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Chair: Mr. Sven Spengemann





## Standing Committee on Foreign Affairs and International Development

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• (1655)

[English]

**The Chair (Mr. Sven Spengemann (Mississauga—Lakeshore, Lib.)):** Colleagues, thank you. We're back in public. Welcome back.

We're going to resume the debate on the motion that was introduced by Ms. McPherson and the amendment moved by Ms. Sahota.

When we discontinued the discussion last time, we had the following speaking order: Ms. Sahota had the floor, to be followed by Ms. McPherson, Dr. Fry, Monsieur Bergeron and Mr. Fonseca.

With your concurrence and for ease of discussion, I would ask that we proceed on that basis and that anybody else who would like to speak raise their hand and then follow Mr. Fonseca in the discussion.

I will pass the floor to Ms. Sahota.

**Ms. Ruby Sahota (Brampton North, Lib.):** Thank you. I want to follow up on the comments that I made last Thursday.

I want to remind everyone, first of all, that my reason for speaking to my amendment at length was to try to get members' support and for everyone to hopefully see the reason in removing the final sentence of the original motion, which my amendment does. It's one of the two things that it does, and that is so that it doesn't block up more legislative time in the House. I spoke to that in great detail.

Even today, we're seeing that we need Bill C-14 to pass in order to make sure that small businesses and Canadians get the supports they need.

My intention was completely so that all the members on this committee recognize that this motion does something beyond what I think is reasonable in this circumstance and that this committee should be looking at the matter of COVAX.

I definitely think we should be bringing forth the minister—hopefully, if the committee agrees—to talk about the situation, and perhaps we would turn it into an in-depth study on the matter.

I also take contention with the fact that it was mentioned in the House over and over again that the reason behind my persistence on this amendment was to block the Uighur report that was done by the subcommittee on human rights. That was absolutely not the intention. It was just the order of things that were scheduled for that day.

I was not prepared or ready to go to a vote on this matter, because I think we really need to understand the gravity of the motion that's before us if not amended. That was purely my intention, and that alone. I want to clarify that I didn't appreciate that the two things were conflated when they had nothing to do with each other.

I'm hoping that if I give up my place on the floor, perhaps Ms. McPherson will, in her remarks, since she's next on the speakers list, be willing to move in a slightly different direction. Of course, I don't mean moving away from the issue of COVAX, but in the way we go about studying that issue.

That's all I have to say for today. Thank you very much.

• (1700)

**The Chair:** Thank you very much, Ms. Sahota.

Ms. McPherson.

**Ms. Heather McPherson (Edmonton Strathcona, NDP):** Thank you, Mr. Chair.

Thank you to everyone for being here to discuss the motion.

I would like to talk about the idea that we not waste any more time in this committee. Obviously, making sure there is time for debate is very important. It is a very big part of our parliamentary process. But I also think there comes a time when Canadians expect their parliamentarians to take action and to actually move forward with things. The worst-case stereotype of a politician is one who can talk about absolutely nothing for hours, wasting the time of the committee, the analysts and the other members of Parliament. I think it would be useful if we could just make a decision on this motion. Of course, I would very much like to see it pass. It is the motion that I brought forward.

One thing I'd like to highlight is that I don't think there can be anything more important to Canadians right now than the government's response to COVID-19 and the government's ability to procure vaccines. I don't think there is a single thing, probably, that will interest Canadians more than that. As much as the NDP have been pushing very hard to have bills like Bill C-5, bills like the net-zero legislation, bills like Bill C-15 and all sorts of them come forward to the House, and the government has chosen not to bring those forward, I think it is still very important that in the House of Commons, all members of Parliament, whether they're part of this committee or not, have an opportunity to look at the issue of Canadian procurement of vaccines and how vaccines are being shared among other countries. I think it's very, very important. I think it's disingenuous to suggest that this wouldn't be something that Canadians and all members of Parliament would be very interested in learning more about.

I'm not interested in filibustering or talking for a full hour. My expectation is that Canadians expect their members of Parliament to move legislation and to move studies forward. I was very, very open to some of the amendments Ms. Sahota brought forward. I had actually verbally agreed during committee meetings that I would be willing to change some of the language within the motion.

That said, I think it's vital that this be something that's reported back to the House. I am not willing to change my mind on that particular portion of the motion. I would like to see all members of Parliament be able to represent their constituents in Canada on something that is so vital, so important, at this moment in time.

I would like to ask that we put the question and that members from all four parties be able to vote on whether or not they would like this amendment to go forward.

I will cede the floor at this point. Of course, the Liberals have every opportunity to continue to filibuster, if that's what they see fit to do. They have every opportunity to say that the reason they're doing this is for clarity, but I think Canadians know better.

That would be my comment. I'm certainly happy to talk about amending the language and happy to work with my colleagues in whatever way I can to move this forward. I'm not terribly interested in sitting for another full hour of one person talking.

Thank you, Mr. Chair.

**The Chair:** Ms. McPherson, thank you very much.

The floor goes to Dr. Fry.

**Hon. Hedy Fry (Vancouver Centre, Lib.):** Thank you very much, Mr. Chair.

I recall that we have had many pleas from Mr. Bergeron asking that, as a committee, we work together, that we put aside partisanship, that we try to do what is best in terms of getting the issues passed and moving forward with credible reports. I am in full agreement with this.

Partisanship has its place. Yes, during question period we see the melodrama of it all. There is a place for us to argue, to debate and to disagree. This is part of what Parliament is all about. But we're

doing some important work. I agree with Ms. McPherson on one point here: This is an issue of great importance to Canadians.

However, I have not spoken to this motion at all, either for or against it. I have not had the opportunity to put my ideas and concerns about it on the floor and to try to end up with something coming out of this committee that is, at the end of the day, in the best interests of Canadians.

To suggest that because I want to have my time to put what I need to put in front of my colleagues so they can decide whether I brought up a point that gave them an aha moment where they could say, "Oh, I didn't think about that. I think I might agree with that" or "Oh my gosh, she's out to lunch".... All of those things are part of what we do when we debate, and to stifle debate because there is a hurry to get a motion passed means that I am being deprived of my right to speak to this motion. I have not had that right ever since this motion came to the floor. I have not said a word about it.

I would like to be able to do that. As Mr. Bergeron said...and I'm not using poor Mr. Bergeron's name in vain. I am just suggesting that building trust on a committee is more than just words. Building trust on a committee is an actual clear set of ways in which we can talk to each other and trust each other.

I was not pleased, Mr. Chair, to see my name in a tweet put out by one of the members of this committee, suggesting that I was not doing my job. I hadn't opened my mouth. My job is to question, to debate, and to bring issues to the floor. I wasn't even allowed to do that, and all of a sudden, on the Twitter feed, my name is mentioned as not wanting to do my job. That is mischievous. I think it's ill-considered. If I wanted to be kind, I'd say it's ill-considered. It was clearly partisan, and it was clearly meant to denigrate me as a person.

I take my role as an MP very seriously. I take my ability to speak at these meetings very seriously. I take my need to speak and debate when a bill is on the floor very seriously. I take my job seriously. I have taken it seriously for 28 years. To be accused on Twitter of not wanting to do my job was personal, and I didn't like it. I want to put that on the record, that I did not like it. It does not engender a sense of collegiality or anything.

While I agree that there is partisanship and it must come out at some point in time—we disagree on a lot of things—I don't like that personalization of disagreements. It becomes personal. It vilifies another person. It puts out there for anyone who is interested that "Hedy Fry doesn't like to do her job. She doesn't like to do her work."

Mr. Chair, I was really very hurt by that. I was affected by it. I thought it was unfair. I thought it was unreasonable. It took committee work, which we are trying to do here and which is in public, out into a different public realm.

I have spent my lifetime trying to talk about issues of disinformation, misinformation and the personalization of attacks. We can disagree, and we can argue forever and a day on points of debate, on clear points of policy. We can disagree on all of those things. That's what we can do, without being personal about it. That personalization really concerned me, especially as a woman. We see how the whole idea of politics now is to be personal about people. When you cannot argue your point, or when you cannot make your point, everyone throws a book at you and vilifies you personally in the public sphere.

• (1705)

That is not fair and it is not how I want to see Parliament continue to behave. It isn't how I want to see this committee continue to behave. I've known Mr. Chong for ages. He and I have agreed on things and we haven't agreed on things. But I still have a great deal of respect for his intelligence and his integrity because I have seen him—in the past, long before all of you were born—behave with integrity. I will always bow to him on that, but the right to disagree with him is something I still hold dear.

I believe that disagreeing with each other, arguing points, trying to correct misinformation that would then go out in the public and then will go out on this motion, depending on how we agree or disagree with it.... That for me is very important, especially on matters of health. Disinformation is dangerous to the public.

Just as much as getting vaccines out to the public, disinformation about vaccines—about how they work, about variants, about what the COVAX agreement was intended to be, how it was intended to work, which is all in writing from Gavi and COVAX is clearly stated.... To then state it wasn't so, for me is disinformation.

Just like journalists, politicians have to give the facts and let the public decide. Let the public disagree. Let the public say they don't want to ever vote for that person again because they think they're out to lunch. That's a right; that's democracy in action. I really feel that disinformation harms democracy in every single way.

Speaking of that, I will go to the points that I feel are clear disinformation within this, and that's what I'm disagreeing with, because we can harm people's health by giving them bad information, very much so. I'm speaking here as a physician, and that's what bothers me a lot about some of the language in this particular thing. As a physician, I feel that it gives Canadians the wrong information, false information. That information can be harmful to them down the road.

The second piece I disagree with is to report this motion to the House. If we do not report this motion to the House, that does not mean that this motion doesn't get discussed in the House. Every day, the issue of vaccines gets discussed at QP. If anybody wanted to debate this in the House, there are mechanisms. I again go back to what I said earlier when we were speaking about other issues. I think there are rules and there are procedures. We need to follow them. We can't change them on the fly just because it suits our own personal agenda.

If we don't have clear protocols and clear guidelines by which we work as a Parliament, then we're going to be in trouble. It's going to be a vicarious kind of thing we're doing. Democracy is not vicari-

ous. If people who already don't think politicians speak the truth find out that politicians are not speaking the truth and the facts, and they are giving them disinformation, as politicians, all of us, regardless of the party we belong to, lose in the public sphere, in the public's eye. They cannot trust us anymore because we are not to be trusted when we speak.

Going to the House to debate this, there are many ways you can do this, so let's not take up the House's time with discussing committee work. We're used to doing committee work here. When we table a report, when we do something that goes to the House and the government has an opportunity to respond, if we go into concurrence and decide we want to talk about it, there are all those ways and channels in which we can do this.

But more importantly, if Parliament wants to discuss this issue—as the mover of this motion seems to think, and I agree that they may want to discuss this issue—you can ask for an emergency debate; you can ask for a take-note debate. You could take this and put it out there, and everybody can sit around, get the facts, discuss it, debate it and come to an agreement.

This back-door way of taking up Parliament's time when Parliament has so many other things to do, for me isn't reasonable. It isn't fair and it doesn't do justice to what we are meant to do when we sit in the House as parliamentarians in Parliament. And when we work on committees as committees, there are procedures, there are ways we do these things, and I want to speak to that when I say I don't think this motion should go to the House. I think if we want the debate on vaccines to go to the House, there are lots of ways we can get that on the floor and discuss it and let the chips fall where they may.

In this meeting, I never got a chance to speak to this. What concerns me most about this.... I've already made my statement about why I don't think we should report this motion to the House and why I think we could get this debate on the floor of the House in many other ways, if we wish to.

• (1710)

I want to talk about the disinformation. First and foremost, this motion talks about failures by the government to ensure adequate supply of vaccines for Canadians through national manufacturing. We cannot ensure national manufacturing when we do not have a national manufacturing pharmaceutical industry in this country yet. That was dismissed. We used to have something called Connaught Labs. It worked. We could make our own vaccines at the drop of a hat. That's the first thing. That was cancelled by Brian Mulroney's government. Rightly or wrongly, that was cancelled. We don't have it.

You do not suddenly develop an ability to make vaccines and to make pharmaceuticals in three months. The fact that we have vaccines and that we have seven of them out there working their way through the system and that we have now bought four of those is a miracle in itself. Vaccines take an extraordinary long time.

We have heard about variants here and about understanding what variants are and about understanding why we're discussing the problem of variants. It's something that I would really like to explain.

The point is that we do not know how the current four vaccines that we have work—the two, Moderna and Pfizer, that the rest of the world is using or AstraZeneca that England is using—because we haven't had the time to look at that.

We had clinical trials actually occur in the shortest possible time. The idea of clinical trials is to see whether something will harm people even though it may be effective. Those are the two things you are looking for in clinical trials: Is it effective? Yes. Does it work? Yes. Whether it harms people is something you want to find out. Does it harm them in the short term? Does it harm them in the medium term? Does it harm them in the long term? That way we will know that when we give people something, at the end of the day, two years from now, those people are not going to come up with a side effect that is harmful to their health because the work hasn't been done properly.

That's why I think we need to talk about procurement. We need to okay these. We need to make sure they're safe and effective. We did that with the first two, Pfizer and Moderna. Now we are looking at Johnson & Johnson, and we've seen that Johnson & Johnson has been shown to be 66% effective, but everyone who understands epidemiology and who understands vaccines is saying that really doesn't matter. Get the 66% effect for people because at least if they get COVID and they get sick, it's not going to make them so ill that they could die. It would decrease the clinical responses to COVID-19. So that's why we eventually okayed Johnson & Johnson. These are the reasons things take a while. With AstraZeneca, again we wanted to make sure that Canada felt sure that we were putting something safe and effective into the arms of Canadians.

That's the first thing I wanted to explain about vaccines.

To make a vaccine, you cannot just go into any pharmaceutical laboratory or any pharmaceutical industrial complex. Making vaccines is different from making other drugs, other treatments. A vaccine requires certain very specific criteria if it is going to be safe and if it is going to be made according to international standards.

Canada cannot just suddenly throw open the door and say, "Hey, let's make vaccines, baby. We can do this." That doesn't happen in the blink of an eye. So to suggest that we could not ensure an adequate supply through national manufacturing is actually not true. It's false information, and it doesn't show an understanding of how vaccines are made. We have four vaccine laboratories that we could use to make vaccines in Canada, but they don't have capacity, which is initially what happened with Moderna and Pfizer. There was not enough capacity. Nobody expected that this pandemic would kill so many people and spread so far and have a second wave all around the world. Suddenly two vaccine manufacturers

that everyone was depending on did not have the ability and the capacity to make those vaccines to respond to global supply needs. That's the first thing, and it's something that we as Canadians had no control over.

The second thing is that we also know that we are not a pharmaceutical nation. We don't make vaccines. We don't make pharmaceuticals yet. I firmly believe that we should go there, we should get there, we should become a powerhouse in terms of vaccines and pharmaceuticals and treatments. I really believe that's where we should be heading. I think that's where the government is trying to go right now, but it's going to take a while.

• (1715)

My argument is this: When you have pharmaceuticals like Pfizer being made mostly in Europe and the United States, guess who's going to get the first dibs. It's the country that's carrying the industry on its shoulders, the country in which the industry is actually making their vaccines.

We heard how Europe didn't want the vaccines to go out to anybody else because they wanted them for the European Union. We may think that's unfair, that it's a dog in the manger or whatever, but Europe has a right to make those decisions. We see that the United States has the ability to manufacture Pfizer vaccines. The United States has the ability to manufacture quite a few vaccines, because they are a pharmaceutical industrial nation, so there we go.

I know for a start that in my riding, AbCellera, which is a stem cell company, came to me and wanted to take their work to the government to get money to start up. They started up. They created something that was able to be given to Donald Trump when he got sick. That's why he didn't stay sick for a long time. That's why he was able to come up in two days and work. It was not a vaccine, but it brought down the impact of the clinical effect of COVID on most people. They didn't have to go to hospital, and they didn't have to die.

I know that because I've been following AbCellera, but guess what. AbCellera had to get a company called Lilly, which is a pharmaceutical company based in the United States, to produce their vaccines because there was no capacity here, but now we are helping them with capacity. In my city and in my riding, they're building and expanding to be able to produce this particular drug for people if they get COVID.

Using simple language that is meant to create anxiety in people, which isn't fair when people are already anxious and already feel powerless, to give them information that is not real and that is false, really disturbs me as a physician. All of that language, which I think is unfair and not based on fact and not based on understanding the issues, isn't fair, and it is bad for us to pass something that's going to make Canadians think this is true.

The other one is that COVAX was an initiative intended to provide vaccines to high-risk individuals in low- and middle-income countries. Yes, it was, but that was only part of what it was meant to do. If you actually read Gavi on COVID, they say very clearly that the richer countries were allowed, and should have used that vaccine on one half of it to be able to help them provide vaccines for their people, which is precisely what our government wanted to do and what other governments were asking to do.

Very wealthy governments like Singapore wanted to do this. New Zealand wanted in on this. The other half was meant to go to low- and medium-income countries. That was there. It's written. I have it all here for you to read—it comes directly from Gavi and from COVAX—as to what the meaning of this was. I believe we should also say that Canada was the second-largest donor to the COVAX vaccine initiative.

Here are some things people aren't hearing. All they're hearing is, "Oh my gosh, Canada is such a nasty, selfish little country", and that is not true. That is disinformation once again. It doesn't help Canadians to have faith in whoever becomes a government if we aren't anymore. It doesn't allow the people of Canada to believe that a Conservative government won't lie to them. It doesn't make people believe that they can trust governments. We are all here to make people trust governments and parliaments, and when we give them disinformation, we destroy our own credibility in the process.

Then we have "The committee...recognizes that this failure by the government to secure domestic supply makes Canadians more vulnerable to dangerous variants and extends the detrimental global economic impacts of COVID-19". Now that is a big leap of faith here. That is a big jump in things that aren't true.

Right now, I can tell you that in my city of Vancouver, the Vancouver public health officer came to an International Women's Day breakfast. She talked about the issue of what's happening with vaccines in Vancouver, and she said they no longer have any outbreaks in their long-term care facilities because these are the people who have already been given vaccines. When we make it sound like people are going to die because they don't get them.... It is working. Provinces distribute vaccines. Provinces are distributing them in a way they think is necessary to protect very high-risk populations, and that's what's happening.

• (1720)

Now the next phase is being rolled out. We now know that when this was written, there was a lot of concern. We now will have eight million vaccines by the end of this month. That's literally less than three weeks from now. We know that by the end of June, we are actually going to have 35.5 million doses. We know that a first dose is an important thing, and we know that you can now wait four weeks before you get a second dose. Knowing that by Canada Day we're going to have the ability to have every Canadian who wishes a vaccine vaccinated is really important.

The term "wishes a vaccine".... The Government of Canada cannot make people take a vaccine. We have to use the words "wishes a vaccine". The choice to have any kind of treatment, any kind of intervention, anything put into your body is an individual decision that the Charter of Rights and Freedoms actually preserves. You can't make people have a vaccine, so the term "if they wish a vac-

cine" is a very important term. It respects the right of individuals to decide how they want to be treated, as we do every day as physicians. We don't just say to patients, "I'm putting you in the hospital. I'm going to give you this, and I don't care if you like it." People have to agree. This is an individual kind of thing that people do. It's their bodies. If people don't want vaccines, they shouldn't be forced, and they cannot be forced under the law to do that. I have heard some people say that the terminology "if they wish" is a sort of weasel thing to say, but it isn't. It's very clear. I can't, and I never did, tie my patients down and force them to have interventions that I wanted them to have.

Here's the thing. Do we feel that, right now, Canadians are still feeling powerless? Do we think that, right now, Canadians are still grieving? Do we think that, right now, Canadians are concerned for their children because we still don't understand how it's working in children? Every week we get new information about how this vaccine is evolving, how this vaccine is changing. Every day we're learning something new. The ability for us to be able to get that right information and, once we get the new information, to change protocols, to change the way we do things, is good medicine. It's good evidence-based medicine. It is looking at the science. We can't walk away from that.

We don't change science because we want it to change, because ideally we think it should change. Science is evolving. It always does. There is no illness I know of that we know about today that we won't know more about or know different things about two years from now, that won't give us different information on how we treat a patient or how we deal with the problem two years from now. If you think that this is not true, then you'd better go and start learning a little bit about how science works—and the science of COVID and the science of viruses and the fact that some viruses have a tendency to evolve far more rapidly than others.

We have three variants that we know of. We don't even know if right now in other parts of the world new variants are evolving. We don't know if the vaccines we have now will work against those variants. We don't know that. This is all happening as we speak. I know this as a physician: that things happen as we speak. You change your prognosis on a patient based on what happens to that patient after you give them your initial treatment. They may change. They may respond. They may not respond. Every patient is an individual human being who responds in a different way to anything that we give them or do to them.

I want to say that what I don't like about this, I think, is that it is misleading. It increases and ramps up the anxiety of Canadians out there, and our job as government is to protect them, to give them the facts. They may not be nice facts; we may not like them. However, we need to keep making sure that they can trust that, in a case like this when there is a real common enemy that we all face—whether we're NDP, Conservative, Bloc or independent.... All of us face COVID. It's a common foe. It's a common enemy. We need to be banding together, getting the truth, listening to the science, looking at the evidence and helping Canadians feel secure that they are going to be looked after to the best of anybody's ability, given what science is telling us today. It doesn't mean that two weeks from now we won't find out new things and have to say a totally different thing to Canadians.

When we don't explain this to them, when we make them think that if they get a vaccine—even now when they get two doses of a vaccine—they will be able to throw away their masks and walk around and do anything they want and not get sick.... This is not true, people. This is not true. Fauci in the United States just said the other day, publicly, that he thinks people are still going to have to be wearing masks until the end of 2022. Viruses are very crazy, sneaky, sly and intelligent organisms. More than any other disease, viruses carry this intelligence within them that makes them evolve very rapidly.

• (1725)

I understand that this motion was intended to say, "Let's find out what's going on. Let's get to the truth. Let's make sure we discuss this in the House." I'm in agreement with all of that.

A lot of what is written in this exact motion, which I cannot support, is misleading. A lot of it is actually not based on scientific fact and a lot of it leads Canadians into believing or not believing certain things that are really important for their ability to survive this virus.

I want to know that all of us in this place are able to stand together and say that we don't care what political party we belong to: We are here to make sure we get this virus, we contain it, we help Canadians to survive it, and we do whatever we can. That is where I stand on this, and where I continue to stand.

I will participate in a debate in the House. I'm not saying we shouldn't talk about it, but let's make sure that when we talk about things, we get the facts, we get the truth, we have the science, we have the information and we have the data so we can make good decisions. Informed consent is something you do in medicine. Patients make a decision based on what you tell them to be the truth about what is going on about their illness, about their treatment, about their chances of survival—about everything. If you don't give patients—

• (1730)

[*Translation*]

**Mr. Stéphane Bergeron (Montarville, BQ):** I have a point of order, Mr. Chair.

[*English*]

**Hon. Hedy Fry:** —the ability to make informed consent, you will not be able to get through to this. I am pleading with you—

[*Translation*]

**Mr. Stéphane Bergeron:** Mr. Chair—

[*English*]

**Hon. Hedy Fry:** —as a physician. I want us to be able to understand this—

[*Translation*]

**Mr. Stéphane Bergeron:** —I have a point of order.

[*English*]

**The Chair:** Dr. Fry, let me pause you for a second. We have a point of order from Monsieur Bergeron.

[*Translation*]

Mr. Bergeron, you have the floor.

**Mr. Stéphane Bergeron:** Mr. Chair, it's past 5:30 p.m., and I think that we've all had enough of the government members monopolizing the committee's time.

I'm calling for the adjournment of the meeting.

**The Chair:** Thank you, Mr. Bergeron.

[*English*]

I think, just listening to members, that there are still views being brought out. Members still want to speak on this motion.

Dr. Fry has the floor as it currently stands. I propose, with the consent of the committee, just like we did last time—

**Mr. Robert Oliphant (Don Valley West, Lib.):** A point of order.

**The Chair:** Can I just finish, very briefly?

**Mr. Robert Oliphant:** Okay.

**The Chair:** I propose that we preserve the speaking order we have, which is Dr. Fry, Monsieur Bergeron, Mr. Fonseca and Mr. Oliphant, and, unless there are strong views to the contrary, that we adjourn now and continue the discussion immediately at the next available opportunity.

I would like to hear other members on the point of order that was raised by Monsieur Bergeron before we make a decision.

We have Mr. Oliphant and, I think, Dr. Fry, on the point of order.

**Hon. Hedy Fry:** I'm sorry, Mr. Chair. I didn't hear Mr. Bergeron's point of order. There was some crackling going on in my hearing mechanism.

[*Translation*]

**The Chair:** Mr. Bergeron, could you briefly repeat the reason for your point of order, please?

**Mr. Stéphane Bergeron:** I'm calling for the adjournment of the meeting, Mr. Chair.



It's past the end time for this committee. We've all had enough of the government members monopolizing the committee's work.

I want us to be able to move on to other things. We have much better things to do today.

**The Chair:** Thank you, Mr. Bergeron.

[*English*]

It's a call for adjournment on that point of order.

Mr. Oliphant.

**Mr. Robert Oliphant:** I was just going to say that I don't believe you can move a motion to adjourn on a point of order.

**The Chair:** Right.

**Mr. Robert Oliphant:** However, I do believe you could seek unanimous consent to adjourn, and that would be an implied way of doing it by proper procedure. The clerk can correct me if I am wrong on that.

**The Chair:** Mr. Oliphant, thank you. That was effectively what I was trying to do, with the addendum being the preservation of the current speaking order, if that's agreeable to members.

Are colleagues agreed?

**Some hon. members:** Agreed.

**The Chair:** Then we stand adjourned on that basis.

Thank you, colleagues, and thank you, House of Commons team.

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