MP from Quebec since 2015. It is a bit strange for him to be so uninformed on the issue of MAID.

Since June 2023, the government could have included advance requests in the bill, taking into consideration any recommendation of the Special Joint Committee on Medical Assistance in Dying. We never said that not enough work had been done. We said that the government was dragging its feet when it comes to committee work. The Special Joint Committee on Medical Assistance in Dying was always convened at the last minute.

Does the member think that three meetings on an issue such as this were enough?

● (1355)

Mr. Francis Scarpaleggia: Mr. Speaker, indeed, I should have used the correct term, “advance requests”, instead of “advance directives”.

It seems to me that, during question period, the leader of the Bloc Québécois was just asking for an amendment to allow advance requests all of a sudden. Regardless of the government's timeline, I do not think the House is really ready to vote on this. Some members of the Special Joint Committee on Medical Assistance in Dying may be.

However, as I told him earlier, this is not something as straightforward as the Standing Committee on Finance studying a budget. In that case, the members of a given party recommend that all their fellow party members vote in favour of it because they have studied it and the party trusts them. Everyone wants to make the right decision, so this requires a much more thorough debate.

As the member himself said, Quebec did not put medical assistance in dying due to mental disorders in its legislation. The member said it was because Quebec had not studied it at the time. If Quebec is so sure, it can amend its legislation to include it.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I am struck with how, during this debate, we have heard so much technical and bureaucratic language from the government. It masks what is fundamentally an ethical and moral issue, that is, the just way to treat the most vulnerable within our society. This discourse about maybe we are not ready or maybe we will be ready masks the more important underlying question of whether we should ever have the state involved in facilitating the suicide of those with mental health challenges. On this side of the House, we say a firm no, not now, not ever.

I want to ask the member if he is concerned about the dramatic growth in the rates of those opting for MAID in Canada, opting for it perhaps under pressure or in other circumstances. We have seen, since this practice started in Canada, dramatic increases every single year. Is the member concerned about that, or is he totally fine with this idea of exponential growth in the rates?

Mr. Francis Scarpaleggia: Mr. Speaker, I am concerned about it. I do not know what it means and there is much disagreement as to what it means.

I would ask a question of the member, which I know he will not have to answer under the rules. Is he okay with track one MAID? A lot of the psychiatrists who went before the committee who were not in favour of MAID for mental disorders were in favour of track one and track two. I would like to know if the member accepts MAID under any circumstance or not at all.

It is an important ethical and moral decision, I agree, but no one in the House wants people to suffer needlessly, and I think we are all grappling with this on moral and technical grounds. It may not be possible, I cannot say, but we want to separate out suicidal ideation. We want to be able to separate out psychosocial factors as motivating factors for requesting MAID in cases of mental illness, and we are not there yet.

We want to study treatment fatigue to see, if somebody says they are done and cannot take it anymore, whether we can guide them to another treatment. We have looked at treatment fatigue when it comes to HIV and type 1 diabetes patients, but we have not looked at treatment fatigue when we talk about psychiatric illnesses.

Ms. Anita Vandenbeld (Parliamentary Secretary to the Minister of International Development, Lib.): Mr. Speaker, we know that medical assistance in dying is a deeply personal issue that is very difficult.

I wonder if my hon. colleague could talk about the fact that we need to base this on principles of personal autonomy, dignity and choice.

Mr. Francis Scarpaleggia: Mr. Speaker, that is a very difficult question.

We all believe in personal autonomy and choice. However, as I said in my speech two days ago, sometimes I think that is becoming a bit of an ideology, where we do not recognize that, yes, we are individuals with free will and free choice, but we are born into families and communities. We are influenced not only by the opportunities that families and communities afford us, but also by the constraints they impose upon us. In some cases, society imposes more hardship on some than others.

We do not seem to be able to separate out whether somebody is asking for medical assistance in dying because of the hardships that society has imposed on them, or whether it is really a clear-eyed decision. I am not a psychiatrist. I am not a doctor. I do not approach this with—

● (1400)

The Deputy Speaker: I hate to shut the hon. member down, but we are out of time.

STATEMENTS BY MEMBERS

[*English*]

NORTHERN ECONOMIC DEVELOPMENT

Mr. Brendan Hanley (Yukon, Lib.): Mr. Speaker, this year, CanNor celebrates 15 years of supporting job creation and economic growth in the territories.

[*Translation*]

Project by project, CanNor's support empowers innovators in our territories.

[*English*]

Because of CanNor, 12 indigenous businesswomen in Yukon were able to kick-start or grow their businesses through a microloan program.

[*Translation*]

Thanks to CanNor, the Sakku Investments Corporation, an Inuit business, can build homes throughout the year in Nunavut in its modular home plant.

[*English*]

Thanks to CanNor, businesses such as ColdAcre Food Systems and Sarah's Harvest were able to expand their operations to improve northern food security.

[*Translation*]

Thanks to CanNor, Makerspace YK was able to renovate a commercial space and turn it into a collaboration centre for Northwest Territories entrepreneurs.

[*English*]

Thanks to CanNor, community spaces such as the Yukon Theatre, Heart of Riverdale Community Centre and the Pine Lake trail in Haines Junction will receive upgrades for all Yukoners to enjoy.

The work of CanNor is leaving a lasting legacy in the north, but there is more to do and our government will continue to be there to support northern businesses and innovation.

KOSOVO INDEPENDENCE DAY

Mr. Kyle Seeback (Dufferin—Caledon, CPC): Mr. Speaker, on February 17, the Republic of Kosovo celebrates its 16th year of independence.

Kosovo's path to independence was not easy. During its fight for freedom in 1999, tens of thousands of Kosovar Albanians were killed, and tens of thousands more became refugees. Their stories of tragedy and suffering are really hard to hear. However, the Republic of Kosovo has always had a friend in Canada. Canada was one of the first nations to recognize Kosovo's independence in 2008, and Canada welcomed over 7,000 Kosovar refugees into Canada, including my fiancée and her entire family.

Twenty-five years later, those former refugees have built lives here in Canada. They have enriched Canada with their culture, their hard work and their love of Canada. To all Kosovar Canadians, I say *urime Dita e Pavarësisë*.

* * *

PACIFIC ECONOMIC DEVELOPMENT

Mr. Taleeb Noormohamed (Vancouver Granville, Lib.): Mr. Speaker, PacifiCan plays a vital role in communities across British Columbia. It partnered with New Relationship Trust to work on the B.C. indigenous clean energy initiative and invest $4 million to support indigenous communities, create good and sustainable jobs, and move toward clean and reliable energy.

This investment is also supporting over 100 projects by providing an additional $140 million in collaboration with various partners. These projects have created over 1,000 jobs and have reduced emissions by more than 400,000 times. This shows the important work that the federal government is doing in B.C. by working with people, indigenous communities and local businesses. Together, we are creating lasting economic benefits while advancing reconciliation and fighting climate change. The role that PacifiCan plays in the economy of British Columbia is important, and it must continue to have our support.

* * *

[*Translation*]

HOOKED ON SCHOOL DAYS

Mr. Luc Desilets (Rivière-des-Mille-Îles, BQ): Mr. Speaker, from February 12 to 16, we celebrate Hooked on School Days. This year marks the event's 20th anniversary.

As a former school principal, I greatly appreciate the continued efforts by teachers, support staff and everyone else who takes an active part in ensuring young people's academic success.

I want to pay tribute to the great work done by everyone who is involved in this amazing adventure that we call school.

I specifically want to highlight an initiative by the Centre de services scolaire des Mille-Îles, which is presenting the third annual Lumina awards. Fourteen members of the education community—teachers, employees, students, parent volunteers or partners—will be recognized through these awards.

This recognition is one of the many small gestures that celebrate the school system and encourage young people to stay hooked on school.

* * *

[*English*]

NORTHERN ONTARIO ECONOMIC DEVELOPMENT

Mr. Marc Serré (Nickel Belt, Lib.): Mr. Speaker, our government is investing in and strengthening the economic prosperity of today and tomorrow. As a proud northerner and a rural MP, I have travelled and experienced first hand the resilience, innovation and creativity of northern Ontario communities. I have seen innovation and new ways of exploring critical minerals extraction to help fuel our transition to a zero-carbon economy that respects the environment and includes indigenous communities in true partnership.

Last week, I was in Cobalt with the member for Nipissing—Timiskaming to highlight a historic $5-million investment from FedNor to Electro Battery, a company that will support building over 1.5 million electric vehicles in Ontario.

● (1405)

[*Translation*]

I visited some businesses that we supported, like breweries, restaurants and tourism operators. Their important contribution is helping boost the economies of small towns in northern Ontario, a great place to call home. I want to thank them for sharing their success stories and for contributing to northern Ontario's prosperous future.

* * *

MARY DAWSON

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, on behalf of the Standing Committee on Access to Information, Privacy and Ethics, I rise today in tribute to former conflict of interest and ethics commissioner Mary Dawson, who passed away on December 24, 2023.

[*English*]

Mary Dawson was not just the former ethics commissioner. Her fingerprints are all over very important parts of our history, including the drafting of the Access to Information Act, the Privacy Act, the Canada Health Act, the Official Languages Act, the Competition Act, the Customs Act and the Young Offenders Act.

She was made a member of the Queen's Counsel in 1978 and became associate chief legislative counsel in the early 1980s. Aside from being the associate deputy minister of justice for nearly two decades, she was particularly proud of her constitutional work, including being the final drafter for the patriation package on the Constitution Act, 1982, and the Charter of Rights and Freedoms.

[*Translation*]

The job of a good conflict of interest and ethics commissioner is to make members of all the parties equally uncomfortable. She did her job well.

[*English*]

Mary Dawson was a remarkable person, and Canada has been well served by her contributions.

Our condolences go out to her family on the passing of a remarkable Canadian, Mary Dawson.

* * *

[*Translation*]

MY MAIN STREET PROGRAM

Hon. Mona Fortier (Ottawa—Vanier, Lib.): Mr. Speaker, small businesses are the backbone of the Canadian economy. The government is committed to making strategic investments through the My Main Street program so that local businesses and communities can thrive.

A concrete example of the success of this program can be found right here, in my riding of Ottawa—Vanier. The Vanier BIA, which represents 400 members, created the Vanier HUB by transforming a parking lot into a unique artistic space where the community can gather.

[*English*]

The Vanier HUB focuses on inclusive and integrated programming that draws arts, culture, sports and community engagement for under-represented communities. The funds allowed the HUB to grow its resources and resulted in more than 10,000 event attendees, creating a significant impact on Vanier businesses.

The good news is that the Vanier HUB received the Downtown Achievement Award from the International Downtown Association last fall in Chicago. I am proud to share that, very soon, businesses will be able to apply for funding through My Main Street 2.0.

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[*Translation*]

CANADA ECONOMIC DEVELOPMENT FOR QUEBEC REGIONS

Ms. Annie Koutrakis (Vimy, Lib.): Mr. Speaker, Canada Economic Development for Quebec Regions is increasing the productivity and competitiveness of Quebec businesses.

Although the Conservatives voted against funding for programs that support Quebec businesses, our government is helping to grow Biodextris, a Vimy-based company advancing innovative drug research; BOSK Bioproducts, a manufacturer of compostable bioproducts; and Cintech agroalimentaire, an accelerator of sustainable development.

As we know, the future of our economy depends on the growth of our businesses.

[*English*]

CARBON TAX

Mr. Richard Bragdon (Tobique—Mactaquac, CPC): Mr. Speaker, after eight long years of the Liberal-NDP government, Canadians are tired, ticked and overtaxed. The Liberals continue to fight to keep this punitive and ineffective carbon tax, which goes up again on April 1. In reality, they are fighting to keep grocery prices high and biting the hands that feed us. When we tax the farmer who grows the food and we tax the trucker who ships the food, we tax all Canadians who buy the food.

The cost-of-living crisis is fuelled by the government's overspending and its punitive taxes placed on Canadians, including our seniors who are struggling to make ends meet on their fixed incomes.

These high grocery prices, taxes and inflation are driving Canadians to food banks in record numbers. The use of food banks in my area alone is up year over year, with one food bank reporting triple the demand since the same time last year.

Enough is enough. Canadians need relief, and they need it now. Let the farmers farm, let the truckers truck, let the workers work and let Canadians get back on their feet again. It is time to axe the tax, and bring it home.

* * *

● (1410)

[*Translation*]

ATLANTIC CANADA OPPORTUNITIES AGENCY

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Mr. Speaker, did you know that through the Atlantic Canada Opportunities Agency, or ACOA, our government has invested more than $2.6 billion in 14,000 projects since 2015?

Today I want to highlight the support to our francophone and Acadian communities. Over the past year, we have allocated more than $15 million to projects to strengthen the vitality of those communities. Our commitment goes beyond financial support; the ACOA actively participates in initiatives such as promoting francophone immigration, while continuing to promote our communities and helping them grow.

I am proud of my government for its commitment to the region and its support to our linguistic communities in eastern Canada.

* * *

[*English*]

LIBERAL PARTY OF CANADA

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, after eight years, the NDP-Liberal government has lost touch with reality.

It has an official policy to make energy more expensive. In 45 days, it will be increasing the carbon tax, again. It will keep increasing the carbon tax as long as it clings to power. People are hurting, but the socialist coalition just does not believe what Canadians are telling it. Instead, it lectures Canadians about their moral failings.

Now those proud socialists have announced a new official policy of building no more roads. They think that Canadians will not need roads once their Soviet-style electric car mandate makes buying a car unaffordable. They think Canadians will not need cars to buy groceries once their plastic-packaging ban makes food unaffordable. They think Canadians will not need food when nobody can afford a home with a kitchen. They think all we need is a tent and a safe supply of heroin.

The Prime Minister is not worth the cost.

* * *

[*Translation*]

HOUSING

Mr. Richard Martel (Chicoutimi—Le Fjord, CPC): Mr. Speaker, after eight years of this government, the cost of rent has doubled in Canada and tripled in Montreal, which means that Canada has the worst record in the G7. Meanwhile, we are the ones with the most land on which to build. This sad record shows that, in 2022, Canada built less housing than in 1972.

It is time to implement incentives to increase the construction of housing across Canada. With a view to doing just that, my leader was in Montreal this morning to announce his common-sense housing plan. He is proposing to give federal bonuses to cities, such as Saguenay, Victoriaville or Trois-Rivières, that are successfully accelerating housing construction and to exempt small municipalities from penalties, while giving them the right to bonuses if they exceed the 15% target.

Things need to change. After eight years under this government, it is high time we put our common-sense plan into action.

* * *

[*English*]

HIGH-SPEED INTERNET

Mr. Tim Louis (Kitchener—Conestoga, Lib.): Mr. Speaker, in Kitchener—Conestoga, the township of Wellesley ranks as one of the best places to live in Canada. There is a close-knit bond forged among neighbours and a sense of community and meaningful relationships in every aspect of daily life.

Small and rural townships hold an undeniable charm, encapsulating the essence of tranquility and interconnectedness with nature. With living in a rural community comes the challenge of a different type of connectivity, Internet.

I am proud of the investments made in Wellesley and throughout Kitchener—Conestoga through the universal broadband fund, delivering high-speed Internet to thousands of Canadians, households and businesses in Kitchener—Conestoga.

We are on track to meet our goal to help connect 98% of Canadians to high-speed Internet by 2026. We will keep investing to ensure that Canadians have affordable, high-quality and high-speed Internet for work, school, health care and to stay connected with family and friends.

By bridging this digital divide, we are enabling farmers, small businesses, artists and entrepreneurs to live in communities like Wellesley, with the world as their customers.

* * *

FOREIGN AFFAIRS

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Mr. Speaker, Canadians are horrified as they witness, in real time, the killing of over 28,000 Palestinians, 67,000 injured and millions displaced.

This week's attack on Rafah, a refugee camp, is a clear sign that the far-right extremist government of Netanyahu will stop at nothing.

President Biden, the Prime Minister and other leaders asking the government of Israel to protect civilian life in the face of genocide has become farcical. Canada's latest joint statement in favour of an immediate ceasefire means nothing without concrete action.

It is time for Canada to cut off the supply of arms to Israel; stop the political legitimization of the Netanyahu government; reinstate funding for UNRWA, the only ones who can do the life-saving work needed; support the UN and UN agencies; and support the establishment of a Palestinian state.

History will judge us not by our words but by our actions. The government is not on the side of peace and justice, but rather complicity and genocide. It is time to act.

* * *

● (1415)

[*Translation*]

INUIT OF NUNAVIK

Ms. Sylvie Bérubé (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Mr. Speaker, last month I travelled to Nunavik to discuss the concerns of the people living in the northern part of Abitibi—Baie-James—Nunavik—Eeyou.

For a long time, the Inuit of Nunavik have been demanding an official apology from Ottawa. The federal government slaughtered sled dogs in the early 1950s and the community wants compensation. They reached an agreement with Quebec over 10 years ago, so why is it taking so long with the federal government?

In 2019, the federal government apologized for the dog slaughter that occurred in a Nunavut community and offered them $20 million in compensation. Nunavut received compensation, but Nunavik did not. Why are the two being treated differently?

The Inuit in Nunavik should, at the very least, be offered the same compensation. Like the residential schools and deportations, this is an event that has marked the lives of Inuit people for generations.

I call on the government to make an official apology to the Inuit people of Nunavik as soon as possible and provide them with compensation.

* * *

[*English*]

PUBLIC SERVICES AND PROCUREMENT

Mr. Tony Baldinelli (Niagara Falls, CPC): Mr. Speaker, the $60-million arrive scam app is just like the Prime Minister after eight years: not worth the cost, not worth the corruption.

The Auditor General's report and its shocking findings are truly a metaphor for eight years of Liberal mismanagement, incompetence and utter disregard for hard-working Canadians.

What did Canadians receive for their hard-earned tax dollars? A dysfunctional app that was 750 times over budget, required 177 updates, forced 10,000 people into quarantine by error, caused chaos at our borders and ruined any chance of a tourism recovery in 2022.

We have now learned from the press that GC Strategies, one of the companies involved in this arrive scam, has received a quarter of a billion from the Liberal government since 2015.

That is enough. Canadians deserve better. It is time for those scandalous Liberals to step aside and let a Conservative government restore the confidence of the public in its federal government.

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GOVERNMENT PROGRAMS

Mr. George Chahal (Calgary Skyview, Lib.): Mr. Speaker, a strong entrepreneurial spirit exists across the Prairies and, from small towns to big cities, there are ample opportunities to continue to grow and diversify our economy that leaves no one behind.

Our government is making strategic investments to help businesses and communities get their projects off the ground, scale up and share with the world what the Prairies have to offer.

Whether it is greening our economy by building zero-emission buses at New Flyer Industries in Winnipeg, diversifying the economy of my hometown of Calgary and training workers with the creation of the Aerospace Innovation Hub at the University of Calgary and the expansion of the pilot training program at Mount Royal University, or strengthening nuclear and clean mining supply chains in Saskatchewan, PrairiesCan is there to support the economic powerhouse of the Prairies.

ORAL QUESTIONS

[*Translation*]

PUBLIC SERVICES AND PROCUREMENT

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the Conservative Party is focusing on its common-sense plan to axe the tax, build the homes, fix the budget and stop the crime. The Prime Minister is not worth the cost or the arrive scam corruption. The RCMP is conducting an investigation. The Auditor General met with the police and said that they will need a court order to obtain all the documents.

Will the Prime Minister hand over the documents related to the arrive scam app and GC Strategies so that we can get to the truth?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, our colleague is right to highlight the important work of the Auditor General, who tabled a scathing report on Monday. We are grateful for that. Many of her recommendations are already in place. Others will be carried out over the next few weeks.

As she has said, all this information is transparent and has been shared, including with the RCMP.

● (1420)

[*English*]

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, that is not what the Auditor General said. After she exposed the arrive scam with the $60 million in spending that she was able to find, she said that the RCMP, with which she just met about the scandal, will now have to go to court to get a production order to get all of the documents that the Prime Minister is covering up.

If the Prime Minister really has nothing to hide in the arrive scam affair, then why will he not release the documents to both the police and the parliamentary committees investigating so we can get to the bottom of this scandal?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, after having thanked and lauded the work of the Auditor General, our colleague would certainly not want to pretend that she is not able to do her job. Her integrity and independence are essential to the work of the government. We are grateful for what she does and for what she will be able to continue doing.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, actually, she pointed out that she could not even total up the full cost of the arrive scam app because many of the documents were still hidden from her, either because they had been destroyed by corrupt Liberal government officials or because the Prime Minister is having them hidden. Now the RCMP will have to get a production order to get all of the documents, which the parliamentary committees investigating are being deprived of.

Once again, I have a simple yes or no question: Will the Prime Minister hand over every single document that refers to the arrive scam or GC Strategies?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, the Leader of the Opposition knows very well that the government is collaborating with parliamentary committees and the Office of the Auditor General. The Border Services Agency is doing an internal review, an investigation with respect to many of these matters, and officials have from the very beginning referred, to the RCMP, any and all information they think might be appropriate for the RCMP to investigate.

The government will always cooperate with these lawful authorities to ensure that they can do the work that Canadians properly expect them to do.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the arrive scam scandal is so bad that even former NDP leader Tom Mulcair has taken note. He said that with the revelations of the past few days, he has to face the facts: This is the first major Canadian political scandal since the sponsorship scandal, and it is likely to be even bigger.

Given that the NDP's own former leader is saying this, the Prime Minister is not worth the cost or corruption. Why is the NDP keeping him in power?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, on this side of the House, we thought that this level of exaggeration would be exclusive to the Leader of the Opposition. I cannot speak for Mr. Mulcair.

What I can tell Canadians is that the government takes these circumstances extraordinarily seriously. We accept the recommendations of the Auditor General. We have at all times worked with parliamentary committees and senior officials to ensure that they have the tools necessary to investigate these matters and, of course, to hold to account those who may have done something inappropriate.

* * *

HOUSING

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, speaking of partisanship, yesterday the Minister of Housing unleashed a vicious attack on himself. He said the Liberal government is presiding over what he called a "generational, moral failure", because so many people cannot find a place to live. There are a record number of 30 different homeless encampments in Halifax alone, his home province, after his Prime Minister doubled housing costs.

Given that they admit they have caused this moral failure, will they reverse the policies that caused it and start building homes instead of bureaucracy?

[*Translation*]

Hon. Soraya Martinez Ferrada (Minister of Tourism and Minister responsible for the Economic Development Agency of Canada for the Regions of Quebec, Lib.): Mr. Speaker, I would like to remind my hon. colleague that on this side of the House we do not insult the mayors of cities in Quebec. We work with the municipalities.

On this side of the House we actually get real deals done, unlike him, when he was housing minister. We build real housing. We are going to keep working with all Canadians to put a roof over their heads.

* * *

● (1425)

PUBLIC SERVICES AND PROCUREMENT

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, the $60 million that was wasted on the ArriveCAN is just the tip of the iceberg.

We now know that GC Strategies, a company of two guys in a cottage, snagged 140 contracts worth $258 million under the Liberals. Under the Conservatives, these same two crooks snagged nine contracts worth $3.6 million using the company name Coredal. Imagine. Twenty departments were involved and $260 million in IT contracts were awarded to guys who do not even do any IT work.

Seriously, when will there be a thorough investigation into the awarding of all of these contracts since 2010?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, I thank our colleague for reminding us, albeit rather discreetly, of the very difficult circumstances we experienced just a few years ago during the biggest pandemic since 1919, at a time when millions of jobs and billions of dollars in economic costs were at stake. We had to act quickly and decisively. Those were the operative words for the public service.

That being said, that is not an excuse. It is unacceptable that public service employees did not do their jobs properly.

Mr. Alain Therrien (La Prairie, BQ): Mr. Speaker, the Liberals are still trying to find excuses when they should be trying to find who is responsible.

All these contracts need to be investigated, but the CBSA also needs a major cleanup. It boggles the mind that an $80,000 app could turn into a $60-million scandal without anyone raising any flags.

It boggles the mind that public servants went to dinners and whisky tastings with contractors without their supervisors blinking an eye. This looks like a systemic issue.

Will the government put the CBSA under administrative supervision? It is long overdue.

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, our colleague is completely right. An investigation was and is necessary. That is exactly what the Auditor General has worked on over the last few months. She had access—and rightfully so—to all the necessary information to do her work.

We are grateful to her for her report. Obviously, we are appalled by what the report says. That is all the more reason to continue to implement her important recommendations.

[*English*]

FOREIGN AFFAIRS

Ms. Heather McPherson (Edmonton Strathcona, NDP): Mr. Speaker, for four months, innocent Palestinians have pleaded for help. Close to 30,000 people, including children, have been killed. In Rafah it is even worse.

All we hear from the Prime Minister are empty words. He is concerned, but he will not stop arms sales to Israel. He will not help Canadians fleeing Gaza, and he will not reinstate funding to UNRWA. Maybe the minister's parliamentary secretary should say publicly what he has clearly been saying privately, that UNRWA is the only organization that can help people in Gaza.

When will the Liberals finally act to save Palestinian lives?

Hon. Ahmed Hussen (Minister of International Development, Lib.): Mr. Speaker, only the NDP would consider that being the first western government to move on humanitarian aid is not enough. Only the NDP would think that adding an additional $40 million to get even more aid to the Palestinians is not enough. Only the NDP would think that our bringing like-minded countries to call for an immediate ceasefire is not enough. We have called for no military action in Rafah, in order to protect 1.8 million civilians. We will take no lessons from the NDP on this.

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EMPLOYMENT INSURANCE

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, being a parent is hard work. It can be exhausting, and people should not be punished for having a family. However, new parents who are laid off through no fault of their own before, during or after parental leave are denied access to the regular employment insurance benefits they paid for.

Women still do most of the unpaid caregiving work for Canadian families, so this disproportionately affects them. It is a clear case of gender discrimination. New moms should not have to cannibalize their EI benefits to get maternity leave, and the government should not have to wait for a court order to do the right thing.

When are the Liberals going to get the job done and end this discrimination against women?

Hon. Randy Boissonnault (Minister of Employment, Workforce Development and Official Languages, Lib.): Mr. Speaker, I appreciate my colleague's advocacy on this important issue. We have spoken about the ongoing work of modernizing our EI system, and the government continues to make progress on this. As my colleague is aware, this particular issue is before the courts, but make no mistake: We are supporting families, parents and women. Let us look at the child benefit, at $10-a-day child care and at all of the improvements we have made to the EI system, making sure that parents have more access to the system.

We are going to deliver for families and for women. That is what we are here to do and it is exactly what we are going to do.

● (1430)

[*Translation*]

HOUSING

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, the Minister of Housing, who was warned that his policies would cause a massive housing shortage, finds himself in hot water once again.

At the Standing Committee on Finance, he admitted that his $4-billion program, the so-called housing accelerator, is not working. No houses have been built and no apartments have been completed. He says the program will not even lead to future construction.

Will he follow my common-sense plan that will encourage municipalities to allow more housing?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, I think the housing crisis calls for a co-operative approach. What is the Leader of the Opposition's approach? He insults the mayors of Quebec City, Montreal and throughout Canada.

[*English*]

That is not how to engage in a serious housing policy. The accelerator fund that he points to is incenting change at the zoning level municipally. That is critical if we are going to see more supply. It is absolutely vital that we see more supply because that is what underpins the housing crisis in front of us. He is not serious.

Hon. Pierre Poilievre (Leader of the Opposition, CPC): Mr. Speaker, they are working together with municipal politicians to block housing. In fact, the housing minister, when he was immigration minister, was warned his policies would lead to a massive shortage, yet he went ahead with them anyway. He made some incredible admissions yesterday at finance committee. He said, first, that his $4-billion accelerator fund has not completed any homes, and second, “It doesn't actually lead to the construction of specific homes.”

Why does he not instead follow my common-sense plan to link municipal funding to housing construction so we can build homes and not bureaucracy?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, it is shame; he should follow the proceedings of the finance committee more closely because just a few months ago, officials there testified that his private member's bill, supposedly meant to build more housing, would do exactly the opposite.

He wants to tax home builders. He wants to cut infrastructure that communities require for housing purposes. His best idea, it would seem, to build more homes is to create some sort of 1-800 number where neighbours can rat on each other if they have concerns around NIMBY. It is not a serious approach. He has never been serious about housing. He is playing games.

* * *

PUBLIC SERVICES AND PROCUREMENT

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, the Prime Minister is not worth the cost or the corruption, and his arrive scam app is just like the Liberal government: costly and corrupt.

Look at the facts: two buddies, a basement office and an IT company that does no IT work yet got a $20-million contract for IT. Now the Auditor General tells us that she cannot track all the costs, saying, "We didn't find records to accurately show how much was spent on what, who did the work, or how and why...decisions were made."

Will the Prime Minister order his officials to turn over all the documents, stop blocking this investigation and call for a full RCMP investigation?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, it may surprise my hon. friend, but the government does not actually direct the national police in terms of investigations. We have confidence that the RCMP will take the important responsibility it has seriously and do all of the work that is required. We have complete faith in the RCMP's independence and in its ability to look into all these matters.

More importantly, the government is also always available to work with parliamentary committees and the Auditor General's Office to ensure that every document is available so this important matter can be resolved.

Hon. Andrew Scheer (Regina—Qu'Appelle, CPC): Mr. Speaker, the Liberals voted against calling in the Auditor General in the first place and blocked multiple attempts at committees to get to the truth. While the rest of the country viewed the pandemic as a difficult time full of hardship, the Liberals saw it as an opportunity to enrich their friends. They got caught funnelling a billion dollars to the WE organization. A former Liberal MP got a sole-source contract worth millions from the pandemic. Now we find out that the Liberals' app cost 750 times what it should have, did not work and was not needed.

The Auditor General says the RCMP is going to have to get a court order to get the documents. Why should it take a warrant for Canadians to find out what the Liberals did with their money?

Hon. Dominic LeBlanc (Minister of Public Safety, Democratic Institutions and Intergovernmental Affairs, Lib.): Mr. Speaker, it does not take a warrant for Canadians to see that the government has been transparent, both with the Auditor General and with parliamentary committees.

The facts may bother my friend, but he knows very well that the Auditor General is empowered to do all of this important work. We

have accepted the report of the Auditor General. We acted on a number of recommendations before receiving the report because we asked the procurement ombudsperson to look into this matter. We value the importance of respecting taxpayers' money and will always do that.

● (1435)

[*Translation*]

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, where was the minister on November 1, 2022? Here in the House, there was a vote on a request by the official opposition and the member for Carleton, the Conservative leader, for the Auditor General to analyze the arrive scam situation. What did the Liberals do? What did the minister do? They voted against that request.

Today, we are asking for access to all the documents. Will the minister once again hide under a rug and vote against this, or will he, for once, step up with the dignity we expect from this government and allow the whole truth about the arrive scam scandal to come out?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, my colleague stressed the importance of the Auditor General's work, and rightly so.

The good news is that she tabled a report on Monday with some troubling findings and solid recommendations that we are now implementing or continuing to implement.

The member says she is hiding under a rug. That is not true. The Auditor General is in contact with the Royal Canadian Mounted Police and all the other organizations, including internal ones, that will need the information she was able to gather.

Mr. Gérard Deltell (Louis-Saint-Laurent, CPC): Mr. Speaker, the good news is that the Auditor General did her job.

The bad news is that the government did not want her to do her job. Let us imagine what would have happened otherwise. People would just shrug off the fact that ArriveCAN turned out to be a washout, but it would be no big deal. In fact, ArriveCAN is the biggest scandal in Canadian history. That is the reality.

The original $80,000 contract ultimately ballooned to at least $60 million. Today, the Liberals are feigning outrage and saying we need to launch an investigation. Where were the Liberals on November 1, 2022, when it should have been investigated?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, not only did the Auditor General do her job, she did a very good job. We appreciate the work she did and will draw from it. It will help us continue implementing the measures we need, even in times of crisis when situations are extremely complicated for everyone, including Canadians, and when quick action is essential.

In these times of crisis, like all other times of crisis, the basic rules of sound management of the public service still hold.

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IMMIGRATION, REFUGEES AND CITIZENSHIP

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, Quebec's French language commissioner released a report that may shock the immigration minister, but does not surprise anyone in Quebec.

Temporary immigration is setting French back in Quebec. According to the commissioner, it would cost between $10.5 billion and $13 billion to teach French to all newcomers. Needless to say, that is unsustainable.

One of the commissioner's recommendations targets the federal government directly. Will the minister finally ensure that every province welcomes asylum seekers instead of contributing to the decline of French?

Hon. Marc Miller (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, first of all, I would like to point out that we are already transferring $5.2 billion to the Quebec government, partly for French-language instruction.

I hope the member opposite is not saying that he wants to deport people who do not speak French in Canada. That would be an illegal, immoral and inhumane thing to do.

We are well aware that more work needs to be done to share the burden that is falling on Quebec. We will continue to do so with the province of Quebec.

Mr. Alexis Brunelle-Duceppe (Lac-Saint-Jean, BQ): Mr. Speaker, these answers are no longer credible, but that is okay. I will continue.

Quebec's French language commissioner goes further. He proposes that the federal government ensure that asylum seekers are spread out among the provinces, taking language into account. Ottawa could encourage people who have knowledge of French to stay in Quebec or, as the Bloc Québécois proposes, go to francophone communities. As far as anglophones are concerned, Ottawa could encourage them to go to an anglophone province. That would make it easier for them to access the labour market and it would reduce the cost of linguistic integration.

Does the minister not think this is an excellent idea?

Hon. Marc Miller (Minister of Immigration, Refugees and Citizenship, Lib.): Mr. Speaker, obviously all of our initiatives to send asylum seekers to other provinces need to be done humanely and consensually.

The language criterion is one of many, but should not be the main criterion. We all need to make an extra effort. The federal government has a role to play; Ontario, Quebec and all the provinces do as well.

● (1440)

OFFICIAL LANGUAGES

Mr. Mario Beaulieu (La Pointe-de-l'Île, BQ): Mr. Speaker, perhaps French is in decline at the federal level because never before have the Liberals appointed so few francophones to decision-making positions.

Francophones were appointed to only 21% of the key departmental positions that are supposed to be bilingual. That is the worst record since 2015. When Liberal ministers make political appointments, they appoint only unilingual anglophones. No wonder French is disappearing at the federal level.

Will the Liberal ministers stop setting the example that it is okay to undermine French?

Hon. Pablo Rodriguez (Minister of Transport, Lib.): Mr. Speaker, defending and promoting French is a priority for all Liberal members from both inside and outside Quebec. When making appointments, we did a lot to ensure greater representation of women, under-represented communities and indigenous people, and we did even more to ensure French representation. We will do more to appoint francophones because that is important to us.

While the Bloc Québécois is pouting, complaining and picking fights, we are doing what we need to do, and that is appointing more francophones.

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[*English*]

PUBLIC SERVICES AND PROCUREMENT

Mr. Larry Brock (Brantford—Brant, CPC): Mr. Speaker, the Prime Minister stated that his arrive scam app would cost taxpayers $80,000, but in fact it is 750 times more, over $60 million and climbing.

Now, the committee studying this scam has heard evidence of forgery, fraud, obstruction of justice and breach of trust by government officials. The arrive scam is just like the Prime Minister, not worth the cost, not worth the corruption.

Will the Prime Minister finally stop the cover-up and join us to call on the RCMP to expand the investigation?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, the member is correct to point to the important work of parliamentary committees, which are called to do valuable work to support that of the government in making sure that even in times of crisis, like the pandemic, proper rules are followed, known and monitored by all public servants, including those at the CBSA.

Mr. Larry Brock (Brantford—Brant, CPC): Mr. Speaker, what a completely insincere answer. It is a fraud on Canadians.

Since the Prime Minister took office, over $250 million has been given to GC Strategies, two guys working in their basement, $20 million alone for the arrive scam. Criminality is rampant with evidence the committee has recently heard.

The arrive scam is just like the Prime Minister, not worth the cost, not worth the corruption. Fleeced taxpayers want an honest answer.

Will the Prime Minister finally call on the RCMP to expand the investigation? Yes or no.

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, the member pointed out, again, correctly, the importance of investigations.

The good news is that there was an investigation by the Auditor General just a few weeks and months ago. There was an important report tabled on Monday with findings that are totally unacceptable, even in the context of the worst pandemic that we have seen in over a century, the worst economic crisis that we have seen since the 1930s.

The findings are unacceptable, and that is why we are going to keep implementing all the recommendations in the Auditor General's report.

[*Translation*]

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, after eight years, this government is not worth the cost or the corruption. It awarded the ArriveCAN contract to GC Strategies, a four-employee company that does not even do IT work, for an app that was supposed to cost $80,000 but, according to the Auditor General, may have cost more than $60 million, or 750 times as much. That is what I call gross incompetence.

Politically, who is going to take responsibility for this incompetence? Will we ever get back the money lost due to this incompetence?

Hon. Jean-Yves Duclos (Minister of Public Services and Procurement, Lib.): Mr. Speaker, the member mentioned the word responsibility. In times of crisis, a responsible government has two responsibilities. First, it must protect people's health and ensure their safety. That included the lives of tens of thousands of Quebeckers and Canadians during the pandemic. Second, it must ensure that transportation, in this case within Canada as well as across-the-border transportation, goes smoothly so that medication and personal protective equipment get through, and so that international trade, worth billions of dollars every week, can continue flowing in an efficient and useful manner.

* * *

● (1445)

[*English*]

INFRASTRUCTURE

Ms. Lori Idlout (Nunavut, NDP): *Uqaqtittiji*, when the Minister of Environment and Climate Change said the government would stop investing in new road infrastructure, he made it very clear that he never considered northern communities.

Many indigenous communities still lack all-weather roads. In fact, most of the communities in my riding are still using dust roads. For years, they have been calling on the government to invest in road infrastructure.

I have a simple question. Why is the minister against Nunavut getting their roads paved?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, first of all, I thank the member for what she brings to the House. I know her advocacy on a range of issues matters and does make a difference.

On this side, Liberal MPs, since 2015, have ensured that this government invests in infrastructure and invests in roads and highways. I will give examples of northern infrastructure investments. We are talking about $10.5 million for the Inuvik Tuktoyaktuk Highway rehabilitation in Northwest Territories, $10.5 million for active transportation projects in Whitehorse and Watson Lake in Yukon, and projects in Nunavut as well.

Ms. Niki Ashton (Churchill—Keewatinook Aski, NDP): Mr. Speaker, the Minister of Environment's recent comments that the Liberals have stopped investing in new road infrastructure and that the current system is perfectly adequate to respond to Canadians' needs is anti-northern and anti-indigenous. It is a death knell to isolated communities like Wasagamack, St. Theresa Point and others that have been forced to call states of emergency because climate change has made their ice roads unreliable. Other Liberals have been actively engaged in finding solutions on this front.

Will the Minister of Environment retract his comments, work with his colleagues and first nations to build the all-weather road access they desperately need?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, we know that infrastructure investment is absolutely vital to economic growth. As part of our infrastructure policy, we are talking about almost 400 road and highway projects that have been invested in at the federal level. That is just one example of a fund that is at work. I have mentioned already northern examples.

Let me give the example, of course, of the Gordie Howe Bridge, which that side, the Conservatives, opposed. There were $6 billion for Gordie Howe Bridge, and $153 million to enhance the Trans-Canada Highway in Newfoundland to make sure there are improvements there, the twinning of the highway to be specific, and we will continue.

* * *

[*Translation*]

TOURISM INDUSTRY

Mr. Joël Lightbound (Louis-Hébert, Lib.): Mr. Speaker, for 70 years, since 1954, the Carnaval de Québec has been delighting thousands of people in the Quebec City region, from throughout Quebec and around the world. It is an opportunity for people of all ages to make new memories and experience a sense of wonder, from the kids who meet the living snowman for the first time and discover his majestic palace, to their grandparents who rediscover him through their eyes.

It is an event that makes winter more enjoyable, or at least more tolerable, not to mention that it provides major economic benefits.

Can the Minister of Tourism tell us what our government is doing to ensure the growth of the Carnaval de Québec?

Hon. Soraya Martinez Ferrada (Minister of Tourism and Minister responsible for the Economic Development Agency of Canada for the Regions of Quebec, Lib.): Mr. Speaker, like the member for Louis-Hébert, our government understands that the economic benefits from the Carnaval de Québec contribute directly to business growth in the region. Unlike the Conservatives, who want to cut programs that fund festivals and refuse to take action against climate change, we are investing $8 million for the tourism experience of the carnival and we are fighting climate change.

On this side of the House, we want to ensure that the ice castle does not melt and that the Bonhomme Carnaval does not lose his job.

* * *

[*English*]

INFRASTRUCTURE

Mr. Dan Muys (Flamborough—Glanbrook, CPC): Mr. Speaker, the Prime Minister's radical environment minister is launching a war on cars. He said that his government had decided to stop investing in new road infrastructure. The radical minister did not clarify his remarks. Rather, he went even further, adding that those Liberals planned to block big projects, for example, the Highway 6 south expansion, which is so critical to the safety of people in my community.

Why are those Liberals attacking commuters in the GTHA, who are just trying to get to work?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, it is a bit rich to continue to hear the Conservatives talk about road infrastructure in particular, but infrastructure in general, which they continued to cut in their time in office and would do the same if they were back in power.

In the GTA, and I will give examples, there are $2.3 billion to build the Scarborough subway extension; $1.9 billion to build the Eglinton cross-town west extension; over $2 billion to build the Yonge north subway extension; $4 billion to build the Ontario Line; and there are other examples from the GTA.

I thank the Liberal members of this caucus for advocating for all of this.

● (1450)

Mr. Dan Muys (Flamborough—Glanbrook, CPC): Mr. Speaker, the previous Conservative government invested significantly in roads and highways in the GTA, Ontario and Canada, so that nonanswer does not cut it.

Canadians already pay plenty of taxes, sending their money to Ottawa and expecting the government to build roads and infrastructure, yet the Prime Minister and his radical minister would endanger the lives of Hamiltonians by not supporting projects like the Highway 6 south expansion.

Will the Prime Minister stand up for Canadians and reject his radical environment minister?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, there are almost 3,000 road and bridge projects in Ontario. That is just one example.

I remember when, in this House of Commons, the government moved forward on talking with Windsor and engaging with Governor Rick Snyder in the state of Michigan. This was done years ago to make sure the Gordie Howe bridge would be a reality, and they were against it. We have put in $6 billion to make sure it is a reality. It is happening, and this government stands by that decision. The Conservatives have let down the people of Windsor.

I thank the member for Windsor—Tecumseh for being there for his constituents.

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, when the Prime Minister appointed a radical activist to be the environment minister, we knew that the Liberal government would be implementing extreme and divisive policies, but this latest Liberal announcement takes the cake. This may be the first time that any government anywhere, at any time, has promised to stop building roads. However, that is exactly what the Liberals have done. This extreme new policy means that the Liberals are against adding more lanes to the Trans-Canada Highway between Metro Vancouver and the Fraser Valley.

Why do the Liberals want to kill these projects, which will help end gridlock and get people to work?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, that is very interesting. The member should have checked the record. It is stunning. As a B.C. MP, he voted against over $1 million for the 100 Mile House Horse Lake Road Bridge replacement in that province. It is an example of Conservative hypocrisy on the other side. On the one hand, they want to stand for infrastructure investment and support roads. On the other, any time the current government attempts to do that, they vote against it.

We will continue to work with provinces and municipalities to make that a reality.

Mr. Mark Strahl (Chilliwack—Hope, CPC): Mr. Speaker, the radical minister made it very clear that the Liberal government will no longer allow funding to go toward building roads, and it is no surprise that a guy who scaled the CN Tower or climbed on top of a premier's roof would come up with an extreme policy such as building no more roads in this country. We need a strong road network to move our goods, to get our kids to school and to get our workers to their jobs.

When will the Prime Minister condemn this radical policy from his extremist environment minister and stop punishing Canadians, who need to drive their cars to live their lives?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, there are more slogans from the other side. Why is it a slogan? It is because there is no sincerity, and there is no sincerity because Conservatives want to cut funding to cities. They want to cut funding to towns. Every time we put measures on the table to make sure that municipalities are better supported and provinces are there with us, they stand in the way of that.

I have given examples here today, such as the Gordie Howe bridge in my province. I just gave an example from his province. He has let down his constituents in the approach that he has taken. It is not a serious approach, and it never was.

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[*Translation*]

NATURAL RESOURCES

Ms. Monique Pauzé (Repentigny, BQ): Mr. Speaker, the proposed nuclear waste disposal site at Chalk River is an environmental travesty and a social injustice.

The Anishinabe communities that are affected by this project are opposed to it, and I am proud that the Bloc Québécois was able to help Chief Lance Haymond express that opposition yesterday. I am proud that we added our voice as representatives of 4.5 million concerned Quebeckers.

Will the government finally say no to the Chalk River project and ensure that any nuclear waste burial project does not unnecessarily threaten indigenous communities and the people of Quebec?

Mr. Marc Serré (Parliamentary Secretary to the Minister of Energy and Natural Resources and to the Minister of Official Languages, Lib.): Mr. Speaker, the independent Canadian Nuclear Safety Commission approves projects only if they are safe for Canadians and the environment.

After conducting consultations with indigenous communities and others concerned, Natural Resources Canada plays no role in the commission's decisions. As this matter is subject to judicial review, we are awaiting the outcome of the decision for the process.

● (1455)

Ms. Monique Pauzé (Repentigny, BQ): Mr. Speaker, they would have us believe that the Canadian Nuclear Safety Commission is independent. That is funny, since it is the Governor in Council that appoints the president. That is just an example.

Burying nuclear waste one kilometre from the Ottawa River is an unnecessary risk to the drinking water of the Anishinabe people and half of Quebeckers. We are talking about one million cubic metres of radioactive waste here. That is not a little compost bin.

The Montreal metropolitan area is against the Chalk River project. The City of Gatineau is against it. The indigenous communities affected are against it. Environmental groups are against it.

When will the minister say no to this project that is threatening our health and the environment?

Mr. Marc Serré (Parliamentary Secretary to the Minister of Energy and Natural Resources and to the Minister of Official Languages, Lib.): Mr. Speaker, it is incredible that the Bloc Québécois does not want to recognize the independence of a nuclear safety commission that approves only projects that have been subject to consultation with indigenous communities. Let us be clear, Natural Resources Canada does not have a role in this. Consultations were held.

The file is subject to judicial review and we are awaiting the results of that decision. In the meantime, we will continue to work together with the community and the indigenous peoples to ensure that the project is viable.

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[*English*]

INFRASTRUCTURE

Mr. Jamie Schmale (Haliburton—Kawartha Lakes—Brock, CPC): Mr. Speaker, a few months ago, I asked the Minister of Environment why, after three years, Parks Canada has not replaced the federal bridge in Bolsover. The minister, of course, answered in typical Liberal fashion; he promised to get back to the House but never actually did. Now we know why.

News broke earlier this week that the Liberals have decided to stop funding new roads and bridges. Just like that, Parks Canada quietly confirms that the bridge will not be replaced.

Leaving this village permanently cut in half is absolutely unacceptable. When will the minister get his head out of the clouds, do his job and get the bridge fixed?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, I know that member, and I have known him for many years, to be someone who brings a non-partisan approach. However, such is the approach of the Leader of the Opposition that even someone like him has taken a decidedly partisan approach to such critical issues.

What do we see? Nearly 3,000 road and bridge projects, at $2.1 billion, have been funded by the current government, but the Conservatives have supported none of it. I just mentioned the Ontario example of the Gordie Howe International Bridge, since they are talking about building bridges. We will continue to do whatever we can to support communities, large and small, throughout this province and the country.

[*Translation*]

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, this Prime Minister's radical Minister of Environment has declared open war on vehicles. He said that their government decided to no longer invest in new highway infrastructure. He did not clarify that statement. He went even further by adding that the Liberal government is going to block big projects. The radical environment minister is going to block big projects like the third link between Quebec City and Lévis.

Why is the Liberal government attacking workers in Quebec City and Lévis who are trying to go to work?

Hon. Steven MacKinnon (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the member opposite knows very well that, since the beginning of its mandate, our government has invested billions of dollars in highway infrastructure projects across Quebec and Canada.

We will continue to do so, as we did in Kamouraska, for example, with Highway 185 and as we will surely do with other projects in his riding that he will surely vote against.

Mr. Jacques Gourde (Lévis—Lotbinière, CPC): Mr. Speaker, when was the last time that the muzzled radical minister travelled through the Lévis-Quebec City area without his limousine? Building a third link is a necessity, not a luxury.

Quebeckers in remote areas pay taxes and send their money to Ottawa, which is supposed to build roads and reliable infrastructure for them too.

Will the Prime Minister stand up for the interests of Quebeckers and remote regions, instead of going along with the foolishness of his radical environment minister, who is anti-third link ?

Some hon. members: Oh, oh!

The Speaker: I would ask all members to keep quiet when it is not their turn to speak. I am referring specifically to the member for Alfred-Pellan.

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

● (1500)

Hon. Steven MacKinnon (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, that member knows full well that our government has invested billions of dollars in infrastructure and highway projects in Quebec, as it has elsewhere in Canada.

We are the second-largest country in the world. It comes as no surprise to us that we need to invest in building better roads for the public, for trade and for everyone.

However, that member consistently votes against our highway investments. He systematically votes against everything the government does for Quebec. He should stand up and admit it.

[*English*]

SMALL BUSINESS

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I wish a happy Black History Month to residents in my riding of Vancouver Centre. I want to highlight their contributions to economic development and job creation in B.C. I also want to give a shout-out to the Black Business Association of BC, an umbrella organization for small businesses that works to help Black entrepreneurs thrive and expand despite the systemic barriers they still face.

Can the Minister of Small Business tell us how our government helps Black entrepreneurs to overcome these barriers and succeed in Canada?

Hon. Rechie Valdez (Minister of Small Business, Lib.): Mr. Speaker, we know that building a more inclusive economy means building a stronger economy. That is why our government has created the first-ever Black entrepreneurship program. This historic $265-million investment has supported over 9,000 Black entrepreneurs across this country and strengthens the ecosystem that supports them. It is disappointing that the Leader of the Opposition and the Conservatives have voted against the support and turned their backs on Black small business entrepreneurs.

On this side of the House, we will keep being there for Black entrepreneurs, as the member for Vancouver Centre is.

Happy Black History Month.

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CARBON PRICING

Mr. John Nater (Perth—Wellington, CPC): Mr. Speaker, the Prime Minister easily found $60 million for his ArriveCAN app, but he still wants to quadruple the carbon tax on gas, groceries and home heating. While the typical Canadian family will pay $700 more to put food on the table this year, the Prime Minister is raising the carbon tax by 23% on April 1.

After eight years of the Liberal-NDP government, more and more Canadians are struggling to make ends meet and pay for food, heat and housing. The Prime Minister is not worth the tax or the cost.

Will the Prime Minister give Canadians some relief and axe the tax?

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, unlike the Conservatives, who want to take money away from Canadians, we are putting money back in the pockets of Canadians through rebates.

I have a question for my hon. friend: Will he cut the $1,100 for Ontario families? How about the $1,800 for Alberta families? How about the $1,200 that Manitoba families are going to get back?

He wants to deny climate change. He wants to cut rebates for Canadians. That does not sound like common sense to me.

Mr. Rick Perkins (South Shore—St. Margarets, CPC): Mr. Speaker, the Prime Minister's NDP-Liberal friends got rich turning the arrive scam app into a $60-million grift for an $80,000 app. If hurting taxpayers for the personal gain of Liberals was not enough, now the Prime Minister is going to increase the cost of everything on April 1 when he increases the carbon tax by 23%.

Nova Scotians will pay $2,100 more than they get back for this carbon tax. After eight years, the Prime Minister is not worth the cost.

When will the Liberals stop hurting Canadians and axe the carbon tax?

Hon. Anita Anand (President of the Treasury Board, Lib.): Mr. Speaker, let us focus on what Canadians are actually getting back. In 2023-24, Ontario received $976; Alberta, $1,500; Saskatchewan, $1,300; Manitoba, $1,000; Newfoundland, $900; Nova Scotia, $700; P.E.I., $700; and New Brunswick, $500.

These are rebates and the Conservatives want—

Some hon. members: Oh, oh!

The Speaker: Order.

The hon. President of the Treasury Board.

Hon. Anita Anand: Mr. Speaker, it does not make sense. It is not common sense to deny climate change and to cut money from Canadian families.

● (1505)

Mrs. Laila Goodridge (Fort McMurray—Cold Lake, CPC): Mr. Speaker, after eight years under the Liberal Prime Minister, costs are up. Already, a typical family of four will pay $700 more in groceries in 2024 compared with last year. I have talked to moms who are skipping meals, simply so they can feed their children; however, for this extremist NDP-Liberal coalition, this is not enough. It is going to continue punishing Canadians, raising the carbon tax on April 1.

The question is simple: Will it do the right thing and axe the tax?

Hon. Randy Boissonnault (Minister of Employment, Workforce Development and Official Languages, Lib.): Mr. Speaker, we will do the right thing. We will continue to fight climate change and make sure that Albertans have more money in their pockets than they are paying in the carbon pricing, with $1,800 to a family of four and, if one gets the 20% rural top-up, $2,160.

Let us dial that back. It will be $450 every three months into the—

Some hon. members: Oh, oh!

The Speaker: Order.

I stood up a couple of times because I had difficulty hearing the answers from the hon. members. I am going to ask hon. members to hold their comments back until they are asking a question.

The hon. minister has 12 seconds, if he chooses.

Hon. Randy Boissonnault: Mr. Speaker, I choose to use the 12 seconds, because Albertans need to know that falsehoods from the Conservatives do not pay the bills. The Canada carbon rebate helps. That is why we put it in place.

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INTERNATIONAL TRADE

Hon. Judy A. Sgro (Humber River—Black Creek, Lib.): Mr. Speaker, strong, vibrant communities are good for everyone. In my riding, Maxxmar Window Fashions, led by Norbert Marocco, has been operating since 2007 and continues to help make ridings like mine and Canada a better place to live, work and raise a family.

A key ingredient for any successful business, of course, is drive and a determination to grow and keep building on past successes. Anyone who has met Norbert knows that his business has that in spades.

Can the Minister of International Trade share with the House how our government is supporting businesses that want to grow and expand their businesses to new markets?

Hon. Mary Ng (Minister of Export Promotion, International Trade and Economic Development, Lib.): Mr. Speaker, Canada is a trading nation, and our businesses create great jobs for our workers. While the Conservatives voted against the trade agreement with Ukraine, we will keep helping businesses grow with confidence.

What a success story this is of a Canadian company selling internationally. Our government is making those investments to open doors and, in this case, open blinds.

On this side of the House, I am proud to work with the member for Humber River—Black Creek. I want to thank her for her incredible leadership as the chair of the trade committee, and I hope this business is going to consider exporting to Ukraine.

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HOUSING

Mr. Blake Desjarlais (Edmonton Griesbach, NDP): Mr. Speaker, a new report on rent prices across Canada confirms what Canadians already know: Rent prices are skyrocketing while real estate CEOs are making record profits.

Which city had rental prices go up the fastest? It is my home city of Edmonton. That is because the Liberals are leaving it up to Danielle Smith and corporate developers, who are failing to build homes that people can actually afford.

When will the government act to lower rents so people in Edmonton have a place to call home?

Mr. Peter Fragiskatos (Parliamentary Secretary to the Minister of Housing, Infrastructure and Communities, Lib.): Mr. Speaker, $470 million is the amount the federal government has allocated through, among other things, the Canada housing benefit, which was recently topped up.

We will continue to support Canadians going through a difficult time and make sure that we are working with different orders of government to ensure that the outcome is a real, lasting and meaningful one for Canadians who are challenged right now.

I would also point to other measures that we are taking to ensure more homes are being built, for example, lifting the GST off purpose-built rentals and making sure low-interest loans are available to builders. That is how we get more supply in the market.

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CLIMATE CHANGE

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, on Monday, February 26, the 13th ministerial conference of the World Trade Organization will open in Abu Dhabi. Amazingly, just eight weeks ago, that same country closed on an ambitious climate agenda from COP28, referred to as the United Arab Emirates consensus.

Will the government use that synchronicity, get in there and make sure that the 13th trade ministerial is a climate ministerial that makes the WTO back off from the climate deals and let us do the work to deliver on our Paris commitments?

● (1510)

Hon. Mary Ng (Minister of Export Promotion, International Trade and Economic Development, Lib.): Mr. Speaker, I want to thank the hon. member for her advocacy, particularly on the environment.

Canada is a trading nation and later this month I will be representing Canada at the World Trade Organization ministerial. As a trading nation, our businesses, investors and workers depend on a rules-based trading system with the World Trade Organization at its core. While there I will continue to always fight for climate change while we grow the economy and create great green jobs.

I look forward to making sure that Canada continues to do the work of fighting climate change.

[*Translation*]

The Speaker: The hon. member for La Prairie on a point of order.

Mr. Alain Therrien: Mr. Speaker, in response to a question from my colleague from Lac-Saint-Jean, the Minister of Immigration said that the Bloc Québécois wanted to deport immigrants in Canada.

We are all parliamentarians. We know that words have meaning. When we talk about deportation, we are talking about crimes against humanity. When we talk about deportation in Canada, we always think of the deportation of the Acadians.

Some hon. members: Oh, oh!

Mr. Alain Therrien: I am sorry, but this is important. People need to understand that the person who has the floor must be respected.

I call on the minister to withdraw his comments and apologize.

The Speaker: I listened carefully to the point of order raised by the hon. member for La Prairie. It seems to me that this is more a matter of debate, which is acceptable here in the House.

The hon. member for La Prairie.

Mr. Alain Therrien: Mr. Speaker, the member for Salaberry—Suroît raised a point of order on February 1 regarding the fact that the Minister of Immigration had accused the leader of the Bloc Québécois of comparing immigrants to heat pumps.

We asked the Speaker to insist that he apologize. We have heard nothing since. I would like to know when the Minister of Immigration will be called to order and asked to apologize for all the nonsense he says in Parliament.

The Speaker: The request was made to the Chair, and the person who was in the chair at the time said that they would come back to the House if necessary.

The Chair has looked into the issue, and it is also a matter of debate.

The hon. member for Montmagny—L'Islet—Kamouraska—Rivière-du-Loup is rising on a point of order.

Mr. Bernard Généreux: Mr. Speaker, earlier the government House leader said in his answer that Highway 185 was in Kamouraska. Let me correct him: It is in Témiscouata. The project was approved by the former Conservative government.

The Speaker: I appreciate the clarification, but it is a matter of debate.

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BUSINESS OF THE HOUSE

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, after what was undoubtedly a difficult week for the government, one could say that the upcoming one is very timely for government members.

In the meantime, however, we still have one sitting of the House to go. I would like to ask the government House leader to tell us what business is planned for tomorrow and for when we return from what I hope will be a relaxing break week for the government.

Hon. Steven MacKinnon (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I can assure you that nothing is scarier than driving down Conservative highways, whether it is in Kamouraska or Témiscouata. Conservatives vote against highway infrastructure and refuse to fund them.

[*English*]

Later today, we will be voting on third reading of Bill C-62, medical assistance in dying.

Tomorrow, we will resume debate on the motion respecting the Senate amendment to Bill C-35, the early learning and child care legislation.

[*Translation*]

Next week is a constituency week during which the House is adjourned. We will, of course, be in our ridings to serve our constituents.

Upon our return, the agenda will include Bill C-58, an act to amend the Canada Labour Code and the Canada Industrial Relations Board regulations, 2012, which deals with replacement workers. On Wednesday, we will continue debate on Bill C-61, an act respecting water, source water, drinking water, wastewater and related infrastructure on first nation lands. Finally, Tuesday and Thursday will be allotted days.

I thank the members for their attention and wish them a good week in their ridings.

GOVERNMENT ORDERS

● (1515)

[*English*]

CRIMINAL CODE

The House resumed consideration of the motion that Bill C-62, An Act to amend An Act to amend the Criminal Code (medical assistance in dying), No. 2, be read the third time and passed, and of the motion that the question be now put.

Mr. Damien Kurek (Battle River—Crowfoot, CPC): Mr. Speaker, I note that I will be splitting my time with my friend and colleague from Langley—Aldergrove.

It is the responsibility of parliamentarians, in certain circumstances, to make decisions that have to do with life or death, and that is where we find ourselves today. In the context of most of parliamentary history, not only here in Canada but in other parliaments around the world, it has to do with times of war and conflict, but today it is unique as we discuss the context of determining the status of what has come to be referred to as medical assistance in dying. It is an incredibly delicate issue that has brought forward a huge range of emotions and opinions from across the country and from across the political spectrum. Certainly, it is something that requires thoughtfulness when being addressed.

However, I do want very specifically to address something that has been very concerning to me in this discussion, and I will get to the substance of Bill C-62 in a moment. It has been brought forward and demanded by other political parties in this place that members' faiths and the values on which we build our moral system should not be included in this discussion, that somehow as parliamentarians we should separate those things from the discussion.

I would assert to members today, on behalf of many of my constituents who have reached out to me on this matter, many of whom agree with me and some of whom do not, that the basis of our moral system, whether that be mine as a Christian or other people's of Muslim, Jewish or other faiths or no faith at all, or whether it be the experience that one lives, plays a role in our ability as parliamentarians and as a society to make decisions.

As such, my message to this House and all Canadians watching is that we should never try to remove our faiths and our value systems from the conversation. Rather, they should be a part of it, thoughtfully, of course, and that certainly is the case when we are discussing something as important as medical assistance in dying.

Let us take a step back. What does Bill C-62 mean? It is a delay on the coming into force of an aspect of the medical assistance in dying regime. All parties, at different points in time, although that is certainly not the status of this debate today, have said there is tremendous concern about the widespread expansion of a system that could put Canada's most vulnerable at risk, and certainly that is something that should force all of us to take pause.

It has been asserted very clearly by me and many of my colleagues that this has simply gone too far when the regime that we are talking about is truly putting Canada's most vulnerable at risk, but the specifics of the bill today would bring a needed pause. My assertion, as when I voted in favour of the bill from my colleague from Abbotsford, would be that we should remove the provisions of medical assistance in dying that could very well lead to what we hear examples of. This is not simply an allegation. We hear very clear examples of that, and I will get into some local examples in a moment, but we have to ensure that we protect the most vulnerable.

That is why I will be supporting putting a pause on this expansion of MAID, but I believe we need to go much further than that, and I will get into a few of my reasons in a moment.

It was brought to my attention, and as a Christian taking seriously God's word, the Bible, I would reference a Bible verse in my debate here today. It is 1 Peter 4:10. It says, “As each has received a gift, use it to serve one another, as good stewards of God’s...grace”. The reason I bring that forward today is that I think it provides important context for something that is truly foundational in how we look at the world, and that is the idea of the value and dignity of life and one's life.

● (1520)

I heard recently from a constituent, a woman, who shared a heartbreaking story about her son. He was in a mental health hospital after being found inches away from taking his own life. He reached out at the last moment, asked his parents for help and expressed that while the different things he was facing were incredibly complex, he did not want to die. As a result, the family was able to advocate for him, to work diligently to help support this young man and to ensure that he could get the help he required.

We were told in the beginning that there was no such thing as a "slippery slope", but we have seen it, over the last eight years, since the Liberals first brought it forward, when Jody Wilson-Raybould was the then minister of justice and attorney general. There were warnings at committee and warnings in the various court decisions that led us to this point that we had to be very aware of the slippery slope. We are seeing that here today.

What I find very tragic, as in a story that I referenced from a constituent, and I will not get into the specifics to ensure that their identity is protected, is that we hear this tragic story where intervention was at least possible. This constituent reached out and said that had there been mechanisms in place that would have even suggested that it was possible, they feared what the outcome would have been and that they would have lost their son. We also hear numerous examples of how addiction is stealing life away from individuals. Instead of ensuring that there is hope and opportunity, they are not given the dignity of getting better. The potential of getting better is so very important in this discussion.

I compliment my colleague, the member for Cariboo—Prince George on the 988 number. It was a tragic irony that it took longer for the government to set up the 988 Suicide Crisis Helpline than it did for the government to bring forward what was the first one-year extension in the expansion of the medical assistance in dying regime.

Before us, we have a delay. When it comes to the heart of the matter, we need to stand up for the life and the dignity of all Canadians. I understand how we need to be thoughtful in how we engage in this subject, because it is deeply personal, and everybody can point to different stories. However, we have to protect life, to offer life, to not lose hope and to ensure that death does not become a part of health care.

We have heard tragic examples of veterans being offered medical assistance in dying instead of mental health supports and of Canadians who are hungry, having to battle through difficult economic times, and having to pursue some of these things. I referenced the committee a number of times. To those who might be watching and listening, some of the stories are of those who shared, very honestly, how their lives would have been put at risk had there been mechanisms in place that did not have safeguards and that did not prioritize the need for life and offer that hope.

I started my speech by talking about how, as parliamentarians, we are sometimes tasked with making decisions that are literally life and death, and this is one of them. My submission to this place, and to all members, is that we need to ensure we always prioritize life.

If we fail in that duty, I shudder to think what the long-term implications of that would be for our society. That would be absolutely devastating for lives that could be lost through a regime that does not prioritize dignity and ensure, whether it is for mental health, for disability or for others who are facing vulnerabilities in moments or longer stages of their life, that Canadians are given every opportunity to choose life and that the government does not facilitate death.

● (1525)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, my colleague's tone was measured. I think there is space to reflect. People can start from a premise, any premise he wants.

However, when I listen to him, it is as though he is saying that all mental disorders are reversible and remediable, whereas all the experts, whether they are for or against MAID, are of the opinion that irremediability is a sticking point. However, they do not dispute that there are people who will suffer for decades.

I have the same priorities as my colleague, namely doing good, showing compassion and honouring the importance of life and quality of life. The question I have for my colleague is what is his solution?

[*English*]

Mr. Damien Kurek: Mr. Speaker, certainly, there is a wide range of what could be considered mental illness, or psychological disorders or neurological disorders that, in some cases, are terminal.

We need to be so very careful. I am concerned about the direction the government has pursued and I am concerned about some of the other conversations that have taken place in relation to this, because we are not prioritizing the ability and the hope in so many circumstances. There is the opportunity to get better and to provide a dignified quality of life that would allow people to truly live their best life no matter what the circumstance. We need to prioritize life, as opposed to a circumstance where those who could get better are not given that opportunity.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, it is very clear that there is a class, racial and geographic aspect to being able to access mental health services. We have a problem for people in rural and remote communities. We have a problem in indigenous communities. We also have a problem for those who cannot pay for their services.

As a way of also attacking this problem, would the member support making mental health services fully a part of the Canada health care plan?

Mr. Damien Kurek: Mr. Speaker, as a rural member of Parliament, I have long fought for, and will continue to fight for, ensuring that rural Canada has access to the mental health services that it needs, whether that is east central Alberta, which I am proud to represent, or rural and remote communities across Canada or in our north.

From my early days in the nomination to become the Conservative candidate prior to the 2019 election, I have long said that mental health is, in fact, health. That is why I was so proud to stand in support of, and continued to call for, the 988 suicide help line. That is why, in the last election, I was proud to support a platform that had significant mental health investments.

The idea that mental health is health is that basis of ensuring that every Canadian has dignity and every opportunity to succeed, and the chance to get better. We cannot forget that there is always hope.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I thank my hon. colleague for the shout-out. I will remind the House that it was not just me who did this; it was a team effort. We all chipped in to bring 988 to Canada.

Throughout our committee work on MAID, we found that countries that offered psychiatric medical assistance in dying had an almost a 2:1, where women applied for MAID more than men. More women are seeking MAID than men. That is troubling. I wonder if my colleague thinks this as well.

Should we not be looking at a national strategy for suicide prevention, rather than going down this road of offering medical assistance in death, medical assistance in suicide? We should be doing everything possible to help those rather than help them end their lives.

● (1530)

Mr. Damien Kurek: Mr. Speaker, there is a lot to unpack there. I appreciate the question. Certainly, it speaks to how, in so many circumstances, whether it be women, people of colour or those who are in a lower socio-economic bracket, they are often the ones who end up being, in some cases, encouraged to pursue things like medical assistance in dying. There needs to be dignity given to the value of their lives just as much as any other Canadian. I find it so troubling that we seem to not be acknowledging those facts and that we are putting the most vulnerable in our country at risk of the most final decision that could possibly be imagined, and that is death. We need to always prioritize life and treatment above that of death.

Mr. Tako Van Popta (Langley—Aldergrove, CPC): Mr. Speaker, today we are talking about Bill C-62, a bill necessitated by the Liberal government's total mismanagement of the medical assistance in dying, or MAID, regime.

The first example of the mismanagement is the government's failure to appeal a lower court decision that mandated Parliament to expand MAID beyond what it was initially intended to be. This lower trial court ordered that Parliament delete the reasonable foreseeability of natural death requirement for applicants of MAID. The Supreme Court of Canada should have been asked to weigh in on this very important topic, particularly since the law that was being challenged had, just a few years ago, been written by this Parliament in response to a Supreme Court of Canada decision, the Carter decision, which started this whole conversation.

The second example of Liberal incompetence was that they accepted the reckless addition by the Senate of mental illness as a sole underlying condition for MAID qualification. It is clear from expert testimony that there is no consensus in the medical or the psychiatric fields of what "irremediable" means when it comes to mental illness. However, it was certainly clear a year ago when a similar bill, Bill C-39, was before the House for debate to extend the deadline for one year. Here we are at the end of that one-year period seeking another extension, and it is even truer today that there is no consensus, which is why we are here today debating what is now going to be a three-year extension.

Bill C-62would extend, by three years, the deadline for expanding MAID to include people whose only underlying health condition is a mental illness. Now, just like we supported the one-year extension a year ago, we will support this three-year extension, because it is better than the alternative, which would be a disaster for Canada.

I would note that this three-year extension brings us beyond the next election, which must happen within a year and a half. We are feeling pretty confident on this side of the House, as are many Canadians across the country, that the next government will be a Conservative government led by our current leader, the member for Carleton, and he is on record as saying that this three-year extension will become a forever extension. In the meantime, until that happy day arrives, Canadians are going to have to continue living with the uncertainty around the Liberal government's mismanagement of the file.

The uncertainty and confusion around our current MAID regime is exemplified in this example, which is a story coming out of St. Catharines about 15 months ago. A reporter interviewed a middle-aged man who was in the process of applying for MAID. The reporter quoted this man as saying "I don't want to die but I don't want to be homeless more than I don't want to die."

Here is the backstory. This man had already qualified for MAID by the first assessor, and he was waiting for a second one. Why was he applying for MAID? It was not because he wanted to die, but because in addition to his chronic back pain, which I acknowledge was probably intolerable for him, he had just gotten news that he was soon to homeless because the boarding house in which he was living was up for redevelopment due to plans in the neighbourhood. He was pretty certain that in his current health condition, he would not survive long on the streets. Therefore, even though it was not his first choice, he thought it would be better to die in a dignified manner, dignified by a government seal of approval with medical assistance in dying, or MAID. However, when he was asked by the reporter that if his housing was stable would he still consider MAID, his answer was "absolutely not", which was when he said, "I don't want to die but I don't want to be homeless more than I don't want to die."

I believe this story is a commentary on the state of our nation today with the MAID regime under this current government, and there are two problems. First of all, why was this man not given the medical treatment he needed and why, in a wealthy nation like Canada, did he not have stable housing? After eight years of this government, it is clear that many people are being left behind, and we have failed this man.

● (1535)

What is more relevant to the discussion today is the question of where this man got the idea that the government might step up to relieve him of his pain and discomfort by helping him to commit suicide. Proponents of expanding MAID to include more people in more circumstances will object to me using this as an example of what is wrong with our MAID regime. They will point out that this man was misinformed about MAID availability and that it was never intended to alleviate problems associated with poverty.

I agree, but I would note, parenthetically, that the first assessor had approved him for MAID. Did the first assessor ask him the same question that the reporter asked him? If he or she had, I am assuming that this man would have given the same answer: “I don’t want to die but I don’t want to be homeless more than I don’t want to die”.

No wonder people are confused. At the centre of this confusion is an incompetent Prime Minister and an equally incompetent attorney general, now former attorney general, who failed to appeal a lower court decision, failed to stop a reckless amendment coming from the Senate and gave confusing signals about the state of the law in Canada.

A year ago, a group of 32 constitutional law professors from law schools across the country wrote a letter to the Prime Minister and the then attorney general pointing out that, despite what they had been saying, the Supreme Court of Canada has never said that MAID should be expanded to include mental illness. In the Carter decision, the nine justices of the Supreme Court of Canada had this to say: “euthanasia for minors or persons with psychiatric disorders or minor medical conditions” were cases that “would not fall within the parameters suggested in these reasons”. That is pretty clear.

It is a shame that our now former attorney general, the top lawyer of the land, muddied the waters on this very difficult topic. A year ago, Mr. Lametti appeared before the justice committee when we were debating the first one-year extension. He asked who was right, the 32 law professors or him. He arrogantly said, “I'm right, quite frankly.” Mr. Lametti was wrong then and he is wrong today. This clouding of what the courts have said has led to confusion for Canadians.

The story about the man from St. Catharines has a happy ending. Some community leaders reading the story about him in the news were heartbroken by his story and started a GoFundMe campaign that raised more than enough money to stabilize his living conditions. This is what he said just a couple of months later: “I still continue to get many offers of help, but as my situation is now stabilized, I have asked that the fundraising pages stop accepting new donations.” In another later interview, he told the reporter, “I'm a different person. The first time we spoke, you know, I'd wake up every morning and I had nothing but darkness, misery, stress and hopelessness. Now I've got all the opposites of those things.”

That was a happy ending. I like happy endings. Another suggestion for a happy ending would be to not delay this just for three years but to delay it forever. We need to stop the expansion of MAID altogether and, instead, build on the hope that this ordinary, common-sense person expressed so clearly.

Conservatives want to turn hurt into hope. We are going to hold the government accountable to deliver on its promise to fund Canada mental health transfers. Let us give hope for a better tomorrow and the support needed to live through today.

● (1540)

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, I have two comments.

First, my colleague says that we could have contested Justice Baudoin's ruling. However, Justice Beaudoin was referring to the Carter decision, which demonstrated in a way that people with a degenerative disease, like Ms. Gladu and Mr. Truchon, should have ended their lives. The right to life is certainly not about allowing people to commit suicide before reaching the tolerance threshold. That is the issue.

How can the Conservatives denounce suicide on one hand and say that we must be careful when it comes to suicide and all that, which I agree with, and on the other hand not understand that the only alternative for these people is to end their life? The Baudoin decision was relevant in that regard, because Bill C-7 allowed these people to not end their life.

Second, as for the example that the member gave, I would like to say to him that the conclusion he came to himself is found in the expert panel on MAID and mental illness' sixth recommendation. I will read an excerpt:

> ...the Panel recommends that ‘community services’ in Track 2 Safeguard 241.2(3.1)(g) should be interpreted as including housing and income supports as means available to relieve suffering and should be offered to MAiD requesters...

If his party ever comes to power, will his government increase health transfers? We did not hear a peep from that side when the stingy Liberal government did not put anything on the table that could help us take care of the people he is talking about today.

[*English*]

Mr. Tako Van Popta: Mr. Speaker, there were a couple of good questions in that. I would point out that the Carter decision was about medical assistance for people who were dying. The condition had to be irremediable. The suffering had to be intolerable, and natural death had to be reasonably foreseeable. That was the law that Canadians thought was going to be our law going forward. It was not long before that was overturned by a lower court decision, which should have been appealed.

As for the transfer of funding, I would just underline that the federal government promised health transfers to aid those suffering from mental health, and it has not delivered on that. We are holding the government to account for that.

Ms. Lindsay Mathyssen (London—Fanshawe, NDP): Mr. Speaker, I listened with great interest, and a lot of the member's speech was about housing. It is false to describe the housing crisis we are in now as starting only a year ago, eight years ago or the length of the government. I would argue that it has been caused by consecutive governments, both Liberal and Conservative, ignoring the investments that needed to be made into housing over the last 30 years. I would like to hear the member's explanation for that.

We are now at this arbitrary 30-day deadline, and there are other things that governments were apparently totally in support of but did not do. I think of my colleague from Timmins—James Bay bringing forward a national palliative care motion. Everybody supported it, but nothing was done. In 2019 in this place, we brought forward the national suicide prevention strategy. Everybody believed in it, but nothing has been done.

Now that we have these 30 days, we are again in a crisis. What does the member have to say about the other protections we need to bring forward that have been presented in this place?

● (1545)

Mr. Tako Van Popta: Mr. Speaker, first of all, about housing, I would point out that, under a Conservative government, housing was difficult, but it was not the crisis that it is today. That is the point that we have been making, and that the leader of the Conservative Party has been making, time and time again. The crisis has been brought on by the mismanagement of the Liberal government.

I would also say, about housing for the most vulnerable, that provincial governments around the country have cut back on psychiatric hospitals and put people into the community, which sounds like a great idea, except that the community supports are not there. That is what is fundamentally missing here. The man whom I gave as an example fits right into that. His concern was the lack of stable housing. If he had had housing, he would not have asked for MAID. That is the point I am trying to make.

Hon. John McKay (Scarborough—Guildwood, Lib.): Mr. Speaker, I will be splitting my time with my colleague from Thunder Bay—Rainy River.

Here we are down to the last minute. Liberals will be supporting this bill, not because we think it is a great bill, but because it postpones this decision for three years. It puts it down the road to another Parliament. I am not quite as confident as the previous speaker, my honourable friend, that there will be a government of his persuasion at that time, but, nevertheless, it is a decision that will have to be dealt with by another Parliament, which is quite regrettable under the circumstances.

The ostensible reason we are supporting the bill is because the medical system is not ready. The hospitals are not ready, and the health care systems are not ready. My view is that they will never be ready, that no one can be ready for this kind of thing. I take the view that doctors have misplaced faith in the ability of politicians and legislators to achieve a state of readiness and legislative harmony. I also take the view that legislators and politicians have an elevated view of doctors' ability to manage the requests in this kind of system. The reason for that is, basically, 25 years of walking a path with one of my sons.

I am blessed to have five children and five grandchildren, which are the reward for the five children in the first place. They are delightful to both Carolyn and me. One of the boys has schizophrenia. We started on that journey when he was about 14 or 15. He was, shall we say, acting out. It took us three years to get a diagnosis, which was pretty tough on the family. It was not optimal to go home from this place and there would be a police car parked in the driveway. We had quite a number of incidents. It took us about three or four years to get a proper diagnosis.

I want to emphasize that we live in the greater Toronto area, one of the most, if not the most, prosperous areas in the country. We have access to the best doctors and are a well-resourced family, but we were flummoxed as to what to do. Nathan had a psychotic break. He is a bright lad and was in university, but, consistent with the literature, he had a psychotic break in his first year. Then we went into this deep, dark hole of the mental health system in the best-resourced area in all of the country.

Nathan spent time at CAMH and quickly figured out how to scam the system and how get out onto Spadina Avenue to get what he thought he needed. He also figured out how to play the emergency system. All anyone has to say is that they are thinking about suicide. “Suicidal ideation” is the phrase. That gets people into the system. When they think they need access to medications and cannot get them, particularly street medications or drugs, that is a good way to get in. They can get meals and people caring for them, a clean bed, all that sort of stuff, and the family starts to walk this journey.

It is not a pretty journey because the nurses are harassed, overworked and exhausted, and the doctors are not too far behind. There are medications that kind of calm people down, but, frankly, do not actually deal with the problem. It takes people a while for their bodies to adjust to the medications. Nathan had some resistance to finally being in that agreed upon regime. Then there was a period of time when he was fine, or as fine as he could be, given he had voices in his head all the time.

● (1550)

We went from CAMH to Whitby Psych. Again, great people and a great facility, with overworked people who are trying their best but, frankly, have limited tools. We went from there to Scarborough Health Network, the third-largest medical facility in Ontario. Again really good people, but the system and the state of medication has limited ability to deal with a person like Nathan, who kind of goes in and goes out.

Nathan has been irremediable four or five times in the past 25 years, and at any one time, he frankly would have figured out how to shop the doctor. That is what we fear based on our experience.

I perfectly understand when medical systems say they are not ready, they have to write their protocols. Protocols are subject to interpretation, and the interpretations by physicians can be pretty extensive in their variations. Nathan, being a bright lad, he would figure that out pretty quickly. Then some doctors are more enthusiastic about this procedure than are others, and he would have that figured out pretty quickly. If he was determined, and he is irremediable and this is a condition that causes a lot of suffering, he would have figured it out. That would have left us pretty bereft as a family, with a lot of guilt.

At this point, I have to say there are two saints in our family: Nathan's mother, my wife; and his stepmother. But for them, I do not think he would be here today. I want to go back to the point that we are a well-resourced family. We live in one of the most affluent areas of Canada. We have access to the best and we have two saints in the family, one of whom is a physician, and that is probably why he is still with us.

My concern is that, whether it is this bill, whether it is three years from now or whenever it is, the protocols may be be written and the protocols may or may not be subject to interpretation that would allow some people who have irremediable conditions to leave.

I am sorry we are here. This is one of the more critical decisions of legislators. It is one of the more critical decisions of the health care system writ large. The problem is that the consequences are irreversible. Within our family experience, there are several points along the way where that kind of irreversible decision could have been made, it is entirely plausible, and we would be in an entirely different situation than we are today as a family.

I am thankful for the House's time and attention. I regret to be in the situation where we are dealing with this legislation, which I think is just a postponement, but I will support the legislation because that is what is on the table.

● (1555)

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, I have spoken and shared, probably a little too much at times, in this House, regarding my own family's struggles and my own struggle with suicide, and why I fight so passionately on this issue and others. I want to say a heartfelt “thank you” to my colleague across the way. I have only known him for eight and a half years, but for me that is perhaps the most profound speech or intervention that he has made.

I do want to offer this. From the testimony we have heard from the medical community, we know that seven provinces and three territories have asked the Liberal government, not for a three-year pause but, for an indefinite pause.

How does our colleague feel about that? Is that something we should look at?

Hon. John McKay: Mr. Speaker, I thank my colleague for sharing. Really, only families who have gone through this actually understand the reality of the situation.

One of the frustrations we run into is that Nathan is an adult. The family is cut out. Family cannot tell the physician, if the physician does not want to listen, about what they are observing. They are only getting one side of the story, which is another problem.

If it was up to me, we would not be dealing with this three-year postponement. It would be otherwise. My view is that we can never write a protocol that covers all contingencies. We can never assure ourselves that a physician could not be persuaded to do whatever needs to be done. It is a decision that people will never recover from.

[*Translation*]

Mr. Jean-Denis Garon (Mirabel, BQ): Mr. Speaker, I would first like to thank my colleague for his very touching testimony.

Quebec currently approves MAID for certain conditions, notably those for which death is foreseeable. There are certain circumstances in which, we know, it is acceptable.

In this case, we are talking about mental disorders and neurodegenerative diseases. I understand that, because of his family situation, this is a very sensitive topic for my colleague.

When it comes to mental disorders, there is no consensus among experts, and we have obviously agreed to push back the deadline for including the issue of mental disorders.

However, when it comes to neurodegenerative diseases, which are diseases of the central nervous system, which are incurable and some of which, like Alzheimer's, lead to certain death, is it not possible that these illnesses are similar to situations in which MAID is already acceptable? Quebec is working on this and, I should point out, there is a consensus within Quebec society.

Have we not correctly distinguished the question of mental disorders, which are not subject to consensus, from that of neurodegenerative diseases, which are currently being studied by Parliament?

[*English*]

Hon. John McKay: Mr. Speaker, I do not live in a world of expertise. I live in a world of family experience.

The distinction between a mental illness and neurodegenerative disease is one that my colleague, who will be speaking next, would probably be able to answer much better than me.

I do think that members need to be cognizant of the transference from physical infirmities, pathologies and access to medical assistance in dying, to a diagnosed mental illness, pure and simple. There is a red line there. That is what we are dealing with today: what is on the other side of that red line.

I take his question as a good question. My colleague from Thunder Bay—Rainy River could maybe answer it much better than I.

● (1600)

Ms. Jenny Kwan (Vancouver East, NDP): Mr. Speaker, I also want to thank the member for sharing his personal family story with us. It takes a lot of courage to do that, and I really do appreciate it.

In part of his speech he also noted that his family is well resourced, with heroes in his family as well as with financial resources. It is fantastic, to be able to support a family member in this way. With that said, in my community of Vancouver East we have many family members who do not have those kinds of resources, so what I fear is that people might look at MAID as an option, and of course it is not an option. When we need to do is ensure that the proper resources are in place to support people through difficult times.

To that end, my question is this: For the government to consider all of these issues, how important is it to ensure that all families have access to resources to properly support them through difficult times?

Hon. John McKay: Mr. Speaker, I was trying to make the point that we are a well-resourced family living in an affluent community with access to the best, and I am perfectly cognizant that thousands, and literally millions, of Canadians are not. In that case, they would not be able to explore all of the other options that well-resourced families can. I take the member's point entirely, and arguably, again, that is a good reason this should not be accessible for people with mental illness under the present circumstances.

Mr. Marcus Powlowski (Thunder Bay—Rainy River, Lib.): Mr. Speaker, let me start by apologizing to the four or five people who might have listened to my last speech and who are here listening again today, because this is going to sound a little repetitive.

I certainly support the legislation, and I know there are a lot of people out there who are really worried about allowing MAID for mental illness. There are people who are worried about their friends. There are people who are worried about their parents. I am most sympathetic to people who are worried about their children. I have six children, and I know that they are going to, at some point in their life, go through difficult times. I would certainly be a little worried for them if we were to allow MAID for mental illness to be implemented with the current safeguards.

I know that there are also many psychiatrists who are worried about and/or oppose the legislation. In fact, the latest statistic I heard was from a survey that showed that about 75% of psychiatrists were against it. They are worried that their patients who would otherwise get better would instead resort to MAID.

Let me take a step back and look at the arguments coming from the other side. People are going to say, "Why not? Is it not a matter of personal autonomy? Is it not my body and my choice?". This is not about the state's dictating to the individual what they can do with their own body. It does not criminalize trying to commit suicide or committing suicide. This is about what role, if any, the state should have in assisting people to commit suicide.

I am going to come back to the issue of whether MAID for mental illness is the same as assisting suicide.

The question of whether the state ought to take a role in assisting people in ending their lives is, I think, a little like the question of whether the state should try to prevent people from killing themselves. This is a topic I know something about, having worked a lot of years as an emergency room physician. In that role, my job, if somebody came before me and was suicidal, was to keep them in the hospital, even against their will, to prevent their suicide from happening.

Occasionally people would ask why I should I have that power, saying, " Is it not my body, and my decision to make?" I think that there are two legitimate reasons for the state to try to prevent people from killing themselves. One is to protect someone from themself. When one is in the depths of depression, they cannot realize that things will get better; that is partly why someone is so depressed and wants to kill themself. The reality for most people is that they do in fact get better.

The other legitimate reason for the state's intervention is to protect the family. The person who commits suicide is dead. The rest of the family lives on and lives with the pain, but it is not only that; they are constantly haunted by whether the death was because of something they did or did not do.

Some people are going to say that, no, MAID for mental illness is not the same as assisted suicide, that we are talking about a small group of people who have intense, prolonged suffering and have tried every form of treatment but nothing has worked, and that it is cruel and unconstitutional to not allow those people access to MAID. I disagree. The Canadian law is far more permissive than, for example, the Dutch law. There is absolutely no requirement that all forms of treatment have been tried and been unsuccessful. Our law does not even require patients to have tried any treatment at all; it requires only that the patient have no other treatment that is acceptable to them. There are going to be people who refuse all forms of treatment altogether.

I know that there are people who support MAID for mental illness who will say that the safeguards are going to come from the medical profession, that they are going to require someone to have tried all forms of treatment beforehand. Unfortunately, I do not have the same sort of faith in the medical profession's doing that. Why do I not? If we look at what has happened with the MAID regime for people with physical illnesses, we see that there are a lot of MAID practitioners who are very zealous about its being all about one's personal autonomy and saying it is not for them to question someone's suffering, and who are quick to approve people.

Let me give some examples from the media. *The Fifth Estate* aired a program that said that a 23-year-old diabetic going blind in one eye was granted MAID. Another person, a 54-year-old man, had back problems, but his main problem seemed to be that he was worried about losing his housing and ending up on the street. He too was granted MAID.

CTV published a couple of relevant articles. A 51-year-old woman was actually granted and got MAID for multiple chemical sensitivities. Again, from CTV, a 31-year-old woman who seemed to use a wheelchair from time to time and had multiple environmental allergies, applied and was approved for MAID; again, however, her main problem seemed to be that she could not find suitable housing.

● (1605)

There are those who have such faith in my fellow doctors to come up with the system and all the safeguards, but I do not share the same sort of faith. I, as someone with a lot of children, realize it is inevitable that at times in their life they are going to go through a hard time, the breakup of a relationship or financial hard times. I am really worried that they would walk through the door of a zealous practitioner who will tell them it is all about personal autonomy and is their decision to make, because who is the doctor to question their suffering. There is not any requirement in the current legislation that the MAID practitioner talk to the family or the previous treating practitioner to find out whether in fact the depression was motivated by, for example, the breakup of a relationship.

I also want to talk about what I think is a really fundamental and perhaps fatal flaw in the current regime with allowing MAID for mental illness, which is the problem, the impossibility, of determining irremediability: Who is not actually going to get better? I have spoken previously about the inability of suicidal individuals to appreciate the fact that they are going to get better. Some people would ask whether there are people who are not going to get better, who are irremediable. That is in fact the requirement of the legislation. The problem is that doctors do not have a crystal ball. They are not really good at being able to determine who really is irremediable.

In fact, a recently published study looking at the ability of clinicians to determine irremediability for treatment-resistant depression concluded:

> Our findings support the claim that, as per available evidence, clinicians cannot accurately predict long-term chances of recovery in a particular patient with [treatment-resistant depression]. This means that the objective standard of irremediability cannot be met....
>
> Furthermore, there are no current evidence-based or established standards of care for determining irremediability of mental illness for the purpose of [MAID] assessments.

For me, as a long-time medical doctor, it is absolutely mind-boggling that there are medical practitioners and psychiatrists who are not particularly bothered by the fact that they really cannot say whether the illness is irremediable, and would grant MAID. If we allow MAID for one such person who would actually get better, to me it would seem tantamount to the same sort of tragedy as the state's hanging someone who later turned out to be innocent. We in this place cannot let that happen.

Last, let me address the assertion of proponents of MAID who say that it is inevitable that the Supreme Court would find not allowing MAID for mental illness unconstitutional because it is allowed for physical illness. I think that, yes, there would be a finding that such a provision would violate section 15 or section 7, but as always, the question comes down to the section 1 analysis and whether the state's actions constitute a reasonable limitation as prescribed by law that "can be demonstrably justified in a free and democratic society." I do not think the answer to that is clear. It is not just me; there was a letter written by 32 law professors who came to the same conclusion: it was not clear whether it would be found unconstitutional.

I am not going to say that we should never allow MAID for mental illness; in fact, I know personally of a case where this might have been the ethical thing to do, but I think we are a long way now from being in a situation where we should start to allow it. I would prefer the pause be indefinite, but so be it. We have what we have. Let us look at it in two years and see what has changed. I doubt very much will have changed.

● (1610)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, as we debate here and keep hearing the words, which we are now getting used to, "medical assistance in dying", in the context of Bill C-62, I wonder whether we can create something different, like "societal assistance in living".

We desperately need things like a guaranteed livable income. We need better access to social supports, mental health provisions, addictions counselling and a panoply of things that would make us feel more confident that no one would opt for medical assistance in dying. If Canada, if we as neighbours and friends to the family of all Canadians, said that we are there for them and that they can count on something, a guarantee, social assistance in living, would the hon. member think that is a good idea?

Mr. Marcus Powlowski: Mr. Speaker, I absolutely support that. What a humane society does when someone who is suffering comes before it is that it tries to help them. Maybe that means better psychiatric care, but maybe it means addressing their socio-economic problems. Certainly I do not think that a humane society's first response to that person ought to be to offer them death. That is an absolute failure and a solution of an inhumane society. We ought to be helping people who are suffering, not ending their lives.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, we have heard that a lot in this debate. We all want to be on the side of the angels. We all want to improve socio-economic conditions. The expert report does take structural vulnerabilities into account, and no assessor is authorized to grant a request for medical assistance in dying if there is any possibility that the request came about because of a structural vulnerability.

I paid close attention to my colleague's speech. Judging from the examples he gave, I gather he was in favour of Bill C-14 for cases involving reasonably foreseeable death, but that he is against Bill C-7 for people suffering from an incurable degenerative disease who are forced to cut their life short by suicide because their suffering has become intolerable. If Bill C-7 is implemented, those people will be able to live until they reach the threshold of what they feel is tolerable.

Did I understand correctly that my colleague is against Bill C-7 as it relates to degenerative diseases? I am curious, and I would like him to answer this question. He talked about it in his speech.

● (1615)

[*English*]

Mr. Marcus Powlowski: Mr. Speaker, I am not against MAID for physical illnesses. That is a totally different situation. The problem with MAID for mental illness is the inability to determine who is not going to get better. The unfortunate reality is that there are a lot of doctors who have a very cavalier attitude toward taking someone's life, and that there are people who could or would get better with a little time and with better treatment who would otherwise have their lives foreshortened by one of these zealous practitioners.

Certainly it is very different from, for example, the Carter situation, or someone who has ALS and is terminally ill with a neurodegenerative disease. That is a totally different story, and in those cases I certainly approve of MAID if that is what the person wants.

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I will pick up on the comment that my colleague just made, that essentially there are instances of zealous practitioners who may be going very far in terms of determining that someone is eligible when they should not be. Part of the problem with the euthanasia regime we have is that it allows doctor shopping. It allows somebody to find two doctors who may not be representative at all and may not be the attending physician, and asking them, "Would you sign this, please?" They may get approved even if they should not meet the criteria.

Conservatives proposed in the last election platform that we should require MAID assessors to complete MAID assessor training to ensure full awareness of and compliance with the laws and best practices around MAID. Would the member be supportive of the proposal that we put forward to have specific MAID assessor training to try to have more consistency and less arbitrariness and fewer instances of people shopping around?

Mr. Marcus Powlowski: Mr. Speaker, I would approve of that. However, as a medical practitioner, I would not volunteer to become a MAID practitioner. If this position is going to be created, the only people who are going to take on the job are people who believe in MAID, believe that it is all about personal autonomy and believe that it is not for others to question a person's suffering. Whatever they are going to be taught, a lot of them are going to be the kind of people who do have a cavalier attitude toward taking life. Those of us who disagree with it are not going to accept the position to begin with.

Mr. Gerald Soroka (Yellowhead, CPC): Mr. Speaker, I will be splitting my time with the member for Pitt Meadows—Maple Ridge.

Bill C-62, no. 2, suggests that we pause the expansion of medical assistance in dying, known as MAID, to people suffering from mental illness. The Liberals have shown time and again that they consistently pass legislation without the careful consideration needed for such significant changes to our society. This discussion is not just legislative; it is about how we value human life and the impact of the government's choices on all Canadians. In thinking about extending MAID to include mental illness, there is a need for a deep understanding of the complexities and uncertainties in diagnosing and predicting mental health outcomes.

Evidence to the Special Joint Committee on Medical Assistance in Dying showed a worrying truth: Clinicians often struggle to predict whether mental health conditions are irremediable, and they have a 50% chance of being wrong. This alarming fact points to a big problem with the proposed expansion; this is the chance of making permanent choices based on uncertain medical opinions. Mental health involves biological, psychological and social elements. Recovery is not always straightforward, and what seems irremediable at one point may improve with treatment.

Basing MAID on the idea that a mental illness cannot be cured shows a misunderstanding of the changing nature of mental health recovery. As the member for St. Albert—Edmonton put it, it is like flipping a coin on matters of life and death, a practice that is ethically troubling and goes against the idea of patient-focused care. Moreover, we cannot discuss MAID and mental illness without considering the wider issues of access to quality mental health care in Canada.

When people such as Canadian Paralympian and veteran Christine Gauthier are offered MAID from the government when simply requesting help with a wheelchair lift, it shows a worrying trend of suggesting MAID as a fix for systemic failures to providing proper care and support for those with disabilities and chronic conditions. This is not just one case. It reflects a larger problem, wherein essential services and supports are lacking; this drives people to consider MAID not because they want to but because they feel neglected by the Liberal government.

The risks of broadening MAID to include mental illness alone are complex, going beyond clinical doubts to wider social and ethical issues. It makes us question our dedication to mental health care, the value we place on lives touched by mental illness, and the kind of society we want to have. Do we face challenges with empathy, support and a commitment to better care, or do we settle for solutions that ignore the struggles Canadians face?

The Liberal government's approach to expanding MAID shows a wider trend of hasty law-making that leads to policies being introduced, then pulled back or changed after facing reality and public criticism. From errors in firearms legislation to heated debates on the carbon tax, the government often acts first and thinks later. This not only damages our law-making process but also lowers public trust in our ability to govern wisely and carefully.

The rush to include mental illness in MAID, without proper evidence or full discussions with mental health experts, ethicists and affected groups, shows a lack of regard for the careful and expert-led discussions that such a major policy change requires. The need to pause and rethink this expansion, via the bill, is an admission that the government's actions have been rash and poorly thought out.

This legislative step back, marked by two delays in implementation, is not just a minor issue; it is a clear sign of the dangers of choosing political speed over solid, evidence-based policy-making. It raises serious doubts about the government's commitment to responsible governance, which includes the need to fully explore, understand and foresee the effects of laws before they are passed. In this critical discussion on MAID, we must also consider the perspective of those directly affected by such policies. The voices of individuals and families living with mental illness must be central to our legislative process.

● (1620)

Their experiences and insights can provide invaluable guidance as we navigate the complexities of this issue. By engaging with these communities, we can ensure that our laws reflect the realities of those they impact most and uphold the principles of empathy and inclusion. Furthermore, the debate on MAID expansion underscores the need for comprehensive mental health services.

The government must prioritize the enhancement of mental health care infrastructure, ensuring that all Canadians have access to the support and treatment they require. By strengthening our mental health care system, we can address the root causes of despair and hopelessness that lead individuals to consider MAID, thereby affirming our commitment to life and well-being.

This moment also calls for a re-evaluation of our societal values and the role of government in safeguarding the dignity of every citizen. As policymakers, we have a duty to foster a culture that values every life, provides hope through support and resources, and respects the autonomy of individuals while carefully considering the ethical implications of life-ending interventions. This approach would not only address the immediate concerns surrounding MAID but would also contribute to a more compassionate and just society.

As we think about what this pause means, we must consider the lessons learned and push for a more thoughtful, consultative and evidence-based approach to making laws. The stakes are too high, and the chance for unintended harm too great, to accept anything less. In MAID's case, where ethics, law and personal choice intersect delicately, our responsibility to be extremely careful and considerate cannot be overstated.

The proposal for a pause on MAID's expansion clearly shows that the Liberal government's policy-making has been quick and poorly thought out. While this pause is needed, it points to a bigger issue of governance, where major legislative changes are made without enough foresight, discussion or understanding of the deep ethical implications. This pause reminds us of the dangers of enacting laws that deeply affect Canadians' lives and well-being, especially the most vulnerable. It shows the current Liberal government's failure to engage in a careful, evidence-based legislative process, preferring instead policies that match ideological aims rather than the complex realities of issues such as MAID and mental health.

This should be more than a brief stop; it should be a crucial time to rethink how policies, especially those about life and death, are made and applied. It questions the government's commitment to maintaining the highest standards of care, empathy and respect for all Canadians' dignity. We must demand greater legislative care and ethical responsibility from the government.

The discussion on MAID and mental illness needs a comprehensive approach that puts individuals' well-being and rights ahead of quick political gains.

It is time for a move towards more responsible governance, where policies are made with great care, are based on wide consultation, and reflect our collective values and ethical standards. Sadly, the current Liberal government seems to lack concern for any of these values.

The way forward should be marked by a dedication to thorough research, wide involvement and a deep respect for life's sanctity. Only by such a comprehensive approach can we ensure our legislative actions truly serve all Canadians, embodying the justice, empathy and respect that define our nation.

● (1625)

[*Translation*]

The Deputy Speaker: The member for Mirabel on a point of order.

Mr. Jean-Denis Garon: Mr. Speaker, we are debating an extremely important issue and it does not seem as though we have quorum.

I would like to request a count, please.

The Deputy Speaker: Okay. We will count the members.

And the count having been taken:

The Deputy Speaker: It is okay. We have quorum.

The hon. member for London—Fanshawe.

[*English*]

Mr. Gerald Soroka: Mr. Speaker, I have to admit that this has been one of my big things. Even when I was a mayor, I talked about the mental health of Canadians.

We can solve a lot of societal problems if we have a better handle on mental health. In order to do that, we have to fund appropriately and properly. One of the big challenges, when we start looking at mental health, is that it is probably going to take at least a 20-year period before we start seeing some real benefits to society. Unfortunately, governments are only elected every four years; therefore, they are not willing to put in the real money that is needed. They often use a band-aid approach.

We need to start looking at a long-range plan to enhance and assist our mental health in Canada.

[*Translation*]

Mr. Luc Thériault (Montcalm, BQ): Mr. Speaker, we often hear the argument that investments must be made in mental health to prevent mental illness and severe mental disorders.

I did not hear his leader say that he was going to put more on the table in terms of health transfers. Will the Conservatives propose a substantial increase in health transfers?

● (1630)

[*English*]

Mr. Gerald Soroka: Mr. Speaker, there is a big misconception in this House about the opposition. We are not going to come forward and start laying out our plan for the next election, as to everything we are going to do.

Believe it or not, the Liberals would steal everything we are proposing. That is why, I have to admit, we are not going to lay everything out.

Mr. Mark Gerretsen (Kingston and the Islands, Lib.): Mr. Speaker, if I understand this correctly, from what I just heard, the most important thing for this member is political opportunity and gain, not to advance the best interests of Canadians.

I have news for that member. He was not elected to come here and spend—

Mr. Garnett Genuis: Mr. Speaker, I rise on a point of order. The member opposite is, of course, breaking a number of rules all at once, as he does. He is far afield of the topic, number one. Number two—

The Deputy Speaker: That sounds like debate.

The hon. member for Kingston and the Islands.

Mr. Mark Gerretsen: Mr. Speaker, he was not elected to come here and then develop plans for four years to run on four years later. He was elected by his constituents to come here and try to put forward policies to make their lives better.

The idea, when members are in opposition, is not to just stay there and do absolutely nothing, hoping that they get a turn to be on this side of the House. What they need to do is actually start trying to influence policy and make it better.

Can the member not understand that?

Mr. Gerald Soroka: Mr. Speaker, that very delusional member does not understand what the role of the government is. It is to make sure that the government provides what Canadians need and want.

Unfortunately, Canadians are finding that the Liberal government is failing on so many fronts. That is why the member is being desperate tonight and is trying to say that it is our problem, not theirs. Members can trust me: When we form government, we will fix a lot of the issues that the Liberal government has put upon Canadians. During our election, we will allow everything to come out in our platform. I look forward to releasing that when there is an election in the future.

Mr. John Brassard (Barrie—Innisfil, CPC): Mr. Speaker, I for one cannot wait for the next election. I hope it comes sooner rather than later.

On the important subject here, with respect to the postponement of this legislation, postponing medical assistance in dying for mental health-related issues for three years, does the member believe that it should be stopped permanently?

Mr. Gerald Soroka: Mr. Speaker, there is a very big concern when we are dealing with mental health. How do we determine that someone who has a mental health condition is in a stable mental health state and make sure they understand everything they are doing? This is not like someone going to buy a vehicle who is not sure they really like the colour or whatever else. This is something that is irremediable.

Definitely, we need to reexamine this and make sure we have a logical approach to mental health.

Mr. Marc Dalton (Pitt Meadows—Maple Ridge, CPC): Mr. Speaker, today's debate concerns extending the pause for assisted death for people with mental illness and disabilities as the sole underlying condition. The Liberals' original bill last year included this expansion. However, public and professional backlash toward their measures caused them to hold back for one year. That deadline is fast approaching. The one-year extension expires in March, at which time MAID will be accessible to very vulnerable people unless there is a change in legislation.

This expansion is terrible legislation for Canadians, but it is on par for the Liberal-NDP government. As someone who has taught Canadian history, I am sorry to say that I cannot think of a worse government in Canadian history.

Why does the Liberal government pursue such harmful policies across the board? The Liberal environmental plan is a war against our natural resource sector, which is the foundation of Canadians' wealth and prosperity and provides the finances for health care, infrastructure and services that are important to Canadians. The Liberal catch-and-release policies have unleashed crime and chaos in our cities. Their soft-on-drugs approach has resulted in 40,000 overdose deaths. Record numbers of people died last year in B.C., some of whom I knew.

However, today we are debating Canada's MAID regime under the Liberals and NDP. The number of people who died from MAID in 2022 amounts to 4.1% of all deaths in Canada. Canada is second only to the Netherlands, which implemented MAID in 2002. Euthanasia became legal in Canada in 2016.

Compare the number of Canadians who died by MAID in 2022, the last statistic I am aware of, which is 13,241 people, with the number in California, which has a population similar to Canada's of 40 million, and which implemented MAID in 2016 also. They had 853 deaths. That is quite a discrepancy. Is that because suddenly, or maybe not so suddenly, the government has been promoting it?

I think of Canadian Forces veteran, Christine Gauthier, a five-time world champion at the paralympics, who testified that when she requested help from the Department of Veterans Affairs, she was offered MAID. They wrote a letter to her, saying that if she was so desperate for help, they could offer her MAID. I think that is disgraceful and incomprehensible. Six other veterans that we are aware of were also offered medically assisted death. Those are the ones we know of.

It is easier in Canada to get MAID than it is to get palliative care. That is disgraceful. It is easier to get MAID in Canada, and the wait time is less, than to get psychiatric help. That is disgraceful. It is easier to get MAID than to get supports. Andrew Robbins from Hamilton told The Globe and Mail that he was seeking medically assisted death to escape the cycle of poverty and health problems. Under the NDP-Liberal government everything is getting more expensive. People are struggling to pay their rent, pay for gas and pay for groceries. He stated, "I know one thing. I would be better off dead than on the streets. My wife would be better off too." That is a shame.

The bill before us delays the implementation of MAID being extended to people with mental illness and those with disabilities who are not facing imminent death.

● (1635)

Over 200 organizations representing persons with disabilities across Canada actively opposed and urged the government to appeal this decision. Not a single national disabilities rights organization expressed support for the repeal of RFND, or reasonably foreseeable natural death. They say that MAID for people with disabilities stigmatizes and dehumanizes persons with disabilities and the international human rights obligations. United Nations representatives also agree.

This legislation is so contrary to what our country has stood for. I think of B.C. native Rick Hansen, a paraplegic who did the Man in Motion World Tour in a wheelchair. His message is, "You can do it. You can be productive in spite of your disabilities. You can enjoy a full life despite these challenges."

Terry Fox, also from British Columbia, lost his leg to cancer. He decided to run across Canada for cancer research. He had to stop in Thunder Bay, because the cancer had returned, but still the Terry Fox Run continues and has raised hundreds of millions of dollars. He is a national hero. He is an inspiration not to give up.

Then there is Nicholas James Vujicic. He is not a Canadian, but he was born with a rare disease and without arms and legs. He has only a six-inch foot coming out of his torso. He founded an organization called Life Without Limbs. He has spoken to millions of people and is very inspirational, saying that no matter our circumstances, we have something to give and to live for in helping others.

This is the message we should be promoting, especially to people who have become disabled.

I am disturbed that the Liberals merely want to postpone this legislation, which would open wide the door for people still struggling with mental illnesses to access medically assisted death.

The chairs of psychiatry for all of Canada's 17 medical schools called on the Liberals to hold off. They say it is extremely difficult to predict whether a person will get better or will recover, as my colleague mentioned, and that physicians get it wrong 50% of the time. As my colleague from St. Albert—Edmonton said, it is like flipping a coin with people's lives.

Suicidal thoughts are often a symptom of mental disorders, and it is hard to distinguish between the two. People can get better with supports, and a great many do.

In the early 1980s, I went through a clinical depression. It was a very dark and painful time, and suicidal thoughts bombarded me. I had medical care, and I had friends with me, and I totally recovered. Now it is only a distant memory, and all the pain, all the despair and all the darkness have faded, so there is hope.

Most people with opioid addictions also struggle with mental illness. Is this the direction the government is prepared to take us in? It seems sinister. Liberals and the NDP provide addicts free hard drugs. There is a high likelihood that this will kill them sooner or later, as we are seeing from statistics, but if they do not like their life as an addict, in three years, if we have a Liberal government, state-sanctioned suicide could be available to them.

Conservatives believe in supporting the most vulnerable. We believe in treatment and recovery and not safe injection sites. We believe in palliative care at the end of life and supports for our most vulnerable. The member for Cariboo—Prince George initiated the 811 suicide prevention line.

Finally, Conservatives believe that this bill, which would expand MAID to people with disabilities, needs to be struck down, because it could be brought back in three years.

● (1640)

Mr. Todd Doherty: Mr. Speaker, on a point of order, I would like to correct my hon. colleague. I note, in his zest for this intervention, he misread the number. It is not 811; it is 988.

The Deputy Speaker: It is not a point of order, but it was a good clarification.

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, CPC): Mr. Speaker, it was not that long ago that "made in Canada" was a phrase we were proud of.

We have teenagers who, sometimes for the very first time in their lives, are encountering adversity. It is a psychological crisis to them. They react in such a way that they are actually trying to commit suicide. It is often said that an attempt at suicide is a cry for help. They end up in the hospital for a time.

We have seen, with veterans, how some of them who seem to be near the end of life have been encouraged to use MAID.

Is there anything in this legislation that would explicitly prevent medical workers from suggesting MAID to people who attempt suicide but thankfully are not deceased as a consequence of it?

● (1645)

Mr. Marc Dalton: Mr. Speaker, it is quite unfortunate, but even under the old regime, there were many people who were not facing imminent death but still received MAID. I believe the Liberal member for Thunder Bay actually talked about some of the zealous doctors who prescribe it. I am aware that this has happened, so to the member's question, there is nothing that I am aware of that would prevent this.

The member talked about youth. I have family members who have gone through drug issues and mental health issues and have come out the other side and now are supporting people in a similar situation.

Mr. Randall Garrison (Esquimalt—Saanich—Sooke, NDP): Mr. Speaker, I have had the same question through the whole debate today, and that is, as I have said before, that we all know that access to mental health supports varies by one's residence, by one's income and by one's ethnicity. People have trouble accessing mental health services.

Would the hon. member support making mental health services fully part of the Canada Health Act, so that we can equalize access to mental health services in the country?

Mr. Marc Dalton: Mr. Speaker, we do not have the supports we need for people with mental health challenges.

The member mentioned ethnicities. I am indigenous. I am Métis. I know that a lot of indigenous, first nations and Métis groups are very concerned, because the number of suicide attempts among adults is at least double the rate in the rest of Canada's population. Among youth, it is six times higher.

It is a very vulnerable population, and this is a concern, especially for indigenous Canadians.

Mr. Marty Morantz (Charleswood—St. James—Assiniboia—Headingley, CPC): Mr. Speaker, this amendment was brought in by the Senate, the other place, in the first place. It was not in the original legislation. It came back here; the Liberals decided it was a good idea, and it got put through the House without any time limit. It was supposed to be law, and then they extended it for a year. They are now trying to extend it for three years. They are relying on the same people who brought in this idea of MAID for mental illness to postpone it for three years.

Does the member think that this is going to be an easy ride through the Senate, or are the senators who brought this in in the first place going to give it a hard ride?

Mr. Marc Dalton: Mr. Speaker, that is a real concern, especially because we have a deadline in March to get it passed here and then through the Senate.

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Mr. Speaker, given the March deadline and the potential for trouble in getting this expeditiously through the Senate, is the member glad that we are wrapping up debate in the House of Commons so quickly, so that we have time to try to get it done before the deadline?

Mr. Marc Dalton: Mr. Speaker, I think it is an extremely important discussion. I know it is moving forward. It does need to go to the other chamber.

The Deputy Speaker: 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 Calgary Rocky Ridge, Automotive Industry; the hon. member for St. Albert—Edmonton, Public Services and Procurement; and the hon. member for Calgary Nose Hill, Carbon Pricing.

Ms. Annie Koutrakis (Parliamentary Secretary to the Minister of Tourism and Minister responsible for the Economic Development Agency of Canada for the Regions of Quebec, Lib.): Mr. Speaker, I would like to inform you that I will be sharing my time with the member for Lambton—Kent—Middlesex.

[*Translation*]

I am pleased to rise in the House today in support of Bill C-62. The bill proposes to extend the temporary exclusion of mental illness as a an eligibility criteria for medical assistance in dying for three years, until March 17, 2027.

Today, I will speak to the importance of allowing some time before lifting this exclusion so that the provinces, territories and their health care partners can use it to better prepare for this critical stage in the evolution of medical assistance in dying, or MAID, as we call it in Canada.

The current legal framework for MAID is set out in the federal Criminal Code. However, the provinces and territories are responsible for delivering health care, which includes implementing MAID. Even before the original legislation authorizing MAID was added to the Criminal Code in 2016, we were working closely with the provinces and territories to support MAID's safe implementation. These important relationships are all built around the mutual goal of ensuring quality health care for Canadians.

The expert panel on MAID and mental illness and the Special Joint Committee on Medical Assistance in Dying both emphasized the importance of clear standards of practice and consistent implementation of guidelines across the country, training doctors and nurse practitioners, case review, vigilance in supporting best practices and confidence in the appropriate application of the law.

The provincial and territorial governments and their stakeholders, such as health professional organizations, regulatory bodies and practitioners, are actively planning to make people whose sole underlying medical condition is mental illness eligible for MAID.

As it has been recognized in all areas, significant progress has been made in that regard. However, the provinces and territories are dealing with different challenges within their jurisdictions. They are also at different stages when it comes to implementing these key elements and, consequently, in how prepared they are for the lifting of the exclusion.

For example, an independent task force of clinical, regulatory and legal experts has developed a model practice standard that physician and nursing regulatory bodies can adopt or adapt as part of the development or ongoing review of MAID standards. In addition to the model standard, the task force has also published a companion document entitled “Advice to the Profession”.

Practice standards are developed and adopted by bodies responsible for ensuring that specific groups of health care professionals operate within the highest standards of clinical practice and medical ethics. While some provincial and territorial regulatory bodies have successfully included MAID practice standards in their guidance documents for clinicians, others are still in the process of reviewing and updating their existing standards.

To facilitate the safe implementation of the MAID framework, Health Canada helped develop a nationally accredited bilingual maid curriculum to support a standardized pan-Canadian approach to care. The Canadian Association of MAID Assessors and Providers, known as CAMAP, has created a training program that has been recognized and accredited by the appropriate professional bodies.

The MAID curriculum uses a series of training modules to advise and support clinicians in assessing persons who request MAID, including those with mental illness or complex chronic conditions or who are impacted by any vulnerability.

● (1650)

To assist in the practical application of the legislative framework for medical assistance in dying, the curriculum will help achieve a safe and consistent approach to care across Canada. This will ensure that health care professionals have access to high-quality training on medical assistance in dying.

To date, more than 1,100 clinicians have registered for the program, which is impressive given that the program was only launched in August 2023. However, that is only a portion of the workforce. More time will make it possible for more doctors and nurse practitioners to sign up for and participate in the training so they can absorb the theory and put it into practice as professionals.

Let us talk a bit about the medical assistance in dying review and case study. In Canada, the medical and nursing professions have a self-regulating process. The above-mentioned provincial and territorial regulatory bodies are tasked with protecting the public with respect to all health care, and medical assistance in dying is no exception.

In addition to the existing health care practitioners' regulatory governing bodies, several provinces have established formal oversight mechanisms specific to MAID. In Ontario, for example, the chief coroner reviews every case of medical assistance in dying, as does Quebec's commission on end-of-life care. Both organizations have strict policies on when and what information must be provided by clinicians, and the Quebec commission publishes annual reports.

While provinces with formal MAID oversight processes account for over 90% of all MAID cases in Canada, other provinces do not have a formal MAID quality assurance and oversight process to complement the existing complaint-based oversight processes put in place by professional regulatory bodies. Work is planned to explore case review models to ensure oversight and best practices through a federal-provincial-territorial working group to support consistency across jurisdictions.

All the provinces and territories were united in their call to extend the exclusion in order to have more time to prepare their clinicians and their health care systems that also manage the requests having to do with mental illness, which also deserves having the necessary support measures implemented. The provincial and territorial governments need to ensure not only that the practitioners are trained in providing medical assistance in dying safely, but also that the necessary supports are accessible to clinicians and their patients throughout the entire assessment process.

The Special Joint Committee on Medical Assistance in Dying and the expert panel both underscored the importance of interdisciplinary engagement and knowledge of the available resources and treatments. Specialists and practitioners also expressed the need to bring in support mechanisms for providers conducting the assessments and the people who request medical assistance in dying, regardless of their eligibility.

Although some administrations have strong coordination services to manage requests and provide auxiliary services, others are taking a decentralized approach, which can result in less coordination between services and disciplines. The availability of the support services necessary for practitioners and patients also varies by region. For example, we heard about difficulties accessing health care services in general in rural and remote areas of the country. The additional delay will make it possible to better support the patients and clinicians involved in medical assistance in dying.

This government is committed to supporting and protecting Canadians with mental illness who may be vulnerable, while respecting their autonomy and personal choices.

● (1655)

We think that the three-year extension proposed in Bill C-62 will give the time needed to work on these important aspects so that this can be implemented in a safe and secure way.

[*English*]

Mr. Garnett Genuis (Sherwood Park—Fort Saskatchewan, CPC): Mr. Speaker, I have a question for the government about its so-called "MAID policy". Its members have said repeatedly, especially as it relates to mental health challenges, that their MAID policy would aim to exclude those who are suicidal, but I want to understand something from the government: Is not any person who requests MAID suicidal, simply by definition, since they are requesting MAID?

Ms. Annie Koutrakis: Mr. Speaker, I think it is irresponsible and untrue, honestly, to claim that MAID has anything to do with suicide. The Government of Canada recognizes the importance for all Canadians to have access to critical mental health resources and suicide prevention services. I am a member of the special MAID committee, and not one witness I heard when I was there said that this is suicidal.

● (1700)

[*Translation*]

Ms. Marie-Hélène Gaudreau (Laurentides—Labelle, BQ): Mr. Speaker, we can see during the debate that each party has its own position. When I talk with members, I see the difference of opinion. There are many in the Liberal ranks who agree that we need stringent requirements and an implementation team charged with making sure that the requirements are met.

If Quebec is ready, what does my colleague think of an accommodation that would allow Quebec to ease people's suffering immediately, as requested in the motion, and not in three years or more?

Ms. Annie Koutrakis: Mr. Speaker, that is an important question. The Criminal Code applies across Canada. We cannot start adapting the law for every region of the country. We have to understand that it would be irresponsible to amend the Criminal Code to allow Quebec to change its own legislation. That is my opinion.

[*English*]

Mr. Mark Gerretsen (Kingston and the Islands, Lib.): Mr. Speaker, the member for Sherwood Park—Fort Saskatchewan just suggested that somebody like my father-in-law, who was laying in a hospital bed with a brain tumour bulging out of his head, knowing full well that it was only a matter of days before he died, and who wanted to die with some form of dignity while his family was around him—

Some hon. members: Oh, oh!

Mr. Mark Gerretsen: Can the Conservative member for Barrie—Innisfil please not heckle me just this one time, possibly?

I am wondering if the member would agree that perhaps it is extremely inconsiderate to think that somebody who realizes what the future holds for them, and who wants to die with some dignity, and that perhaps they can be saved from a bit of the pain, is thinking about more than just committing suicide?

Ms. Annie Koutrakis: Mr. Speaker, I think it is very important, in this country, that we speak from a place of empathy, sympathy, understanding and mutual respect. We cannot paint all situations with the same brush. Obviously, we have a Charter of Rights, and through the Charter of Rights, every person has equal rights.

Personally, and I can only speak for myself, I believe that someone who has long-standing suffering with a mental health issue or a degenerative brain malady that we know of should have access to medical assistance in dying, because I think it is far better for that person to be surrounded by their loving family than to continue the suffering.

Mr. Todd Doherty (Cariboo—Prince George, CPC): Mr. Speaker, to our hon. colleague for Kingston and the Islands, our colleague for Sherwood Park—Fort Saskatchewan only said that when speaking of MAID for those with mental illness, how do we differentiate between suicidal ideation and MAID?

Indeed, it is what we are hearing from the experts who said, "There is no evidence that shows we can predict irremediability in mental illness and it is vastly different, vastly different from other medical conditions and neurodegenerative diseases.... We have to remember what MAID is about. MAID is about predicting who will never get better, and we can't do that, and if we can't do that with mental illness, we would providing death under false pretenses."

This is completely different from what our hon. colleague talked about with this father-in-law, who was struggling with a brain tumour, choosing MAID and those who are struggling with mental illness, which has been associated with flipping a coin on who can get better and who cannot get better.

I ask my hon. colleague this: Is she okay with flipping a coin when it comes to offering MAID to somebody who is wishing to die by suicide.

● (1705)

Ms. Annie Koutrakis: Mr. Speaker, I do not believe in flipping a coin. However, the mere fact that in this country we are still having this conversation, this debate and not having consensus, then I think a three-year pause is the way to go about it. It would let the provinces and territories, together with all the professionals, get together and make sure that when this does become whatever the next step would be, we will be better for it as a country.

The Deputy Speaker: We have a point of order from the hon. member for Barrie—Innisfil.

Mr. John Brassard: Mr. Speaker, I know that the member for Kingston and the Islands operates in a way that he accuses other members of heckling him as part of his schtick, but I did not heckle him. He was telling a heartfelt story about his father-in-law who had a brain tumour, and I ask that he retract that accusation.

The Deputy Speaker: We are descending into debate.

We will continue debate with the hon. member for Lambton—Kent—Middlesex.

Ms. Lianne Rood (Lambton—Kent—Middlesex, CPC): Mr. Speaker, I rise today to address a question of paramount importance and profound concern to many of my constituents in Lambton—Kent—Middlesex: Will Canada cross the Rubicon and expand access to assisted suicide for otherwise healthy individuals whose mental disorder is the sole underlying medical condition, or do we have enough common sense and moral clarity to stop this radical and dangerous expansion of MAID to mental health cases? The issue at hand stands at the juncture of ethics, medicine and our societal values. This is not merely a policy decision. It is a profound moral question that strikes at the heart of who we are and how we value life and respond to suffering.

The core concern here is the difficulty, if not the impossibility, of determining with certainty that mental disorders are irreversibly incurable. Unlike many physical ailments, the trajectory of mental illness is often unpredictable and can respond to treatment over time. The NDP-Liberal government's push toward expansion, despite substantial opposition from medical professionals and the public, raises serious questions. It reflects a troubling trend of policy-making that seems to prioritize ideological considerations over careful, evidence-based deliberation. How can we, in good conscience, move forward with a policy that many experts in psychiatry and mental health view with significant trepidation?

The opposition from the medical community, particularly from mental health professionals, is not just significant but deeply insightful. The expert panel on MAID and mental illness, the very panel established by the government to study this issue, acknowledged the complexities involved. It noted the difficulty in predicting the long-term prognosis of mental disorders, underscoring the near impossibility of determining with certainty whether a mental disorder is truly incurable.

Leading psychiatrists across Canada have expressed reservations. The Association of Chairs of Psychiatry in Canada, which includes the heads of the psychiatry departments of all 17 medical schools in the country, called for a delay in implementing MAID for patients with mental disorders as the only underlying medical condition. Its concerns centre on the challenges in assessing incurability and differentiating genuine MAID requests from suicidal ideation rooted in treatable mental health conditions.

Surveys conducted within the psychiatric community reflect this opposition. For instance, a significant majority of Manitoba psychiatrists have indicated that Canada is not ready for the implementation of assisted suicide for patients with mental disorder as the sole underlying medical condition. A similar sentiment was echoed in a survey conducted by the Ontario Medical Association, where a two-to-one majority of respondents opposed the availability of MAID for such cases. These results are in line with public opinion, which has consistently shown discomfort with this expansion. In fact, I have heard from hundreds of residents of Lambton—Kent—Middlesex who are opposed to this expansion, and polls such as those conducted by Angus Reid reveal substantial public reservations about MAID for mental illness.

If we ignore experts' warnings and the public sentiment and proceed with this expansion, we risk making irreversible decisions in cases where there might be potential for recovery and improvement with the appropriate treatment. The ethical implications of such a scenario are profound and disturbing. In our examination of this issue, we must not overlook the societal context in which decisions about MAID are being made.

The CEO of Food Banks Mississauga recently issued a stark warning that the inability to afford basic necessities is pushing people towards considering MAID. This is a harrowing indication that, for some, the choice to pursue assisted dying may be influenced more by socio-economic despair rather than by unimaginable physical or mental health conditions. This revelation is deeply troubling. It compels us to question whether we are addressing the root causes of such despair or merely offering a tragic and irreversible solution to what are fundamentally social and economic problems. This is particularly concerning in light of the ongoing mental health crisis that was exacerbated by the COVID-19 pandemic and the government's divisive response.

Additionally, we must also reflect on the alarming reports concerning our veterans. There have been stories of veterans being offered MAID. This raises profound concerns about the support and care that we provide to those who have served our country. These individuals, who have sacrificed so much, deserve better than an expedited path to assisted death. These stories underscore the need for robust mental health support and the dangers of expanding MAID without adequately addressing these needs first.

● (1710)

When the Liberal government has such a cavalier attitude toward assisted suicide, with a one-way slope toward access expansions and safeguard removals, is it any surprise that, according to the latest available numbers, the annual growth rate of MAID between 2021 and 2022 was 31.2%? Between 2016 and the end of 2022, 44,958 people died by MAID. That is more than the number of Canadians who died in military service during World War II.

My point is that Canada's current MAID access may already be the most discretionary in the world. That is before the proposed mental health expansion. We are the only country whose legal system does not see assisted suicide as a last resort. What can we expect to happen to the growth rate if the House enables the "treatment" of mental illness with assisted suicide? We would be past the slippery slope concern if that were to happen. Crossing the Rubicon here would put us closer to free fall.

Why are we debating the radical expansion of assisted suicide? Just four months ago, the hon. member for Abbotsford's bill, Bill C-314, was in the House. Conservatives urged the House not to give up on Canadians living with mental illness. Nevertheless, the government voted against the bill, sticking to its original plan, as per Bill C-7, to expand access to MAID to Canadians who are healthy except for their mental disorder.

If it were not for the Special Joint Committee on Medical Assistance in Dying's tabling, on January 29, 2024, its findings and recommendations, the unprecedented MAID expansion would have been implemented within two months. Thankfully the committee, after extensive consultations and a review of expert testimony, concluded that Canada is not ready for the expansion of MAID to include cases where a mental disorder is the sole underlying medical condition. The report highlights the unresolved issues in accurately assessing the irremediability of mental disorders and the challenges in distinguishing between genuine requests for MAID and those stemming from treatable mental health conditions. The report confirms what common-sense Conservatives have been saying for months: Expanding assisted suicide to those suffering from mental illness would result in the deaths of those who could have gotten better.

That is why, just like last year when the government introduced eleventh-hour legislation to put a temporary one-year pause on expanding assisted suicide to those suffering with mental illness, we are once again here at the eleventh hour. There is no question that there is an urgent need to pass Bill C-62 to delay until 2027 the implementation of MAID in cases where a mental disorder is the sole underlying cause and condition.

As highlighted by the report of the special joint committee and the voices of experts and Canadians alike, a mere delay may not suffice. What is required is a comprehensive re-evaluation of our approach to MAID, particularly in the context of mental health. The issues at stake are not just medical or legal but are deeply rooted in our societal values and the respect we need to afford the dignity of human life, especially in its most vulnerable forms.

● (1715)

The Deputy Speaker: It being 5:15 p.m., pursuant to order made on Tuesday, February 13, it is my duty to interrupt the proceedings to put forthwith every question necessary to dispose of the third reading stage of the bill now before the House.

[*Translation*]

The question is on the motion.

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

Mr. Luc Thériault: Mr. Speaker, I request a recorded vote.

The Deputy Speaker: Call in the members.

● (1755)

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

(Division No. 645)

YEAS

Members

Aboultaif	Aitchison
Albas	Aldag
Alghabra	Ali
Allison	Anand
Anandasangaree	Angus
Arnold	Arseneault
Arya	Ashton
Atwin	Bachrach
Badawey	Bains
Baker	Baldinelli
Barlow	Barrett
Barron	Battiste
Beech	Berthold
Bezan	Bibeau
Bittle	Blaikie
Blaney	Block
Blois	Boissonnault
Boulerice	Bradford
Bragdon	Brassard
Brière	Brock
Calkins	Cannings
Caputo	Carr
Carrie	Casey
Chagger	Chahal
Chambers	Champagne
Chatel	Chen
Chiang	Chong
Collins (Hamilton East—Stoney Creek)	Cooper
Cormier	Coteau
Dabrusin	Dalton
Damoff	Dancho
Davidson	Deltell
Desjarlais	Dhaliwal
Dhillon	Diab
Doherty	Dong
Dowdall	Dreeshen
Drouin	Dubourg
Duclos	Duguid
Duncan (Stormont—Dundas—South Glengarry)	Dzerowicz
Ehsassi	El-Khoury
Ellis	Epp
Erskine-Smith	Falk (Battlefords—Lloydminster)
Falk (Provencher)	Fast
Ferreri	Fillmore

Fisher
Fortier
Fraser
Fry
Gainey
Garrison
Généreux
Gerretsen
Godin
Gould
Gray
Guilbeault
Hallan
Hardie
Hoback
Housefather
Hussen
Iacono
Ien
Johns
Kayabaga
Kelly
Khanna
Kitchen
Koutrakis
Kurek
Kusmierczyk
Lake
Lambropoulos
Lapointe
Lauzon
LeBlanc
Lehoux
Lewis (Essex)
Lightbound
Lobb
Longfield
MacAulay (Cardigan)
MacGregor
Maguire
Maloney
Martinez Ferrada
Mathyssen
Mazier
McDonald (Avalon)
McKay
McLean
McPherson
Mendès
Miao
Moore
Morrice
Morrissey
Murray
Naqvi
Ng
O'Connell
O'Regan
Paul-Hus
Petitpas Taylor
Powlowski
Rayes
Reid
Richards
Robillard
Rogers
Rood
Ruff
Sajjan
Samson
Scarpaleggia
Schiefke
Seeback
Fonseca
Fragiskatos
Freeland
Gaheer
Gallant
Gazan
Genuis
Gladu
Goodridge
Gourde
Green
Hajdu
Hanley
Hepfner
Holland
Hughes
Hutchings
Idlout
Jaczek
Jowhari
Kelloway
Khalid
Khera
Kmiec
Kram
Kusie
Kwan
Lalonde
Lamoureux
Lattanzio
Lawrence
Lebouthillier
Leslie
Lewis (Haldimand—Norfolk)
Lloyd
Long
Louis (Kitchener—Conestoga)
MacDonald (Malpeque)
MacKinnon (Gatineau)
Majumdar
Martel
Masse
May (Cambridge)
McCauley (Edmonton West)
McGuinty
McKinnon (Coquitlam—Port Coquitlam)
McLeod
Melillo
Mendicino
Miller
Morantz
Morrison
Motz
Muys
Nater
Noormohamed
Oliphant
Patzer
Perkins
Poilievre
Qualtrough
Redekopp
Rempel Garner
Roberts
Rodriguez
Romanado
Rota
Sahota
Saks
Sarai
Scheer
Schmale
Serré
Sgro
Shields
Sidhu (Brampton East)
Singh
Sorbara
Sousa
Stewart
Stubbs
Tassi
Thomas
Tochor
Trudeau
Uppal
Van Bynen
Van Popta
Vandenbeld
Vidal
Viersen
Vis
Wagantall
Webber
Williams
Yip
Zuberi– — 281
Sheehan
Shipley
Sidhu (Brampton South)
Small
Soroka
Steinley
St-Onge
Sudds
Taylor Roy
Thompson
Tolmie
Turnbull
Valdez
van Koeverden
Vandal
Vecchio
Vien
Virani
Vuong
Waugh
Weiler
Williamson
Zahid

NAYS

Members

Barsalou-Duval
Bergeron
Blanchet
Brunelle-Duceppe
Champoux
Desbiens
Garon
Gill
Lemire
Normandin
Perron
Simard
Ste-Marie
Therrien
Vignola
Beaulieu
Bérubé
Blanchette-Joncas
Chabot
DeBellefeuille
Fortin
Gaudreau
Larouche
Michaud
Pauzé
Savard-Tremblay
Sinclair-Desgagné
Thériault
Trudel
Villemure– — 30

PAIRED

Members

Blair
Plamondon
Liepert
Shanahan– — 4

The Deputy Speaker: I declare the motion carried.

[*English*]

The Deputy Speaker: The next question is on the main motion.

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

[*Translation*]

Mrs. Laila Goodridge: Mr. Speaker, we are requesting a recorded vote.

● (1810)

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

(Division No. 646)

YEAS

Members

Aboultaif
Albas
Alghabra
Allison
Anandasangaree
Arnold
Arya
Atwin
Badawey
Baker
Barlow
Barron
Beech
Bezan
Bittle
Blaney
Blois
Boulerice
Bragdon
Brière
Calkins
Caputo
Carrie
Chagger
Chambers
Chatel
Chiang
Collins (Hamilton East—Stoney Creek)
Cormier
Dabrusin
Damoff
Davidson
Dhaliwal
Diab
Dong
Dreeshen
Duclos
Duncan (Stormont—Dundas—South Glengarry)
Ehsassi
Ellis
Falk (Battlefords—Lloydminster)
Fast
Fillmore
Fonseca
Fragiskatos
Gaheer
Gallant
Généreux
Gerretsen
Godin
Gould
Gray
Guilbeault
Hallan
Hardie
Hoback
Housefather
Hussen
Iacono
Jaczek
Jowhari
Kelloway
Khalid
Khera
Kmiec
Kram
Kusie
Kwan
Aitchison
Aldag
Ali
Anand
Angus
Arseneault
Ashton
Bachrach
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Baldinelli
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Bibeau
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Block
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Bradford
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Carr
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Hughes
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Johns
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Kelly
Khanna
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Koutrakis
Kurek
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Lalonde
Lamoureux
Lauzon
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Leslie
Lewis (Haldimand—Norfolk)
Lloyd
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McGuinty
McKinnon (Coquitlam—Port Coquitlam)
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Melillo
Mendicino
Miller
Morantz
Morrison
Motz
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Qualtrough
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Rodriguez
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Shipley
Sidhu (Brampton South)
Small
Soroka
Steinley
St-Onge
Sudds
Taylor Roy
Thompson
Tolmie
Turnbull
Valdez
van Koeverden
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Vecchio
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Waugh
Weiler
Williamson
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Lattanzio
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Lehoux
Lewis (Essex)
Lightbound
Lobb
Longfield
MacAulay (Cardigan)
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Morrice
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Rayes
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Robillard
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Sajjan
Samson
Scarpaleggia
Schiefke
Seeback
Sgro
Shields
Sidhu (Brampton East)
Singh
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Beaulieu

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Blanchet	Blanchette-Joncas
Brunelle-Duceppe	Chabot
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Desbiens	Desilets
Erskine-Smith	Fortin
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Blair	Liepert
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The Deputy Speaker: I declare the motion carried.

(Motion agreed to, bill read the third time and passed)

PRIVATE MEMBERS' BUSINESS

[*Translation*]

CANADIAN RADIO-TELEVISION AND TELECOMMUNICATIONS COMMISSION ACT

The House resumed from November 30, 2023, consideration of the motion that Bill C-354, An Act to amend the Canadian Radio-television and Telecommunications Commission Act (Quebec's cultural distinctiveness and French-speaking communities), be read the second time and referred to a committee.

Mr. Luc Berthold (Mégantic—L'Érable, CPC): Mr. Speaker, I am pleased to take part in this debate on Bill C-354, which was introduced by the Bloc Québécois.

The Bloc Québécois's bill seems pretty straightforward. It states:

> The Commission shall consult with the Government of Quebec about the cultural distinctiveness of Quebec and with the governments of the other provinces about the French-speaking markets in those provinces before furthering the objects and exercising the powers referred to in subsection (1) in respect of the aspects of the Canadian broadcasting system that concern those matters.

This seems like a fairly simple request for consultation, and it would require the CRTC to consult Quebec and the provinces.

Of course, I support the principle that the Government of Quebec should have the opportunity to express itself, especially when it comes to Quebec's cultural distinctiveness. The Government of Quebec and the National Assembly of Quebec are not shy about making their position known, especially when it comes to protecting the French language and Quebec culture.

As Conservatives, we on this side of the House recognize that French is the only official language that is in decline in Canada. As such, we have an essential role to play in protecting it.

To continue the debate, I would like to come back to Bill C-11, which amended the Broadcasting Act. The Government of Quebec had called for specific amendments to this bill so that Quebec's concerns would be heard.

In February 2023, Quebec's minister of culture and communications, Mathieu Lacombe, wrote to the then minister of Canadian heritage. I will read some excerpts from that letter to provide some context for the Bloc Québécois bill. At the time, the Bloc refused, for months, to convey this request from Quebec's elected officials to the House of Commons.

I will now quote Minister Mathieu Lacombe:

> It is essential, both in Bill C-11 and in its implementation by the CRTC, that Quebec's cultural distinctiveness and the unique reality of the French-language market be adequately considered. I would like to reiterate our demand that a formal, mandatory mechanism for consultation with the Government of Quebec be set out in the act to that effect....[Quebec] must always have its say before any instructions are given to the CRTC to direct its actions under this act when its actions are likely to affect companies providing services in Quebec or likely to have an impact on the Quebec market....

This letter that came from the Government of Quebec was sent to the Minister of Canadian Heritage. Unfortunately, as far as we can tell, it seems that no one in the Liberal government saw fit to respond to this request. There was complete radio silence after that letter.

However, on this side of the House, the Conservatives heard this plea. The member for Louis-Saint-Laurent and the member for Charlesbourg—Haute-Saint-Charles rose in the House several times to urge the government to receive the Quebec minister in committee in order to hear what Quebec was asking for and determine how Bill C-11 could contribute to ensuring that the act takes Quebec's cultural distinctiveness into account. That is something tangible. We had a tangible request from Quebec to be heard on a bill that would have considerable repercussions on Quebec's cultural distinctiveness and on Quebec's language. We felt it was important to grant this request and allow the Quebec minister to come testify in committee.

Allow me to quote an article from La Presse from February 14, 2023. That was a year ago almost to the day. The headline of the article read, "Broadcasting Act reform: Conservative Party supports Quebec's request for a say". That about sums it up.

I think La Presse hit the nail pretty much on the head. I will read some of the article:

> The Conservative Party is urging the [Prime Minister's] government to refer Bill C-11, which seeks to modernize the Broadcasting Act, to a parliamentary committee in order to examine Quebec's request for the bill to include a mandatory mechanism requiring the province to be consulted to ensure that the CRTC protects Quebec's cultural distinctiveness.

That article was written by Joël-Denis Bellavance, someone who reliably reports the facts.

● (1815)

A little further on in the article, it talks about what happened here in the House of Commons when we discussed this issue. It states, and I quote:

> In the House of Commons on Tuesday, the Conservative member [for Charlesbourg—Haute-Saint-Charles] and his colleague [from Louis-Saint-Laurent] both questioned [the heritage minister] on this subject and urged him to consider Quebec's "legitimate request".

The article goes on to quote the question that was asked that day:

> "[The] Quebec government is urging the Liberal government to include a mechanism for mandatory consultation in Bill C-11 to ensure the protection of Quebec culture....Do the Prime Minister and the Bloc agree with Minister Lacombe when it comes to Quebec culture and the fact that the government needs to send the bill to committee?" asked the member [for Charlesbourg—Haute-Saint-Charles].

That is a very legitimate question that was asked in response to the letter published the day before by journalist Joël-Denis Bellavance.

The answer given by the then minister of heritage was rather cold. It was more of a diversionary tactic. The minister completely avoided my colleague's question. Instead, he chose to go on the attack and to completely avoid answering the simple question about the fact that the Quebec minister of culture and communications was asking to appear before the parliamentary committee.

During the same question period, my colleague from Louis-Saint-Laurent raised the issue again. I would like to quote from the article and the question at the same time:

> "[H]ow can a member from Quebec, a minister from Quebec, refuse to listen to the demands of the Government of Quebec? I understand that the purpose of Bill C-11 is to centralize power in Ottawa, with help from the Bloc Québécois, which I might have to start calling the 'centralist bloc'", fumed [my colleague from Louis-Saint-Laurent].

Members will understand the reason for his anger, not only toward the governing party, the Liberal Party, but also toward the Bloc Québécois. The Liberal minister came out with a sledgehammer argument. Instead of answering the question and granting the Quebec minister of culture and communications' legitimate request to appear in committee, the then minister of heritage accused the Conservative Party of trying to stall the bill's passage again. It was as though asking to hear from the minister of a duly elected government was not a good enough reason to slightly delay a bill's passage in order to find out what Quebec had to say. That is unacceptable.

In his letter, Minister Lacombe argued that, as the "heartland of the French language and francophone culture in America", Quebec considered it "vital to have a say in these instructions". It seems to me that the committee should have listened to what Minister Lacombe had to say.

My colleague from Louis-Saint-Laurent moved a motion in committee. Unsurprisingly, the Liberal Party voted against that motion, which was intended to allow a discussion of the amendments proposed by the Senate and Quebec's request. Again unsurprisingly, the NDP sided with the Liberals. How did the Bloc Québécois member vote in committee? Did he seize the opportunity to be the voice of reason, speaking on behalf of Quebec and Quebeckers? After a formal letter from the Government of Quebec and a unanimous motion from the National Assembly, which side did the Bloc Québécois take?

The answer will shock everyone, even our our viewers: The Bloc Québécois voted against the common-sense motion moved by my colleague from Louis-Saint-Laurent, which would have allowed the voice of a Quebec minister to be heard in committee. At the time, not only did we agree in principle, but we took concrete action to ensure that the Government of Quebec would be heard.

Now let us see how negotiations unfold in committee, so we can find out whether everyone really meant what they said.

● (1820)

Mr. Daniel Blaikie (Elmwood—Transcona, NDP): Madam Speaker, the NDP recognizes that Quebec is a distinct nation within Canada. We also recognize that it is the only predominantly French culture in North America. We know that if we want to protect this culture, we must also protect and promote the French language in Canada.

Radio and television broadcasting are a key part of promoting the French language and francophone culture in the 21st century. That is why it is so important that the French language be well represented in the decisions made by the Canadian Radio-television and Telecommunications Commission, or CRTC.

To ensure that francophones have a voice at the CRTC, there used to be a tradition of alternating between an anglophone and a francophone chairperson. The current government, however, has decided to put an end to that tradition.

We think this proposal requiring the CRTC to consult the Quebec government makes sense. We also want the CRTC to be required to consult with francophone communities and organizations across Canada, not just in Quebec.

Naturally, the Government of Quebec should play a special role in the CRTC's decisions in order to stand up for the interests of Quebec. It is a good idea to stop putting all our faith in the long-standing practice of alternating between francophone and anglophone chairpersons and to require the CRTC to consult the Government of Quebec, as well as other francophone organizations across Canada.

For those reasons, we support this bill at second reading stage.

Mr. Martin Champoux (Drummond, BQ): Madam Speaker, I thank my colleague from Elmwood—Transcona for being so concise.

On this February 15, before I begin my speech, I would like to salute a few illustrious people, namely François-Marie-Thomas Chevalier de Lorimier, Charles Hindelang, Pierre-Rémi Narbonne, Amable Daunais and François-Stanislas Nicolas. We think of these persons today, as we have done every year on February 15 since 1839.

The bill we are discussing today is a very simple bill. What we are really asking is that the Canadian Radio-television and Telecommunications Commission Act be amended to ensure that Quebec is systematically consulted when the CRTC puts in place any regulations that would have an impact on Quebec culture.

It is a short bill involving one very simple amendment. Earlier I listened to my Conservative colleague recount the events that followed the passage of Bill C-11. When Bill C-11 was almost ready to be passed, the Conservative Party released a letter that was sent to the government, the Liberal Party, to the heritage minister at the time. That letter set out Quebec's specific demands with respect to Bill C-11, which reformed the Broadcasting Act.

I would like to provide a bit of context. With a little good faith, I think that my Conservative colleague will lend credence to what I am going to tell the House. The Conservatives unduly delayed and blocked the bill in committee for a very long time. Quebec had demands and it was not consulted during the study of the bill, at least not formally.

By the time Quebec's demands finally arrived, the bill was about to be passed. Does that mean that the demands therein were illegitimate? No, not at all. Realistically, however, it was too late to reopen the file in committee and go back to the drawing board, so to speak.

If my Conservative colleague had the slightest understanding of how the Government of Quebec operates in this kind of situation, he would not have talked about having Quebec's minister of culture and communications, Mathieu Lacombe, appear before the committee. If he had the slightest understanding of how the relationship between Quebec and Ottawa works, he would know that Quebec government ministers do not testify in committee. They have a nation-to-nation relationship with Ottawa. They speak minister to minister. Ministers from Quebec do not appear before committees. He should know this, but he does not. It was much more dramatic to take the letter and say that the Bloc and the Liberals do not listen to Quebec. He said the Bloc did not listen to Quebec, did not listen to cultural groups and did not listen to groups in Quebec's broadcasting sector during the study of bills on broadcasting, online news and anything to do with Quebec culture. What a joke. It is funny, actually, so that is how we will take it.

That being said, we have here Bill C-354, which was introduced by my colleague from La Pointe-de-l'Île. This bill addresses one of the most important demands set out in that letter from Minister Lacombe and the Government of Quebec. This is a natural demand and Minister Lacombe was not the first to make it. Quebec's need, its desire, its demand to have its say in the decisions that are made in Ottawa and that have an impact on francophone culture and the French language dates back to 1929 and has been kept alive by successive Quebec governments.

● (1825)

The premier at the time, Louis-Alexandre Taschereau, saw this weird new technology called radio and thought that it needed to be regulated immediately. That is when a regulatory body was created to provide oversight.

To no one's surprise, instead of agreeing with what Quebec was doing and choosing to play a part in this regulatory body, Ottawa decided to do something else. It created the Canadian Radio Broadcasting Commission, or CRBC, the current CRTC's ancestor. Both organizations were developed in parallel, as is so often the case, with a tiny intrusion into Quebec's jurisdictions. It seems that this was even more commonplace back then and that people did not complain as much. There was no Bloc Québécois to fight for Quebec in Ottawa.

Long story short, wanting to have a say in French-language communications and culture in Quebec is not just a Quebec separatist or nationalist thing. Liberal governments also asked for it, and so did Union Nationale governments. Even former minister Lawrence Cannon, who was a Liberal minister in Quebec before becoming a Conservative minister in Ottawa, asked for it.

This is not a demand being made by spoiled sovereignist brats who want to repatriate all powers to Quebec. This is a reasonable request to ensure that Quebec is consulted on decisions made by the next-door nation that affect the Quebec nation's culture.

We will be voting on Bill C-354 in a few days. We are not asking for the moon. At the moment, we are not even asking for the right to immediately create a Quebec CRTC, which is also among Quebec's requests and the Bloc Québécois's plans, and quite reasonably so. For now, this is not what we are asking. For now, we are simply responding to a straightforward request from Quebec.

As my Conservative colleague said earlier, the Conservatives tried to promote this request themselves, but it was already too late in the Bill C-11 process. I presume that the entire House of Commons will support this very reasonable request when we vote on this amendment to the Canadian Radio-television and Telecommunications Commission Act.

Bill C-354 was introduced in response to a request from Quebec, the Government of Quebec and the people of Quebec, and I think everyone in the House should agree that Quebec and the provinces that are concerned about preserving French in some of their communities should be consulted when regulations are put in place that will have an impact on the French language and culture in those places.

● (1830)

Mr. Taleeb Noormohamed (Parliamentary Secretary to the Minister of Canadian Heritage, Lib.): Madam Speaker, I rise today to speak to Bill C-354, which seeks to amend the Canadian Radio-television and Telecommunications Commission Act to impose additional consultation obligations on the CRTC, namely the obligation to consult the Government of Quebec on its cultural distinctiveness and the governments of the provinces and territories on their French-speaking markets.

Our government is already working tirelessly to ensure that our broadcasting system is in tune with the evolution of our digital world and that it represents all Canadians. Our actions in this regard prove it. Modernizing the legislative framework for broadcasting is one way our government has been able to provide ongoing support for the French language. A good example of this is the Online Streaming Act, which received royal assent in April 2023.

That was the first major reform of the Broadcasting Act since 1991.

[*English*]

This act will enable all Canadians, including members of Canada's francophonie, to recognize themselves more clearly in what they watch and listen to, thanks to a new framework that better reflects our country's diversity.

The reform of the Official Languages Act is just one example of our hard work in support of the French language. The purpose of the act is to protect and promote the French language by recognizing its status as a minority language in Canada and North America.

While the objectives of Bill C-354 are laudable and relevant, it is clear the bill poses more problems than it solves and would create redundant obligations and impede existing processes, and that is why the government is opposed to this bill.

Among other things, the bill has a number of problems. It proposes to impose redundant consultation obligations on the CRTC and it could be perceived as jeopardizing the CRTC's independence.

[*Translation*]

With respect to redundancy and increasing the burden on the CRTC, this administrative tribunal already holds extensive public consultations before making decisions. Quebec therefore already has the opportunity to participate in these consultations, regardless of their scope, and it does just that.

Furthermore, in carrying out its mandate, the CRTC must respect the Government of Canada's commitment to enhance the vitality of official language minority communities in Canada.

The obligation set out in Bill C-354 to consult the government of Quebec, the other provinces and the territories would, however, impose an additional burden in terms of time and resources.

While our government understands the importance of having regulatory measures in place to ensure that the broadcasting landscape is equitable and representative, it is hard to see how additional consultations would add value when the provinces and territories can already participate in said process and do so regularly. That is the issue with this bill. It is simply not necessary.

Another problem lies in the implications of this bill on other obligations under the Broadcasting Act.

● (1835)

[*English*]

As an administrative tribunal operating at arm's length from the federal government, the CRTC regulates and supervises broadcasting and telecommunications in the public interest. With regard to broadcasting, the CRTC's job is to assess how best to give effect to the policy objectives of the Broadcasting Act. One of these objectives is to support the creation and discoverability of original French-language programming.

In a democracy like ours, it would be inappropriate for any level of government to exert inappropriate influence on the day-to-day decisions of the CRTC, which is an independent body. Just as a requirement for the CRTC to consult the federal government would undermine its independence, so too would a requirement to consult provincial and territorial governments.

Bill C-354's requirement to consult directly with provincial and territorial governments on certain matters in the exercise of its powers would be unprecedented for the CRTC. Moreover, it would risk interfering with the decision-making process and undermine public confidence in its independence.

At the risk of repeating myself, I would like to remind the House and all Canadians that the government already actively consults the provinces and territories, particularly when it comes to broadcasting. I understand the intention behind my good friend's proposal, but the reality is that the work that the CRTC does already takes into account the very requests that he is making.

[*Translation*]

The CRTC plays a critical role in regulating Canada's broadcasting system. It is essential that we give it the necessary flexibility to carry out its mandate effectively. Bill C-354 goes against these objectives.

It is clear that Bill C-354 poses several problems. It does not target the right legislative vehicle, it creates ambiguities and imposes a disproportionate and unnecessary burden on the CRTC, to name just a few. Imposing a consultation requirement on the CRTC, as proposed, is inappropriate for the various reasons I mentioned.

In conclusion, I believe that, although this bill is motivated by good intentions, it presents major risks for the effective functioning of the CRTC and for the legitimacy of our processes for regulating our broadcasting system.

I encourage my hon. colleagues to consider the consequences of this proposal carefully before making any decisions. Our government will be ready and willing to answer members' questions and will continue to ensure that the CRTC has the means to fulfill its critical role without imposing unnecessary burdens on it.

[*English*]

The reality is that if we consider the motivations behind the proposal in this bill, there are many things that the hon. member, as I mentioned before, seeks to achieve. We need to understand that the mandate of the CRTC, what the CRTC already does and seeks to do, particularly with regard to consultation, already exists. It is important for us to remember that provinces like Quebec already get involved, make their submissions and appeal to the CRTC, as and when required. For us to add an additional layer of reporting requirement on the CRTC causes a significant concern with respect to interference from levels of government.

It is important for us, particularly in this challenging time, to ensure that the independence of the CRTC is maintained, that we do not cause the perception of undue influence on it and we do not create an environment where the CRTC feels it is under an obligation of specific levels of government, whether federal or otherwise. I would encourage all members to consider seriously, while taking into account the laudable and certainly well-intentioned thinking behind the proposal, that the CRTC is already responsible for this. There is an arm's-length relationship with government that must always be maintained and we cannot do anything to create the perception that the government, at any level, is telling the CRTC what to do.

With that, I again ask hon. members in the House to consider seriously the ramifications and implications of opening up the CRTC to direction from any level of government.

● (1840)

[*Translation*]

The Assistant Deputy Speaker (Mrs. Carol Hughes): Is the House ready for the question?

Some hon. members: Question.

The Assistant Deputy Speaker (Mrs. Carol Hughes): The question is on the motion.

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

Mr. Gabriel Ste-Marie: Madam Speaker, I request a recorded division.

The Assistant Deputy Speaker (Mrs. Carol Hughes): Pursuant to Standing Order 93, the recorded division stands deferred until Wednesday, February 28, at the expiry of the time provided for Oral Questions.

ADJOURNMENT PROCEEDINGS

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

[*English*]

AUTOMOTIVE INDUSTRY

Mr. Pat Kelly (Calgary Rocky Ridge, CPC): Madam Speaker, back in November, I put a question to the Minister of Innovation regarding the government's decision around its massive subsidy program for battery plants. I asked him about the inconsistencies that the government had offered at that time for the number of taxpayer-funded foreign replacement workers who were going to be employed amid the massive incentives that were being given to a profitable company in Windsor.

It was quite alarming. People were really surprised that, despite the massive financial support from the government, this was not even going toward local jobs in Windsor. Rather, it would require a massive number of temporary workers, who would have to come and add to the strain on local housing and health and all the other services that people need municipally. Moreover, the salaries of people who were coming in to take these jobs would be paid from the taxes of local workers in Windsor.

The response was wholly unacceptable. The minister just talked about how wonderful it was that they have all these new factories that are being built only with massive support from the government.

The question, at the time, was this: Would they release the contracts and actually be clear with Canadians as to the details and what the costs would be? The estimates are that every family in Canada would be paying $1,000 for this subsidy program for construction to be carried out by temporary foreign workers, not local workers, who would be adding to the strains on the local housing market and all the other things that go along with that.

This is part of a broader pattern where the current government's industrial policy is to chase out actual real investment, whether foreign or domestic, and the only way they can get anything built in this country is to subsidize. We need look no further than what the Liberals have done in the oil and gas industry. The government's own report from Statistics Canada states that rising living standards will depend on productivity growth. It says, “Labour productivity has declined in 11 of the past 12 quarters and is below prepandemic levels.” Furthermore, “business investment in non-residential structures and machinery and equipment has...pulled back since...the mid-2010s.”

The living standard of Canadians is declining. The per capita GDP in Canada is shrinking. People are doing less well, and the response of the current government is simply to try to incentivize countries through subsidy while it is chasing out private capital, as it has done in my province.

To top it all off, this week, the environment minister said that there will be no more road construction, when road construction leads to productivity. One wonders whether the batteries from the Stellantis plant subsidized by the government will power flying cars. It is a growing country that needs roads. The Liberals do not want roads or private investment. They simply want to subsidize as their industrial policy.

● (1845)

Mr. Ryan Turnbull (Parliamentary Secretary to the Minister of Innovation, Science and Industry, Lib.): Madam Speaker, it gives me great pleasure to be here tonight and to answer the hon. member for Calgary Rocky Ridge's questions regarding employment at the NextStar battery plant in Windsor.

I would like to take this opportunity to clarify the ways in which Canadians will benefit from the partnership with NextStar. NextStar is investing billions of dollars to establish Canada's first large-scale EV battery manufacturing plant in Windsor. This facility will produce leading-edge lithium ion battery cells and modules for Stellantis's vehicle production in North America.

Through its investment, NextStar will create a total of 2,300 jobs for Canadians during the construction of the facility and an additional 2,500 permanent jobs for Canadians during the operation of the facility. Beyond the jobs associated with the facility in Windsor, an investment of this size will act as an anchor for further investments across the EV battery supply chain. It will also help secure the new EV mandates at Stellantis's Windsor and Brampton assembly plants.

It is correct that during the construction phase of this project, NextStar has indicated they will employ approximately 900 foreign specialists with technical skills needed to install machinery and equipment and to train Canadians. That is in addition to its commitments to create jobs for Canadians.

The Liberal government strongly believes that all businesses operating in Canada should prioritize the use of our local workforce. The government will continue to work with NextStar to ensure that it is filling as many jobs as possible through our talented local workforce and that it is minimizing the number of workers employed from outside Canada. However, it is important for the member opposite to remember that this is the first large-scale battery plant in Canada. Most of the machinery and equipment will be imported, as it cannot be sourced domestically.

It is normal practice in the manufacturing and automotive sectors that when dealing with imported specialized machinery and equipment, the company supplying the machinery has its own employees complete the installation. This is not only because of proprietary knowledge and warranty issues, but also because it is important to bring new expertise and skills into Canada. Without the use of foreign workers, this investment and others like it would not be possible. The resulting thousands of Canadian jobs would not be created. This is a first of its kind transformational investment that requires expertise that currently resides outside of Canada.

Mr. Pat Kelly: Madam Speaker, if the Liberal government would simply get out of the way, private capital would return to this country, and we would have actual investment that would employ Canadians and create jobs without massive subsidies. The estimate has been that the subsidy on this plant alone will be $1,000 per family in Canada.

A perfect example of the Liberal government's absolutely disastrous track record on investment in this country is the oil and gas business, where it chased out private capital that would have built the Trans Mountain pipeline. Now, the government has to massively subsidize that project, when it could have been built with private capital and could have employed Canadians in both the construction and the fulfillment of that job. The project is still not done. The government wants extraordinary credit for its subsidy program when it should be welcoming private capital.

● (1850)

Mr. Ryan Turnbull: Madam Speaker, it is no surprise that I disagree with the member opposite. I think the stats and the actual information out there actually proves the opposite. Canada is rated number three in the world in foreign direct investment. We have also been rated by BloombergNEF as the number one place for investment in electric vehicle supply chains in the whole world.

The automotive manufacturers in Canada and around the world are taking major steps to transition to electrification. As a result, demand for EV batteries is expected to grow exponentially over the next decade. Canada is uniquely positioned to take advantage of this transition with its existing expertise in the automotive sector, clean energy and an abundance of critical minerals and access to global markets.

However, Canada will not be able to secure these investments without taking steps to remain competitive. Restricting the use of foreign—

The Assistant Deputy Speaker (Mrs. Carol Hughes): The hon. member for St. Albert—Edmonton.

PUBLIC SERVICES AND PROCUREMENT

Mr. Michael Cooper (St. Albert—Edmonton, CPC): Madam Speaker, I rise to follow up on a question I posed to the Minister of Industry in question period last November, namely which Liberal insiders the minister is protecting at the Liberals' corrupt green slush fund.

The level of corruption, conflict of interest and self-dealing at the fund is staggering. According to whistle-blowers, more than $150 million of taxpayers' money has been misappropriated by Liberal insiders at the fund. An independent fact-finding report revealed that board members of the fund funnelled tens of millions of taxpayer dollars from the fund to their own companies; talk about self-dealing and corruption.

The minister has the authority to fire the corrupt green slush fund board, but incredibly, the minister refuses to do so. Why does he? When the scandal broke, the minister claimed he was unaware of corruption at the green slush fund, but the minister's claims are contradicted by the facts.

Here is a fact: As early as 2019, the minister's predecessor, the Liberal industry minister at the time, Navdeep Bains, was informed that the Liberal-appointed chair was in a major conflict of interest because her company was receiving millions of dollars from none other than the fund. Not only that, but the minister sent his officials to each and every green slush fund board meeting, including the very meetings in which decisions were made to inappropriately and perhaps illegally funnel money from the fund to board members' companies. According to whistle-blowers, the minister and his department are engaged in a coordinated campaign to cover up corruption at the fund, and the minister is more interested in damage control than in getting to the truth.

With these things taken together, it is evident the minister knew of corruption at the green slush fund, did nothing about it and turned a blind eye to it, thus enabling Liberal insiders to get rich. When the corruption was revealed, the minister continued to stand behind the green slush fund board. Again, why is he protecting corrupt Liberal insiders?

Mr. Ryan Turnbull (Parliamentary Secretary to the Minister of Innovation, Science and Industry, Lib.): Madam Speaker, I am happy to respond to the comments made by the hon. member for St. Albert—Edmonton regarding Sustainable Development Technology Canada.

We have taken responsible and prudent actions necessary to investigate the claims that have been presented to us. These processes are well under way. The party opposite needs to understand that proper due diligence takes time and that the appropriate measures are in place to allow the processes to play out.

Innovation, Science and Economic Development has temporarily frozen SDTC's funding and has appointed a legal agent to review the organization's HR practices. The minister has also accepted the resignation of the board chair and the CEO of the organization. Funding will not be restored until the minister is satisfied that SDTC has fully implemented the actions contained in the management response and action plan issued in response to the recommendations in the Raymond Chabot Grant Thornton report.

SDTC has worked diligently to provide documentation to demonstrate that changes have been made, and Innovation, Science and Economic Development Canada is now in the process of assessing the completeness of SDTC's response in ensuring that the appropriate measures are actually in place. We cannot proceed on half-truths. Facts matter in this case. Our actions and the associated measures put in place will continue to be informed by proper due diligence.

We await the Auditor General's report, the results of the legal review of HR practices and the conclusion of the Ethics Commissioner's investigation. We will take the appropriate measures in response to any findings or recommendations that may result from these processes. SDTC is an organization that wants to get back to supporting Canadian innovators in the clean tech sector. I think the party opposite should allow due process to take its course as we remain prepared to take the next necessary actions.

The government is committed to supporting Canada's innovative industries in the clean tech sector. Canadian clean technology companies are crucial to ensuring that Canada and the world meet their 2030 and 2050 climate commitments. I am confident that we are on the right path with the implementation of the corrective measures, the review of SDTC's human resources management, the Auditor General's audit and the Ethics Commissioner's investigation.

● (1855)

Mr. Michael Cooper: Madam Speaker, respectfully, the minister is wilfully blind to the facts. The facts include that $40 million of taxpayer money from the fund was funnelled to the companies of board members. The parliamentary secretary spoke about due diligence. The minister's officials sat in on meetings in which tens of millions of taxpayer dollars were inappropriately funnelled from the fund to the companies of board members.

The minister knew about it. He had to have known about it, or he is completely incompetent. Either way, why will he not, at the very least, fire the board? Who is he protecting?

I would submit that it begs the question: To what extent is he himself involved in this corruption?

Mr. Ryan Turnbull: Madam Speaker, what the member implies is absolutely false, but I think he probably knows that.

I would like to urge the member opposite to exercise patience and allow the actions that we have put in place to play out. The only way to get to the bottom of the issue at hand is to have the confidence to restore funding to SDTC and to allow proper due diligence in fact-finding to happen. We set conditions before new spending can happen, and the organization is working to meet those conditions.

The RCGT report did not uncover deliberate unethical behaviour as the member has implied. Nonetheless, the board chair and the CEO of the organization have resigned.

We await the results of the numerous investigations and reports, and we will take action as necessary.

CARBON PRICING

Hon. Michelle Rempel Garner (Calgary Nose Hill, CPC): Madam Speaker, I quote:

> Canadians turn to GoFundMe to tackle cost-of-living challenges. Record-high inflation and affordable housing shortages have profoundly impacted Canadians, who have been turning to the GoFundMe platform to rally support. Since early 2020, GoFundMe has recorded a 274% increase in Canadian campaigns that mention “cost of living”.

This is a text taken directly from the GoFundMe website, which now has a record number of Canadians, hard-working Canadians, who cannot make ends meet in spite of working multiple jobs and now feel that their only recourse is to resort to digital begging. On this particular page there is the story of Claude. Social worker Leigh Adamson set up this GoFundMe campaign to support her friend, who was forced to live in his car due to the soaring cost of living. There are so many stories about this.

Also, if members go to different mom Facebook pages, instead of seeing stories about sharing vacation photos or recipes, they will see people asking for support to buy groceries. That is because, as GoFundMe said, of soaring inflation.

One of the key drivers of this cost-of-living crisis is unnecessary taxes like the carbon tax. In fact, the carbon tax is set to rise as much as 17% in April of this year. Despite pleas from people across the country to axe this tax, which does not reduce greenhouse gas emissions and does not work, the Liberals are just keeping it, and it is costing people. It is making them digitally beg to deal with the cost of living.

Instead of axing the tax, what the Liberals are doing is spending money on consultants to rebrand the tax. I really feel the Liberals should have some compassion for people, not make them resort to digital begging on platforms like GoFundMe. They should be looking at affordability measures.

There is no way to make the carbon tax affordable. It increases the cost of everything. The Parliamentary Budget Officer, Parliament's top watchdog on public spending, said that as the carbon price is expected to increase over time, "most households will see a net loss". People cannot afford that. They cannot afford to put a roof over their head. They cannot afford to buy food. They certainly cannot afford to pay a tax that does nothing to protect the environment but only goes to make their lives more unaffordable.

Will the Liberals have some compassion and axe the tax?

● (1900)

Mr. Ryan Turnbull (Parliamentary Secretary to the Minister of Innovation, Science and Industry, Lib.): Madam Speaker, it is a pleasure to participate in the debate tonight and have the opportunity to highlight the importance of having an actual plan to tackle climate change.

Canadians expect their elected representatives to pursue tangible solutions to combat climate change, yet the Conservative Party continues to deceive Canadians and perpetuate climate denial. In the past year alone, Canadians have endured severe climate-related events, including wildfires, droughts, heavy snowfall, torrential rain and tornados, marking some of the worst in our nation's history. Failing to take action against climate change is simply irresponsible.

Let me first clarify the facts regarding carbon pricing. In provinces where the federal fuel charge applies, the majority of proceeds generated from the price on pollution is returned to Canadians. In fact, eight out of 10 households in these provinces receive more money back through quarterly carbon rebates than they pay as a result of pollution pricing. This is what the Parliamentary Budget Officer actually said. For example, a family of four residing in the member's province of Alberta can receive up to $1,800 this year in quarterly payments, so that is $450 every three months. With our plan, we are fighting climate change and returning money into the pockets of Canadians.

Canadians are understandably worried as elevated global inflation and high interest rates continue to squeeze their finances. The economic environment has driven up the cost of far too many necessities, including housing and groceries. While Conservatives would have us think that carbon pricing is the main culprit, research from the University of Calgary reveals that the price on pollution adds less than a penny for every dollar spent on major expenses by Canadians. Canadians expect seriousness on affordability, not empty slogans or deceptive talking points, which the Conservatives continue to perpetuate.

Our government is actively tackling affordability issues by introducing new measures to alleviate the financial strain on Canadians. In the recent fall economic statement, we unveiled a comprehensive plan to bolster affordability and support Canadian households facing financial strain. Our government has made significant amendments to the Competition Act aimed at fostering greater competition within the grocery sector to lower costs and expand choices for Canadian consumers. To help Canadians who are feeling the pressure of their monthly energy bills, we are putting money back in the pockets of Canadians by doubling the rural top-up to 20% and temporarily pausing the federal fuel charge on deliveries of home heating oil. Our government is also cracking down on junk fees, such as international roaming charges and overdraft charges from banks that are costing Canadians money. As well, we are protecting homeowners with new mortgage relief measures.

Our government is moving forward with meaningful solutions and actions to make life more affordable in this country, all while fighting climate change.

● (1905)

Hon. Michelle Rempel Garner: Madam Speaker, it is so expensive to live in Vancouver that people are buying flights twice a week to commute from Calgary to Vancouver, increasing greenhouse gas emissions and costing them so much money. It is unbelievable that the Liberal government has created a cost-of-living crisis that is so profound that people feel they have to fly back and forth from Calgary to Vancouver twice a week just to make ends meet. That is insane. That does not help greenhouse gas emissions, and it does not help people make ends meet.

When will the Liberals axe unnecessary taxes and help people make ends meet?

Mr. Ryan Turnbull: Madam Speaker, it comes as no surprise that the member opposite is rich in slogans and rhetoric but short on solutions.

On this side of the House, we believe in climate change. We are tackling affordability, along with Canadians, and we are listening to Canadians every step of the way. It is time for the opposition to wake up to the realities of climate change.

Canadians can count on our government to keep up the fight against climate change while continuing to move forward with meaningful measures to make life more affordable for them and their families.

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

(The House adjourned at 7:06 p.m.)

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