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OFFICIAL REPORT
(HANSARD)

Tuesday, March 23, 2010

—
Speaker: The Honourable Peter Milliken

CONTENTS

(Table of Contents appears at back of this issue.)

HOUSE OF COMMONS

Tuesday, March 23, 2010

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1000)

[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Tom Lukiwski (Parliamentary Secretary to the Leader of the Government in the House of Commons, CPC): Mr. Speaker, pursuant to Standing Order 36(8) I have the honour to table, in both official languages, the government's response to seven petitions.

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COMMITTEES OF THE HOUSE

CITIZENSHIP AND IMMIGRATION

Mr. David Tilson (Dufferin—Caledon, CPC): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on Citizenship and Immigration in relation to supplementary estimates (C) 2009-10, votes 1c and 5c under citizenship and immigration.

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PETITIONS

AIR PASSENGERS' BILL OF RIGHTS

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, I am presenting two petitions today.

The first is signed by dozens of Canadians calling on Parliament to adopt Canada's first air passengers' bill of rights. Bill C-310 would compensate air passengers with all Canadian carriers, including charters, anywhere they fly.

The bill would provide compensation for overbooked flights, cancelled flights and long tarmac delays. It would also address issues such as late and misplaced bags. It requires all-inclusive pricing by airlines in all of their advertising. The legislation has been in effect for five years in Europe. Why should Air Canada passengers receive better treatment in Europe than in Canada?

The airlines will have to inform passengers of any flight changes, whether there are delays or cancellations. The new rules would have

to be posted at the airport and the airlines would have to inform passengers of their rights and the process they have to follow to file for compensation. If the airlines follow the rules, it will cost them nothing.

The petitioners call on the government to support Bill C-310, which would introduce Canada's first air passengers' bill of rights.

• (1005)

EARTHQUAKE IN CHILE

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, the second petition is signed by many Canadians who are calling on the government to match funds personally donated by the citizens of Canada to the earthquake victims in Chile.

The Chilean community has been quite active in fundraising. There was a social event in Winnipeg on March 6, which raised \$10,000. This past Saturday, March 20, at the University of Manitoba, 1,000 tickets were sold to a follow-up fundraiser.

When will the Prime Minister give the same treatment to the earthquake victims in Chile as he did for the victims of the earthquake in Haiti and match funds personally donated by Canadians to help the earthquake victims in Chile?

SOCKEYE FISHERY

Mr. Peter Julian (Burnaby—New Westminster, NDP): Mr. Speaker, I am tabling today a petition with hundreds of names from the coast of British Columbia: Pemberton Valley, Surrey, Burnaby, Sechelt in the Sunshine Coast, Nanaimo, Gabriola Island and the north end of Vancouver Island. These are all British Columbians who are asking the Government of Canada to move.

Given the collapse of the sockeye salmon fishery in the Fraser River, given what we have seen in the past with the Atlantic cod stocks which collapsed on the East Coast, and given the great concerns that have been issued about the lack of concern and neglect of the Pacific fisheries, they are calling on the government to take immediate action, to put in place a system that would provide a report on the sockeye salmon fisheries collapse in the Fraser River, British Columbia, within six months.

This is yet another situation where hundreds of British Columbians are asking the government to take action on the collapse of the sockeye salmon fishery.

*Business of Supply***QUESTIONS ON THE ORDER PAPER**

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

The Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*English*]

BUSINESS OF SUPPLY

OPPOSITION MOTION—MATERNAL AND CHILD HEALTH

Hon. Bob Rae (Toronto Centre, Lib.) moved:

That, in the opinion of the House, the government's G8 maternal and child health initiative for the world's poorest regions must include the full range of family planning, sexual and reproductive health options, including contraception, consistent with the policy of previous Liberal and Conservative governments, and all other G8 governments last year in L'Aquila, Italy;

that the approach of the Government of Canada must be based on scientific evidence, which proves that education and family planning can prevent as many as one in every three maternal deaths; and

that the Canadian government should refrain from advancing the failed right-wing ideologies previously imposed by the George W. Bush administration in the United States, which made humanitarian assistance conditional upon a "global gag rule" that required all non-governmental organizations receiving federal funding to refrain from promoting medically-sound family planning.

[*Translation*]

The Speaker: Today being the last allotted day for the supply period ending March 26, 2010, the House will proceed as usual to the consideration and passage of the appropriation bills. In view of recent practices, do hon. members agree that the bills be distributed now?

Some hon. members: Agreed.

[*English*]

Hon. Bob Rae: Mr. Speaker, the House is debating today a question of considerable importance to Canada and indeed the world.

Members of all parties will know the frightening statistics which we have now become only too well aware that every year half a million women die as the result of bearing children either during childbirth or after childbirth, which in turn means in many cases that children die as well.

The statistics are terrifying. As I have said, 500,000 women worldwide and 25,000 children a day are dying as a result of malnutrition, as a result of disease, as a result of not having enough support, not having enough care.

It is entirely appropriate that the Government of Canada, along with the other G8 countries and the G20 countries, should recommit itself to dealing with this problem and challenge.

This question is one of the key goals that is set out by the United Nations in the millennium goals which Canada has signed on to, which we have agreed to participate in and to support. It has the focus and support I think of all parties.

I think it would also be fair to say that one thing that we have all learned from the Olympics and the Paralympics is that we are proudest as a country when we are setting a standard for the rest of the world. There was no question during the Olympics and the Paralympics that that is exactly what we did and the sense of pride that we all shared as Canadians was shared because we were indeed setting such a standard.

The reason we are having this debate is because of the government's own ambiguity on this issue. It has made it necessary for us in the official opposition, and I hope we are joined by all members of the House, in expressing the common view of Canadians on this subject that the government's various pronouncements, non-announcements, and various commentaries that have been made have left us with the impression that in adopting this important initiative at the G8, which is a continuation of the commitments that we made last year at the G8, not a new initiative but a continuation of a commitment, the government itself has shown some considerable inconsistency.

This is an opportunity for the government to clear the air and to vote for the resolution, making it very clear that we are not going to allow ideology to trump science. We are not going to allow a narrow view of what the problem is to make it more difficult for Canada to be successful.

The reason that we mention the previous example of the Bush administration is that the evidence is very clear that both with respect to the fight against AIDS and with respect to this question of maternal health in the United States in those Bush years, that is exactly what happened.

Ideology trumped science and we found example after example, where in applying for NIH grants for example having to do with AIDS, scientists were discouraged from using the words "gay, homosexual, condom or prostitute". They were not supposed to mention these facts of life as being part of the reality of this horrible pandemic which has taken hold of the world over the last 30 years.

We do not want any such gag orders in Canada. We do not want any such ideology entering into the situation. We believe very strongly that we have to be clear about what the policies of Canada are, that we understand the world consensus which has developed and is very powerful and clear.

● (1010)

The consensus is absolutely crystal clear and is stated in all the international documents. It says very clearly that effective family planning is going to, even of and by itself, reduce maternal deaths by as much as 30%. It is important for us to be clear on that, and it is also important for us to understand that in so doing we are going to be advancing this cause and this issue very clearly.

Business of Supply

There are several ways in which the government has so far failed to clear the air successfully. The answers in the House over the last few days could be perhaps summed up with a modest adaptation of a phrase that was supposed to have been used by Mr. Mackenzie King, "conscription if necessary, but not necessarily conscription". That has now been replaced by the government with the phrase, "contraception if necessary, but not necessarily contraception". That is not good enough for Canada. That is not the standard we expect to be applied.

My colleagues here will all understand that in African countries the public advertising on the subject of AIDS and on the subject of the impact of AIDS on the community is very direct and very blunt. There is no ambiguity about it. There is no reluctance to use the word "condom". There is no reluctance to understand that it is only by making condoms widely available for everyone that we will ensure we will not be transmitting sexual diseases and we will not see young people, older people, family people and people of all backgrounds being affected by AIDS.

In Africa, married women are the main victims of AIDS at the present time, and this issue cannot be separated out from the issue of maternal health. We cannot pretend it is not part of a spectrum of issues about which we have to be blunt, candid and direct in our talk and our dealings. So that is the first contradiction, and the reason it is a contradiction is that the Conservative Party has decided this issue is too tricky, too difficult for some of its own base to have to deal with; so it is trying to send out code words and code language that will satisfy things.

We have been reliably informed that, in the Department of Foreign Affairs, people are not allowed to use the phrase "international humanitarian law". The word "equity" is not supposed to be used or applied. Women were taken out as a target group with respect to the provision of Canadian aid by the Canadian International Development Agency, CIDA.

So we have a series of contradictions. We still have a party that cannot quite come to terms with the full impact of death and destruction in the poorest countries. It cannot really come to terms with the reason women are being put in this position, this situation, and the number of steps that have to be taken to ensure women's lives are protected and children's lives are protected. "Women and children first" should be code words for all of us as we look and try to understand how it is that poverty, ill health and poor nutrition all go together to create a circle, unfortunately and tragically, a circle of death.

This is a challenge of our time. We talk often in the House about what are the key issues of our time. I have no doubt this is an issue for our time. To members in all parties, I say it is not a question of Canada's preaching to other countries, not a question of Canada's telling other countries how to deal with problems, but it is a question of Canada itself coming to terms with our own problems.

We are now in a situation where Cuba is more successful at dealing with maternal health than we are in Canada. Our statistics are worse than those in Cuba. Explain that. Explain how it would be that a country of our wealth, a country of our standard of living would still have a situation where 5.2 women out of 100,000 are losing

their lives when the lowest numbers are 1.5 and 2 in the developed world.

• (1015)

Why is that? We do not keep the statistics carefully enough. However, we know one of the reasons is the appalling conditions on our reserves in the north of this country. The first nations people are the third world in our country. The poverty and deprivation can readily be seen simply by visiting reserves across the north, in all of Ontario and all of Quebec.

[*Translation*]

This can be seen everywhere. Poverty is not something that exists only in Africa or Latin America. Poverty is not just someone else's problem; it is also a Canadian problem. It is one of Canada's challenges. It is a challenge that we must all face together, because unfortunately, we have not yet really addressed the issue of poverty. Poverty is the cause of the serious problems facing women in first nations communities.

[*English*]

That is the inconsistency we see, and that is what we are trying to deal with.

The second major inconsistency I see is the policy of CIDA itself and the policy overall of the government.

In the last four years, CIDA has changed its policy of saying women and children are the priority. Women and children are not the priority, and equality for women and advancing the cause of women is no longer seen as a Canadian initiative of which the government wants to take charge and take responsibility.

If we do not face up to the fact that the promotion of the rights of women is what is going to improve maternal health, if we do not understand that connection, then we simply do not understand the issue.

To stand and say Canada is going to be launching this important initiative but we are not going to talk about women, we are not going to talk about condoms, we are not going to talk about contraception, we are not going to talk about what really matters and how we are going to do this, and by the way, we are going to cut \$200 million from the budgets of the poorest countries, by Canadian transfers, and we are going to increase Canadian money going to the middle- and higher-income countries because that is the new CIDA policy of the government, to cut off those who are the poorest and pass on that money to other people, that is the inconsistency.

That is where we see a government that in fact does not seem to even know its own mind and has not been clear enough with Canadians about what needs to be done to address the issue.

If I may say so, I think it is time for this House to be very clear that we understand the connection between things. We cannot cut off money to Africa one week and then the next week say, by the way, we are going to be launching a real strategy on maternal health.

Business of Supply

● (1020)

[*Translation*]

It makes no sense. We cannot cut off our investments in Africa, our humanitarian investments or our investments to help the world's poorest people. We cannot suddenly shut countries out of the CIDA system one week, and then the next week announce in Davos that we plan to introduce some excellent programs for women, because we believe in women and children.

[*English*]

The government has been going around in circles on this issue for the last two weeks, almost in a state of embarrassment. I am beginning to understand that the reason it is flying around in circles so much is that it has two right wings, and with two right wings the only possible direction is around in circles. That is why the balance is off.

It is important for us to focus on this question because it requires consistency. There is a transparency in the world that the government cannot avoid. Our fellow G8 countries know what the CIDA budgets are. Our fellow G8 countries know Canada's policies and how they have turned. They know that promoting the rights of women is no longer a priority for this particular Canadian government. They know what is inconsistent and what does not make sense in this regard.

The G8 countries know what Canada's own problems are. They know what is happening to our record, how we are doing in the world tables with respect to infant mortality and maternal mortality. These statistics are public. They are published and known. These countries know we are falling behind in some critical areas.

The G8 countries know that when the Prime Minister makes an announcement like the one he made in Davos, he is not being consistent with the foundations of what, in fact, his government and his party have been doing.

If the government is not going to be clear and transparent, then it is critically important for this House to state what the policies of the Government of Canada should be and how Canada should present itself to the world.

I started my remarks by pointing out that we are proudest as a country when we are setting a standard. We have to set a standard and, if we are going to set the standard, it has to be one that is clear. It has to be one in which we say with all humility that we have not been perfect; we have work to do as a country. We are not going into African villages and simply saying to do it the way we do it.

We understand we have work to do. We understand how these issues are connected. We understand that AIDS, maternal health, what is happening to kids and the overall level of poverty in a country are all connected. We also understand we have to be consistent if we are going to set a standard.

It is important for this House to take a stand, for this House to say clearly that, yes, half a million deaths among women every year is unacceptable. What we all see and have all known in our own lives as a moment of extraordinary happiness, which is the arrival of a child, instead for some is a moment of tragedy, a cause of hardship,

of children being abandoned, and they in turn die in these circumstances.

Yes, the House needs to take a position. Yes, the Prime Minister is right when he says Canada should do this. But I say to the Prime Minister and to my friends in the party opposite that they have to be true, speak proudly, and be consistent in how we take on this issue as Canadians. It is simply not good enough for Canada to say here is our initiative and then start getting all mumbly-mouthed and unsure and unclear about how we are going to achieve the great goals we are setting for ourselves.

Let us be proud as Canadians of setting this standard. Let us set it for ourselves and then let us spend the money we need to spend to make it consistent with what we say needs to be done. Let us work with other countries in candour and honesty and openness. Let us talk to the world directly about why this is such a critical question and why it requires a consistent approach.

We need to be clear on the rights of women. We need to be advancing the cause of equality and what that means in the world. We need to be fighting discrimination against women. We need to be working hard to make sure women have the same rights and the same responsibilities not only in Canada but around the world. We need to be consistent and to understand that this effort starts at home and starts in Canada.

● (1025)

No child and no mother should be left in danger because of poverty, in danger because of their circumstances. That is the case today and it is something we need to deal with.

We need to be consistent with our aid policy. We need to make sure that our aid policy is entirely consistent with what else we are saying with respect to maternal and child health. We cannot be cutting help for the poorest countries and then turning around and saying we are going to deal with it in this way.

We have to get away from this situation where ideology trumps science, where ideology trumps what is in place. One only has to look at the Texas textbook situation to understand that the conservative movement, which the Prime Minister has called his personal source of inspiration, is transforming much of education and science in America by its determination to make these respond to ideology and not facts.

I do not want to see that imported into Canada. I want to see us stand strong as Canadians for the values we uphold, and then we can be proud because we are indeed setting a standard for the rest of the world.

Mr. Laurie Hawn (Parliamentary Secretary to the Minister of National Defence, CPC): Madam Speaker, I did listen with interest to my hon. colleague who did raise some good points that all Canadians are concerned about, no matter which side of the House we are on, namely, maternal and child care and making sure these are the best they can be. However, I would offer a couple of comments, including one for him to respond to.

First, if he thinks we have difficulty flying with only right wings, it may be because he has the corner on the left-wing market.

Business of Supply

Second, he talks about our being mumbly-mouthed and inconsistent. That is simply not true. In this case it illustrates the difference between hearing and listening. They just do not want to listen. That is politics and we understand that, but I would offer a concrete example for my hon. colleague to perhaps comment on regarding the work Canada has done around the world and the very concrete impact it has had, and that is the example of Afghanistan.

Five or six years ago, less than 10% of Afghans had access to health care. Now 80% to 85% have access to health care, and most of the people who were missing that health care were women and children. There are now 40,000 Afghan babies who do not die in childbirth every year because Canada and our allies, such as the United States, are there.

I would offer those two examples for my hon. colleague to comment on, or not, showing that we are in fact making a difference around the world.

Hon. Bob Rae: Madam Speaker, I appreciate those comments by my friend from Edmonton, because they are in regard to a good example of where we have put our minds to it and said, "Yes, this is an issue". Frankly, in Afghanistan we have also said that women are an issue. We have also said that women's rights are important. We have also talked about what needs to be done.

As my colleagues will know and the member opposite knows, because of his many trips there, maternal mortality is still a significant issue in Afghanistan. The stats are still very high; but yes, it is true that we have made a difference there. Frankly, if we look at the effort in Afghanistan, it has been a 10-year effort in which all parties have participated in and talked about the aid element. All parties are agreed on the aid component on our work in Afghanistan. We might have other disagreements in the House, but the example was a good one of where in fact we can go.

My problem is that the approach is not consistent with what is happening with the government's policy in Africa. On our policy in Africa we are seeing a complete change by the government, and that is troubling us a great deal.

• (1030)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, last Thursday I had the opportunity to go to a breakfast in Vancouver sponsored by the West Coast LEAF, a wonderful organization in Vancouver that focuses on women and the issues facing them.

They spoke about the continued inequality facing women, not only in Canada but also around the world. They spoke of the fact that every policy of government needs to be placed through a gender lens, because policies often have a different impact on women than men.

They spoke directly about contraception, family planning and reproductive health choices, and the direct connection between these issues and the health of women and girls. In listening to these women, we were struck by the introduction of ideology in government decisions into these matters of basic health and basic equality.

I am wondering if my hon. colleague could speak about what he has noticed in his career and about this government regarding the

introduction of ideology into questions of fundamentally sound policy choices and health issues.

Hon. Bob Rae: Madam Speaker, I think one has to say that International Planned Parenthood has received moneys from the Government of Canada consistently since the early 1980s, including from the Mulroney government. There was never any question.

Now it is an issue. It has not been funded this year; it is the first time the federation has not been funded since the early 1980s. I do not think this is an accident or happenstance. The fact is that its efforts have been promoted, helped and assisted by CIDA for 30 years, and suddenly its people are in the dark as to what their source of funding is going to be.

We all understand that these are not easy issues to talk our way through. Of course, there are going to be differences between members on some of these questions. However, we should be focusing on the things and questions that we are clear about, that we do know about and about which we have reached a powerful consensus as a world.

We understand perfectly well that promoting women's equality promotes women's health. There is a direct connection and direct link between them. I would even argue that the fact there are not more women in this House of Commons is one of the reasons these debates are even taking place. I think that is something we have to come to terms with as a country.

Mr. Dean Del Mastro (Parliamentary Secretary to the Minister of Canadian Heritage, CPC): Madam Speaker, I listened with great interest to the member's speech because I thought the motion was incredibly ambiguous.

The hon. member talks about the government's ambiguity, but we have been pretty clear that this is all about providing health care, clean water and basic nutrition. We have doubled aid to Africa since taking office. I know this is something that our government is very proud of. Bob Geldolf and Bono, the lead singer of U2, have specifically come out and praised this government for keeping our commitment to double aid to Africa.

I do not think we have been ambiguous at all, but this member sure has been. This is an incredibly ambiguous motion. I do not think it was written in an upfront fashion; maybe it was just written hastily.

Perhaps the member could do us all a favour and define what family planning means to him. I would like to know.

Hon. Bob Rae: Madam Speaker, I think family planning means giving and providing women and men with information about reproductive health care. It means giving people access to contraception, so they can have an ability to plan their families and to deal with this in a way they want. It means working with other governments and host governments in a very direct way on the impact that lack of family planning can have on people and family health. I do not think there is any ambiguity about it at all.

Business of Supply

With respect to the question of Africa, the hon. member has to look at the budgets the minister has tabled this year. The member has to look at the estimates for this year, which show a reduction of over 8% for the poorest countries and an increase of 11% for middle-income countries. That is what the government is doing.

It is also reducing by 8% the CIDA budgets for fragile states and, again, increasing transfers in other areas. It has moved its priorities away from women. It has moved its priorities away from maternal health at the same time it is announcing this as some kind of brand new Canadian initiative. It is nonsense.

• (1035)

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Madam Speaker, when it comes to being pro life, does it not mean enabling women and men to have full access to an array of family planning options, including the ability to access safe abortions in those countries where it is legal, the ability to access condoms, the ability to access the education and knowledge they need to protect themselves?

I say this because failure to do the above will only allow a continuation of the 63,000 women who die every single year from septic abortions, and it will not enable us to deal with the HIV/AIDS pandemic that is killing over 2.2 million people a year and leaving a sea of orphans.

In connection to the Conservative member's comments, does my friend not think that family planning is there to allow women and men to have that full range of family planning options so they can save their lives, the lives of their children and their families?

Hon. Bob Rae: All I can say, Madam Speaker, is that I agree entirely with the comments of the hon. member.

Perhaps the debate will give us a chance to hear from him and other members who are so knowledgeable on this issue. I mention particularly my colleague, the hon. member for St. Paul's, with whom I have worked closely; my colleague from Esquimalt—Juan de Fuca; and other members of the House who are very concerned about this issue and who, if I may say so, have been very consistent in their advocacy.

Hon. Bev Oda (Minister of International Cooperation, CPC): Madam Speaker, I will be splitting my time with the member for Edmonton—Mill Woods—Beaumont.

As the Minister of International Cooperation, I am proud of the government's initiative to champion a very important cause at Canada's G8 summit. It is estimated that half a million women die each year from complications during pregnancy and childbirth. In the developing world, a woman dies in pregnancy or childbirth every minute of every day. What makes it worse is that the bulk of the deaths during pregnancy, as much as 80% of the deaths, according to experts, are easily preventable.

The numbers on child mortality are equally concerning. According to UNICEF, the World Bank and the World Health Organization, approximately nine million children die each year before their fifth birthday. In developing countries they are dying from illness and diseases such as diarrhea, pneumonia and HIV/AIDS, and nearly 750,000 children under the age of five die of malaria, mostly in Africa.

This is simply unacceptable, especially considering that the solutions are relatively inexpensive. The cost of clean water, inoculations, and better nutrition, as well as the training of health care workers to care for women and deliver healthy babies is within the reach of any country in the G8.

This government understands the urgency of this issue. Over the past decade we have seen the least progress made in improving maternal and child health, and in some developing countries we even see these mortality rates increasing.

As pointed out at the Canadian Conference on International Health last fall, a society has little chance to thrive if it fails to keep its mothers and babies healthy. For this reason, maternal and child health is one of the three key paths in CIDA's priority of securing a future for children and youth. This means starting with the mother and ensuring that women are able to have a safe, healthy pregnancy so they can take care of their children.

Canada is already fulfilling these objectives in a number of ways. For starters, we recognize that our initiative is just one part of improving maternal and child health.

The United Nations population fund estimates that fulfilling the unmet need for modern contraceptives could lead to 150,000 fewer maternal deaths and 640,000 fewer newborn deaths every year. For example, in Tanzania, in collaboration with the Government of Tanzania and Marie Stopes Tanzania, CIDA supports six project centres that have reached 400,000 Tanzanians with services such as antenatal care, immunization, treatment of sexually transmitted infections, counselling and maternal and child health care.

Increasing access to health services is also a key programming area for CIDA-supported international work. In addition, responding to the needs in developing countries, health care is integrated with other CIDA-supported health related activities.

Many experts and international reports, such as UNESCO, have reported that the single most effective way to reduce maternal mortality is access to health care systems and trained health care providers.

In western Mali, CIDA's support has helped to ensure that skilled health care workers attend almost half of all deliveries. Through CIDA's support for the Society of Obstetricians and Gynaecologists of Canada and its partners in Guatemala, approximately 733 health professionals have been trained to improve the health of mothers and newborns during childbirth.

The other equally important part of our maternal and child health path is to promote a healthy start for infants and young children so they may later attend school and become active and contributing members in their communities.

• (1040)

We are working to ensure children have access to proper nutrition, clean water and medical services, like immunization and neo-natal care. We are helping to provide vitamin A, iodine and other micronutrients, which play a crucial role in the health of young children and mothers.

Business of Supply

As a founding partner and principal donor of the micronutrient initiative, Canada is well known for its leadership on vitamin A and iodine. Indeed, UNICEF has said that Canada's support for iodized salt programs has saved 6 million children from mental impairment.

Each year, waterborne diseases contribute to the deaths of over 10 million children under five years of age, particularly in Africa. Our government has invested approximately \$208 million in the area of clean water supply and sanitation worldwide between 2006 and 2009 which has resulted in better access to clean water for hundreds of thousands of people.

Canada is also saving children's lives through the catalytic initiative to save a million lives. In fact, CIDA was the first to support this UNICEF initiative in the training and equipping of front line health workers to deliver modern malaria treatments, bed nets, antibiotics for infections and other key health services to children and vulnerable groups.

The need is great and we have an opportunity to make a real difference. This government has given long and careful thought to this. We have gone to great lengths to ensure that our efforts are guided by sound evidence and CIDA has already started work with our G8 partners in order to develop the most effective approach.

I have personally met with a wide variety of experienced partners, stakeholders and practitioners in the field of maternal and child health in developing countries, including organizations such as CARE Canada, UNICEF Canada, World Vision Canada, Save the Children Canada, RESULTS Canada and Plan International.

I met with representatives of the Canadian Partnership for Maternal, Newborn and Child Health. Their collective experience and knowledge represents potential and hope: potential for Canadian leadership and meaningful action. In fact, the G8 countries, development organizations and non-governmental organizations have all expressed their support for the Prime Minister's focus on maternal and child health for this year's G8 summit.

Over the next few months, we will continue to work in order to find the best approach. A development ministerial meeting will be held in Halifax from April 26 to 28 to further develop the initiative in preparation for the June leadership summit.

We will be voting against the motion before the House. This motion is a transparent attempt to reopen the abortion debate that we have clearly said we have no intention of getting into. By voting against this motion, we are proving that we will not open the abortion debate. In addition, the motion contains a rash, extreme anti-American rhetoric that we cannot as a matter of foreign policy support.

Improving the health of mothers and children under the age of five is important. It is urgently needed and not an option. It is an obligation. We owe it to Canadians and we owe it to the millions of women and children who need our help the most.

• (1045)

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Madam Speaker, let us get to the heart of the matter. This is about saving lives. We need to talk about some facts. As the minister correctly said, if we want to save the lives of babies, mothers and men, people

need to have access to trained health care workers and health systems, but tools are crucial to the ability of those workers to do their jobs.

One of the fundamental tools for saving the lives of women is their ability to access a full range of family planning: condoms, birth control and access to safe abortions where it is legal. That is the medical consensus among the Society of Obstetricians and Gynaecologists, FIGO and the Partnership of Maternal and Child Health. This is a medical issue and those are the medical facts.

On the abortion issue, let us not reopen the door on abortion but let us honour what exists. Women in Canada have a right to abortions. Why not allow women in other countries to have the same right? The absence of that has resulted in 63,000 women dying of septic abortions. Half of their children under the age of five will also die. Families are destroyed.

Will the minister do the right thing and allow women to have a full range of family planning options, including access to safe abortions where it is legal in those countries?

Hon. Bev Oda: Madam Speaker, as clearly just demonstrated, here again, as we have said, is a transparent attempt to open an abortion debate in this House. We have clearly stated from the beginning that we have no intention of opening the abortion debate.

What we have said is that we are open to considering all options, including contraception, and addressing them. Measures, according to statistics, as I said in my presentation, are making very little progress and in many countries, particularly in Africa, are increasing those mortality rates. We cannot stand by. We need to ensure we are effective and have some results in increasing the health of women and children.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, according to the World Health Organization, "The first step for avoiding maternal deaths is to ensure that women have access to family planning" and reproductive health choices.

Family planning, it states, could prevent 25% of maternal and child deaths in the developing world by preventing risky births that are too close together, too early or too late in a woman's life, and modern contraception helps fight the spread of HIV and AIDS by allowing HIV-positive women to space births for optimal health and access services to prevent mother-to-child transmission.

Business of Supply

As my colleague just stated, my figures are that an estimated 74,000 women around the world die as a result of unsafe abortions that could be prevented with contraception and access to safe abortion facilities.

I will stay away from abortion, for the moment, and just talk about contraception.

I am glad the government is talking about contraception now but I would like to know from the minister why the current government was reluctant to include the word “contraception,” or that concept, when it first announced its program. What was the problem with discussing contraception or making that a part of Canada's foreign policy?

• (1050)

Hon. Bev Oda: Madam Speaker, I appreciate that the member is demonstrating that this is not the time nor the place to open up a debate on abortion. I want to also ensure that we have stipulated very clearly that we are open to all options, and it is specifically for clarification, including contraception. As the member and many of us know, there are many ways and many paths we can follow to improve the health of mothers and babies.

What our government has been committed to from day one is to ensure that its international assistance is effective, will get results and will make a difference in the lives of women and children.

I would refer members to the UNESCO report that states that the single most effective way to address maternal and child mortality is access to health care systems and trained professionals. That is consistent with our attempt to analyze and see how we can be effective, use taxpayer dollars in a meaningful way and get real results.

Mr. Mike Lake (Parliamentary Secretary to the Minister of Industry, CPC): Madam Speaker, it is my pleasure to address the House today and highlight Canada's G8 priorities with a particular focus on a flagship maternal and under five child health initiative promoted by our government.

Under the theme of “recovery and new beginnings”, Canada is promoting a focused, results-driven agenda for the G8 that follows up on its past commitments and sets clear goals for G8 leadership going forward. We are focusing the G8 on areas where it can make the most difference and we are putting a strong emphasis on accountability. Canada believes that holding the G8 accountable for results lies at the heart of the G8's credibility and effectiveness. For this reason, Canada is leading a 2010 initiative to report on the G8's achievements and commitments to date, the first in what will be an annual exercise.

I will now say a few words about our thematic priorities in 2010. With the emergence of the G20 as the premier forum for international economic coordination, the G8 will focus on areas where it has the greatest value added: international peace and security and development. These are central to the values and interests of the G8 members and are areas where the G8 can make a real difference.

On international peace and security, the G8 summit will focus on critically important challenges, such as addressing the proliferation of weapons of mass destruction and developing supportive ways to

help vulnerable states and regions further build their capacities to address peace and security, to strengthen institutions, prevent conflict and better mobilize civilian and military capacities. These are areas where the G8 and Canada have shown leadership in the past and, under Canada's presidency, the G8 will show leadership in the future.

I will turn now to our core development priority for the G8. The developing world continues to face important challenges which have only been exacerbated by the global economic crisis. From lack of adequate resources and services to tackling infectious diseases, the developing world continues to face a daunting array of challenges. The G8 can help the developing world meet these challenges. Indeed, the sustained leadership and commitment of the G8 to global health over the last several years have transformed the lives of millions of people in the developing world.

Through substantial investments targeted where they can do the most good, impressive results have been achieved. For example, in the scale-up of HIV prevention and treatment programs; the significant reductions in child morbidity and mortality achieved through child immunization, micronutrients and other interventions; including a major reduction in measles mortality; the rapid expansion of effective malaria interventions that has led to significant reductions in malaria cases; increased access to diagnosis and treatment of tuberculosis; and substantial progress toward the eradication of polio.

While considerable resources have been mobilized in recent years for combatting infectious diseases, significant gaps remain for the health of mothers and children. The statistics are shocking. Each year, nearly 9 million children die before they turn five and half a million women die in pregnancy and childbirth. More than one-third of child deaths are attributable to undernutrition. Many of these deaths can be prevented with improved access to health care, better nutrition and by scaling up proven interventions, such as immunization.

As I have noted, the G8 has made significant investments in addressing the health challenges experienced in developing countries, including supporting such efforts as the African health systems initiative, the global fund for AIDS, tuberculosis and malaria, and the global polio eradication initiative.

While significant progress has been made on many health indicators, there is a pressing need for global action on maternal and child health. It is where the millennium development goals four on child health and five on maternal health are the least likely to be met by 2015.

The millennium development goal four target on child health calls for a two-thirds reduction in the under five mortality rate by 2015. While there has been significant improvement in the rates of child mortality, it is uneven within and across countries and overall gains are far too slow.

As I mentioned a little while ago, nearly 9 million children in developing countries will still die each year before their fifth birthday, 37% of them in the first month of life. Little progress has been made in sub-Saharan Africa. Millions of these deaths are from preventable causes such as pneumonia, diarrhea, malaria and undernutrition.

The millennium development goal five target means a 75% reduction in rates of maternal mortality and universal access to reproductive health by 2015.

• (1055)

The 500,000 women dying in pregnancy and childbirth annually is a figure that has hardly changed in 20 years. Ninety-nine per cent of maternal deaths occur in developing countries. Half of all deaths occur in sub-Saharan Africa; one-third occur in southern Asia. Complications from pregnancy in childbirth are the leading cause of death in young women age 15 to 19 in developing countries. For every woman who dies, 20 to 30 suffer short- or long-term illness or disability, such as severe anemia, damage to the reproductive organs, severe postpartum disability, chronic pain or infertility.

Yet research indicates that approximately 80% of maternal deaths are preventable if women have access to essential health care services throughout the delivery.

In recent years maternal and child health have been on the G8 agenda, including commitments to scale up maternal and newborn health efforts and to close the funding gap for maternal and child health. G8 commitments on strengthening health systems and increasing user access to health services also help make a substantial contribution to maternal and child health.

The Muskoka summit will provide Canada with an opportunity to mobilize G8 members and assume a leadership role in setting the global agenda for improving maternal and child health.

Canada is well positioned to respond to maternal and child health as a Muskoka priority. In fact, Canada has provided leadership in several health areas, including the areas of major diseases, for example, HIV-AIDS and polio, and nutrition, for example, the micronutrient initiative, in addition to providing financial support through multilateral and bilateral programming.

Maternal and child health also directly aligns with the Government of Canada's development priority of securing a future for children and youth as articulated by the Minister of International Cooperation in May 2009.

There is also an interest in moving forward on nutrition, building upon last year's G8 food security announcement by targeting interventions to young children and mothers.

By championing a major initiative to improve the health of women and children in the world's most vulnerable regions, we believe that G8 members can make a tangible difference.

There is a strong interest among G8 countries and non-governmental organizations in addressing global maternal and child health issues in the coming year. Our G8 partners recognize that through concerted action we can achieve demonstrable results for women and children around the world. That is why Canada's

Business of Supply

proposal to build international leadership and action on maternal and child health has been fully endorsed by our G8 partners, the United Nations and the World Health Organization.

Through outreach activities, Canada is also benefiting from strong support by private foundations, as well as domestic and international civil society organizations.

Canada continues to be engaged in proactive outreach with key partners, exploring ways to mobilize and leverage financial contributions to improve maternal and child health.

Proud of the strong endorsement we have received from partners and stakeholders alike on our choice of this signature initiative, we are continuing to work very closely with our G8 partners to come up with ways to best address maternal and child health.

As the House knows, there is no cookie-cutter approach and there are many ways and areas where we can work to improve maternal and child health.

As mentioned by the Prime Minister on Thursday, March 18, "The government is looking to work with G8 countries to save lives, to save mothers and children throughout the world. We are not closing the door on any option, including contraception". But we are not reopening the abortion debate. Together, the G8 will forge a comprehensive approach to the issue of maternal and child health.

To conclude, I would note that despite advances, the task of bringing greater health to all the world's people is far from done. Sustained political leadership and commitment are needed to maintain momentum in global health, particularly in the areas where needs are the greatest.

Canada is showing great leadership in mobilizing G8 governments, non-governmental organizations, private foundations and the private sector to participate in setting a global agenda for improving maternal and child health.

• (1100)

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Madam Speaker, it is good that the government is pursuing maternal and child health, but the path that it is taking is completely bizarre, illogical and utterly unscientific. Health systems and trained workers are important, but they are only as good as the tools that they have in their hands. What do they need? Yes, they need diagnostics. Yes they need power. They need access to medications. They need access to a full range of family planning options so they can treat the patient.

Business of Supply

I am a physician. I have worked in Africa. I have delivered more than 200 babies. Women have died in hospitals. Why on earth is the government not giving these women and children the option to life that we have in our country?

One of the reasons the number of maternal and child mortalities has been reduced in Canada is that Canadian women and men have access to a full range of family planning options. Why do women need this? If a woman is too old, too young, or has babies too frequently, she is at risk of dying. As the member said, 63,000 women die each year, and 20 times that number suffer life-altering injuries, including obstetric fistula.

In order for people to deal with this and to save lives, they need to have in their hands family planning tools.

Will the government do the right thing and honour the commitments it made last year in Italy to allow that to happen?

Mr. Mike Lake: Madam Speaker, my family and I know firsthand the expertise of the Canadian medical community when it comes to the health of mothers and children.

My wife and I have two kids, who are 14 and 10 now, but both were both born by emergency C-section. In fact, three weeks after my 10-year-old daughter was born, my wife had complications. I will not go into great detail, but she had a life-saving emergency hysterectomy. I would not have two kids and I would not have a wife, if it were not for the expertise in the Canadian medical community, and I really appreciate that.

That said, this is about ensuring that other people around the world have access to very basic medical expertise, clean water, nutrition and inoculations, to save nine million children's lives, to save 500,000 mothers' lives. It is completely unacceptable that we cannot come together on a motion that brings virtually 100% of Canadians together around an issue that is important.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Madam Speaker, while we in the NDP welcome this new-found interest in the health of mothers and children in the developing world, we would also like to bring the focus back to the situation of women and children in Canada. Canada is among the wealthiest nations in the world, yet 70% of Inuit preschool children live in homes where there is not enough food. There are many mothers in Canada who live in unsafe places, who are going without food, electricity or heat because of persistent deep poverty.

Now that the government has committed to catching up with other wealthy nations on maternal aid, will it commit to putting women and children first in Canada as well?

• (1105)

Mr. Mike Lake: Madam Speaker, this government has taken many significant measures in the areas that the hon. member mentioned.

As I mentioned in my speech, 99% of the maternal deaths occur in the developing world. The focus of this issue is that about 500,000 mothers and nine million children under the age of five will lose their lives this year, again for want of very basic needs, such as clean water, inoculations, basic medical services and proper nutrition.

Some have indicated that the cost in some cases is pennies a day. It is completely unacceptable that in the past the G8 and countries have not been able to come together to make a difference in this area. There has been a lot of talk, but what we are focused on this time around is coming forward with a motion and a plan of action that will make a difference in people's lives.

What is critical as we have this debate today is to maintain our focus on those 500,000 mothers and those nine million children who will lose their lives in the next year if we do not act.

[*Translation*]

Ms. Johanne Deschamps (Laurentides—Labelle, BQ): Madam Speaker, just a few days ago, on March 8, we celebrated International Women's Day. It was an opportunity for us to advocate for equality, to assess the situation and the status of women in our society, and to realize the importance of protecting the gains we have made. But despite all of that, women still have many battles to fight. One of these battles is maternal health, which is being debated today in the House.

It is unthinkable that in 2010, hundreds of thousands of girls and women still do not have access to adequate health care to make childbirth, which is supposed to be the most incredible experience of their lives, a positive experience. For many girls and women, this experience is filled with dread, fear and suffering.

In 2000, leaders from around the world committed to making maternal health one of the eight millennium development goals. The goal is to reduce the maternal mortality ratio by three quarters by 2015 and to achieve universal access to reproductive health care.

Unfortunately, in 2010, this goal is far from being achieved. According to the UN Millennium Development Goals Report 2009, every year, 536,000 women and girls die as a result of complications during pregnancy, childbirth or the six weeks following delivery.

The vast majority of maternal deaths are preventable. According to Ann Veneman, the Executive Director of UNICEF, 80% of maternal deaths could be prevented if women had access to essential maternity and basic health care services.

This is why the Bloc Québécois supports the Liberal motion. The Bloc Québécois will support any initiative that aims to effectively fight this problem, just as it will condemn and fight any initiative that could jeopardize the health of women and children, regardless of where they live.

The Bloc Québécois is in favour of a maternal and child health initiative that would include family planning, as well as sexual and reproductive health, including contraception.

The Bloc Québécois supports this motion, but it is worried about the Conservatives' ideological leanings on women's rights, and it once again decries the fact that the House must speak out against the regressive policies of this insensitive government.

Business of Supply

The Bloc Québécois believes that all women, from all walks of life, are entitled to a continuum of health care that includes all services, since they are all important and interconnected. Furthermore, the factors that lead to maternal mortality and the consequences related to pregnancy and childbirth can vary from one region to the next and from one country to the next.

It is crucial that women have access to a complete range of sexual and reproductive health services as well as family planning services. A continuum of care should include access to trained, qualified health personnel; to adequate health care facilities; to contraception, medication and emergency care; to skilled care during pregnancy and labour; and to ad hoc services after an abortion, as well as the chance to have an abortion under safe conditions where abortion is legal.

With this range of services, the international community could provide the necessary tools to countries looking to reduce maternal mortality.

More than 80% of maternal deaths in the world are directly linked to five main causes: hemorrhage, infections, abortions performed under dangerous conditions, difficult labour that requires medical intervention and pre-eclampsia.

Last week we saw that there are contradictions galore within the Conservative government in terms of what should be included in the maternal health strategy that the government intends to present to the other G8 leaders.

• (1110)

The Minister of Foreign Affairs told committee members that his party's policy had nothing whatsoever to do with family planning, but two days after this statement the Prime Minister and the Minister of International Cooperation said the exact opposite during question period.

The Prime Minister said that contraception would be part of the scenario that would be studied: "We are not closing the door on any option, including contraception. However, we do not wish to debate abortion in this place or elsewhere."

The abortion debate will not be re-opened. In Quebec and in Canada, legislation has been put in place that allows women to put an end to a pregnancy. This is a very important gain for women and it is not being questioned, except by our right-leaning government, of course. It is perfectly logical that women in Quebec and Canada are supporting the efforts of women in developing countries where abortion is legal.

Contradictions, ambiguity, confusion—that is what the Conservative Party has been serving us since they came to power. Members of Parliament, civil society and the public are in total confusion. The government is opening doors but will make no real commitment. We want a clear commitment that will not allow for any ambiguity.

Canada is hosting the next G8 summit in June 2010. The Conservative Prime Minister wants to make maternal and child health a priority, and this would be a commendable initiative if it included a continuum of health care services. Nonetheless, the Prime Minister intends to take a different approach. He is taking advantage of his position as host to get the countries behind certain aspects of

the maternal health program that can have an immediate impact, such as access to drinking water, immunization, nutrition and training for health care workers.

In his statement, the Prime Minister intentionally—or unintentionally, that is the question—failed to mention anything about reproductive health and family planning. The Bloc Québécois became concerned about the Conservatives' intentions when it learned that family planning, contraception and abortion would be left out of the strategies for fighting child and maternal mortality.

The government cannot go back on past commitments. At the last G8 summit in Italy in 2009, the member countries, including Canada, made a commitment to the international community to speed up progress in the fight for maternal health through sexual and reproductive health care and voluntary family planning.

Although we believe we need to fight effectively for maternal and child health in developing countries, the Bloc Québécois is very skeptical about the Conservatives' true will to do so. In fact, we could even say that they are being shamefully contradictory.

Canada's civil society reacted favourably to the government's statement that it would make maternal and child health a priority for the upcoming summits. In preparation for the G8 and G20 summits, Canadian NGOs have made a series of requests about the issues they would like the member countries to address. In its platform, Canada's civil society explicitly includes maternal and child health.

Could the Conservative government put aside its ideology and finally agree to meet with and listen to the civil society organizations that have the expertise and are well acquainted with the realities these women face?

In addition to the G8 and G20 meetings that will be held in Canada in June, world leaders will also meet at the United Nations in September 2010 to assess progress made on the millennium development goals.

The Bloc Québécois thinks that development assistance must revolve around general, but well-defined, principles and objectives. They must be based on the UN millennium goals that Canada agreed to.

• (1115)

The international community agreed on eight goals: eradicate extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and develop a global partnership for development.

As we can see, child health and maternal health are two of these goals. When Canada agreed to these goals, it agreed to fight infant and maternal mortality. It is quite clear that if the government adopts an effective maternal and child health care strategy, it will have a direct impact on achieving the other goals.

Here is another Conservative Party contradiction. In order to implement these goals, the UN called on member countries to commit 0.7% of their GDP in development assistance by 2015.

Business of Supply

But in the 2010 Conservative budget, the government announced that it would cap the budget for development assistance at \$5 billion per year. According to the federal government's budget projections, the ODA/GDP ratio for 2010-11 would be 0.29%, which equals a total of \$5 billion in assistance.

By way of comparison, an additional \$7.2 billion is required to reach 0.7% of GDP. Therefore, as the 2015 deadline approaches, we are forced to admit that the inaction of successive federal governments makes it increasingly unrealistic for Canada to attain the objective of 0.7% of GDP, which is exactly the means agreed to by the international community to reach the millennium development goals.

The government is fulfilling its promise to double the international aid budget from 2001-02 levels. However, that does not mean that it has reached the objective of 0.7% of GDP. This year, international aid represents 0.29% of GDP. At the least, we can say that the government has not really contradicted itself in this matter.

Given the circumstances, we doubt that the government has the will to effectively combat maternal and child mortality. In its budget, the government states that it will make infant and maternal health a priority at the G8 and G20 summits. Does Canada have the credibility to convince the G8 and G20 nations to make maternal and child health a priority when it is not making the financial effort required to meet the millennium development goals, which include maternal and child health?

Is the Canadian government aware that a number of G8 leaders are already promoting the issue of maternal health much more actively?

For example, as soon as he came to power, U.S. President Barack Obama repealed the Mexico City policy, established by President Reagan in 1984, which prohibited the U.S. Agency for International Development from providing funds to organizations that included abortion in their family planning measures. He believed that the exceedingly broad restrictions imposed on donations and aid were not justified and that they impeded efforts to promote effective family planning programs.

The American Congress recently allocated \$648 million in aid to global family planning and reproductive health programs. The United States launched a new program that will be the centrepiece of its foreign policy, the global health initiative. It is committing \$63 billion over the next six years, and a large part of that money will be invested in reducing maternal mortality and preventing millions of unwanted pregnancies.

British Prime Minister Gordon Brown hosted the event, "Investing In Our Common Future: Healthy Women, Healthy Children", was held at the United Nations on September 23, 2009, which resulted in the consensus for maternal, newborn and child health.

• (1120)

Maternal health is a human rights issue. As Amnesty International Canada recommended, it is critical that Canada now advance a human rights approach to addressing and reducing maternal mortality around the world.

According to Amnesty International, this approach must include: confronting the widespread discrimination, inequality and violence

faced by women and girls worldwide; taking action to eliminate customary practices such as female genital mutilation and early and forced marriages that are harmful to or reinforce the subordination of women; ensuring access to family planning and contraceptive methods, and information about sexual and reproductive rights and health; removing financial and other barriers to accessing quality maternal health care; ensuring the accessibility of sexual and reproductive health services, including emergency obstetric care; ensuring the equitable distribution of health facilities, goods and services, and prioritizing access to essential health care for the most marginalized and disadvantaged women and girls.

Family planning and the use of contraception are an integral part of the fight against child and maternal mortality in developing countries. On July 11, 2008, as part of World Population Day, UN Secretary-General Ban Ki-moon said: "Family planning is a fundamental component of reproductive health, as it allows for determining the spacing of pregnancies."

Family planning, contraception and abortion cannot be separated from the issue of maternal and child health. On that, the UN Secretary-General is clear:

—world leaders proclaimed that individuals have a basic right to determine freely and responsibly the number and timing of their children. Millennium development goal 5, improving maternal health, affirms this right—

Responding to the contraception needs of developing countries would avoid millions of unwanted pregnancies and would save the lives of both mothers and children.

According to the United Nations Population Fund, an estimated 215 million women want to avoid becoming pregnant but do not have an effective method of contraception. Each year, 19 million abortions take place under dangerous conditions, resulting in 68,000 deaths. Many of these deaths could be prevented if information on family planning and contraception were available and used.

There is a desperate need for contraception. In nine sub-Saharan African countries, more than 30% of married woman have an unmet need for contraception. If these needs are unmet, it is obviously not because these women are not asking for it.; the large majority of them would like to have family-planning options.

Approximately 200 million women of child-bearing age want to delay their next pregnancy, but 137 million women use no contraception methods at all and 64 million use traditional methods that are less effective. Because of this, more than 63 million women have unwanted pregnancies each year.

By ensuring that women in developing countries have access to family planning without any obligation, it is estimated that maternal mortality could be reduced by one-third and infant mortality by 20%.

Business of Supply

In Quebec and Canada, most women have access to proper medical care, contraception and abortion. It is rare for a woman to die in pregnancy or labour. It is clear that in developing countries these options could mean the difference between life and death for thousands of women and children.

• (1125)

The Conservatives must recognize this and integrate these options into their aid strategy for these countries. They should not remain insensitive to these questions when the time comes to help the least fortunate mothers and children.

[*English*]

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, when we talk about foreign aid and development, words are cheap, but what really matters is whether governments put their resources, financial and otherwise, behind it.

When the former Liberal government was in power, it promised its famous target of contributing 0.7% of GNP to international aid, but never met that. Canada, today, contributes less than half the 0.7% of the gross national income that we and other rich nations pledged to developing countries 40 years ago.

The 2010 budget, announced just a while back, contains a freeze on foreign aid levels. Officials have said that the maternal health program will have to come out of existing budget funds.

Would my hon. colleague comment on whether she thinks Canada is actually fulfilling its pledge and its promise internationally by promising these programs but never developing or delivering the money and resources needed to carry out its lofty goals?

[*Translation*]

Ms. Johanne Deschamps: Madam Speaker, I want to thank the hon. member for his question. In fact, the answer is more or less in the question.

There is some inconsistency between what the government says and what it does. We see that it is preparing to freeze its aid starting next year and maintain it at \$5.1 billion. It will thereby reduce its debt at the expense of the least fortunate.

The message is loud and clear that donor countries have to increase their aid. There is a great need. Canada made commitments just last year, in L'Aquila, Italy. How can anyone expect the government to keep its promises when we see it going backwards, limiting, freezing and cutting services and programs to which Canadian and Quebec women once had access, but do not any more?

The question is: how can Canada, the host country of the G8 in June, have any credibility or take a leadership role in this file? We wonder.

Ms. Nicole Demers (Laval, BQ): Madam Speaker, I listened carefully to the very eloquent speech by my colleague from Laurentides—Labelle.

I would like to know what she thinks about the fact that the government, over the past four or five years, has cut 99% of the funding that was allocated to the Canadian Federation for Sexual Health, which is directly related to the International Planned Parenthood Federation.

How does this fit into the context of what she was saying? What does she think about the government's sudden about-face on contraception this week? Barely a week ago, the government was not a proponent of contraception. Suddenly—they must think the women of Quebec and Canada are naïve—they would have us believe that contraception is now an integral part of their measures.

What does the hon. member think of all this?

• (1130)

Ms. Johanne Deschamps: Madam Speaker, I thank my colleague for his comment and question.

We are no longer surprised that every throne speech and every budget the Conservatives have presented since taking office has a hidden agenda.

The government is committed to making maternal and child health a priority at the next G8 summit. But behind this commitment we still find anti-abortion and anti-contraception lobby groups, which are pressuring the Conservative government.

On the one hand, the government is making a commitment; but, on the other hand, it does not want to displease these lobby groups, its faithful friends.

[*English*]

Mr. Rod Bruinooge (Winnipeg South, CPC): Madam Speaker, I agree that our country should achieve the said 0.7% of GDP. Would the member expand on one part of her speech? She referred to existing pregnancy interruption legislation in Canada. I would appreciate it if she could perhaps give some examples of that.

[*Translation*]

Ms. Johanne Deschamps: Madam Speaker, I would like to answer my colleague, but I am having trouble grasping the thrust of his question.

He mentioned that his government will soon attain the millennium development goal of 0.7%. I do not know where he read that or how he came up with that figure. The data are very conclusive: we are lagging far behind and are nowhere near attaining these goals. And we should not expect to attain them by 2015.

I do not understand how we can make maternal and child health a priority if we do not provide women with the basic tools to prevent a pregnancy when their health makes it impossible for them to have a child. In war-torn countries, women and 12- and 13-year-old girls who have been raped and mutilated must have access to safe abortions. If these children are born, there will be two victims: a child who will likely be neglected and a mother who is going to suffer the consequences for the rest of her life.

It is my belief that, in order to help women, we must intervene at the beginning, when they can make a choice. They must be given tools and provided with access to contraception and trained staff to provide impartial guidance so that they, as women, have the right to choose—

The Acting Speaker (Ms. Denise Savoie): The hon. member for Burnaby—New Westminster.

Business of Supply

Mr. Peter Julian (Burnaby—New Westminster, NDP): Madam Speaker, I very much enjoyed the speech given by the hon. member for Laurentides—Labelle.

Every 24 hours, 30,000 children die worldwide because of famine or a lack of health care. We also know that 1,400 pregnant women die in the same 24 hour period.

Clearly, this is a major crisis and Canada must take action to respond to the desperate needs of the victims who are dying every 24 hours. What is happening around the world is appalling.

The government seems to want to turn this crisis into a political issue and impose its ideology.

In the member's opinion, why is the government responding to this crisis with its inappropriate ideology?

• (1135)

The Acting Speaker (Ms. Denise Savoie): The hon. member for Laurentides—Labelle has just under a minute to reply.

Ms. Johanne Deschamps: Madam Speaker, I would like to say to my dear colleague and friend that the answer is clear. The Conservatives' right-wing, archaic ideology shackles women to practices from 60 years ago or more, and permeates everything they propose.

They oppose abortion and same sex marriage. They are influenced by extremely religious right-wing groups. Of course, this permeates everything they propose. They even modify their policies to be able to include this ideology—

The Acting Speaker (Ms. Denise Savoie): Resuming debate, the hon. member for London—Fanshawe.

[*English*]

Ms. Irene Mathyssen (London—Fanshawe, NDP): Madam Speaker, I welcome this opportunity to participate in the debate regarding the Liberal opposition motion. I will be sharing my time with the member for Ottawa Centre.

I believe it is essential to clarify what has happened both outside and inside the House over the past few weeks. A good starting point would be the declaration by the Prime Minister in regard to the agenda of the upcoming G8 and G20 meetings that will be hosted by Canada.

On or about January 26, the Prime Minister told the world that the lack of the most basic services could lead to dire consequences, especially for the world's most vulnerable populations. Each year it is estimated that 500,000 women lose their lives during pregnancy or child birth. Further, an astonishing nine million children die before their fifth birthdays.

The United Nations had hoped to reduce the number of deaths related to pregnancy by 75% by 2015 as part of its millennium development goals. It now appears this target will go unfulfilled.

What makes it worse is the bulk of the deaths during pregnancy are easily preventable. There is a pressing need for global action on maternal and child health. The Prime Minister went on to say that the solutions were not intrinsically expensive. It is a laudable statement

and, as the Prime Minister said, the solutions are not intrinsically expensive.

The problem is the Prime Minister left out one of the key actions if we are to make a difference in the lives of women and their children. He omitted any reference to contraception. We might have been willing to believe that this was a mere oversight, except there is much evidence to the contrary. Government ministers made it abundantly clear that the omission of contraception was a deliberate policy decision based on an ideological agenda.

Hansard and a variety of media reports provide some assistance in this regard. On March 18, the leader of the NDP, the member for Toronto—Danforth, asked the Prime Minister if the Conservatives were indeed excluding contraception from their plan to improve maternal health throughout the world. The Minister of International Cooperation responded, but did not answer his question. She evaded him by talking about plans to provide clean water, vaccinations, better nutrition and training for health care professionals.

The minister was much more direct the month before when she told the media that Canada's focus on maternal and child health would not address unsafe abortions in developing countries or support access to family planning and contraception. The Minister of Foreign Affairs was equally blunt in his statement that family planning would not be included in the G8 maternal child health initiative.

Since that time, the Prime Minister and his ministers have fallen over each other like Keystone cops in their efforts to backtrack or save face. Why on earth would the Prime Minister and members of his government make such shamefully ill-informed statements in the first place, unless, of course, they were playing to their socially conservative base?

What is more troubling is that they are supposed to lead. They are supposed to use the best evidence they can find to make intelligence, reliable decisions for Canada. They are not entitled to make ideological, irrational decisions that can only be categorized as completely devoid of any real concern for women and their children.

They played the game of seeming to care about these people. The reality is, as was stated by Dana Hovig of Marie Stopes International, an internationally-recognized reproductive health care organization, they were only able to demonstrate “a new low for political pandering to social conservatism”.

Ms. Hovig went on to say:

There's no question that family planning saves lives by preventing unwanted pregnancies, including those that would otherwise lead to complications and hence the death or injury of the mother or child.

The World Health Organization has been equally clear about the need for contraception if maternal and child health is to be addressed seriously and effectively. Every day 1,500 women die from pregnancy or childbirth-related complications. In 2005 there were an estimated 536,000 maternal deaths worldwide. Most of these deaths occurred in developing countries and most were avoidable.

Improving maternal health is one of the eight millennium development goals adopted by the international community at the United Nations Millennium Summit in 2000. Goal 5 commits countries to reducing maternal mortality. We have a long way to go to achieve the objective of reduced mortality and the conduct of the Prime Minister and his ministers undermines the role Canada has to play to achieve this reduction.

The WHO is very clear about what is needed. The first step for avoiding maternal deaths is to ensure that women have access to family planning. This will reduce unwanted pregnancies because women in developing countries have many pregnancies on average in their lifetime and they are very often at risk.

• (1140)

The Planned Parenthood Federation is equally clear on the subject. Planned Parenthood, another international organization that provides education and services, in particular, to the poor, the underserved and marginalized in parts of the world where public and private health care facilities do not exist, has a mandate to work at the community level, with local leaders, to overcome barriers based on misinformation, prejudice and gender discrimination.

The research and expertise of Planned Parenthood and the United Nations tell us, and I am sure would have told the Prime Minister had he done his homework, that despite significant progress over the last three decades, access to sexual and reproductive health services and information remains beyond the reach of much of the world's population.

Some 120 million to 150 million women worldwide want to limit or space their pregnancies but are still without the means to do so. Allowing a reasonable space between pregnancies allows women the chance to regain their health, look after their children, and decreases the chance of maternal mortality and child death. Most children who perish before age five die because they have lost their mothers.

Tragic numbers of women continue to die or suffer lifelong injuries because they lack access to sexual and reproductive health information, education and services. Young people face the barriers of cost, stigma and fear of going to a clinic. The lack of information limits young people's awareness of the issues of sex and sexuality. High rates of unwanted pregnancy and sexually-transmitted infections are powerful evidence that more programs are required to meet their needs.

The goal of Canada's G8-G20 agenda should be to ensure that all people, particularly those who are young, poor, marginalized, underserved or victims of gender discrimination, have the opportunity to exercise their rights and to make free and informed choices about their sexual and reproductive health.

This concern for sexual and reproductive health brings me to the issue of HIV-AIDS.

As we know, the scourge of AIDS is destroying the very fabric of many African communities. The best defence against the transmission of HIV is the condom. Yet, when the member for Toronto—Danforth questioned the Minister of International Cooperation about providing condoms to African men and women, she was utterly silent. The government should know the importance of condom use

Business of Supply

to the effective prevention of sexually-transmitted diseases like AIDS.

This House has, many times, paid tribute to the grandmothers who are raising orphans of their own dead children. They are the multitude of African grandmothers looking after their orphaned grandchildren, with little money, little food and little help.

Some 14 million children have been orphaned by AIDS in Africa, and the number continues to rise. To put that into perspective, that is more than all the children in Canada, Ireland, Sweden, Norway and Denmark combined.

It is estimated that in the next few years, there could be as many as 40 million orphans from 19 African countries. These children suffer the privation of trying to manage in poverty and their grandmothers are the overlooked members of society and the unrecognized heroes. Canadian Stephen Lewis, the United Nations' special envoy for HIV-AIDS in Africa, describes these grandmothers as the silent victims of the disease. Stephen begins his book, *Race Against Time*, with the words:

I have spent the last four years watching people die. Nothing in my adult life prepared me for the carnage of HIV/AIDS.

He goes on to say:

Every time I go back to Africa I see the carnage. I visit the huts where women are dying in the presence of their children. What the Western world has so failed to do is to respond on an emergency basis to a huge human apocalypse. There's no other way of describing it.

The grandmothers, describes Lewis, are “so impoverished and so frantic for support that they are emotionally decimated,” and often bury their sons and daughters, and become mothers again to the children left behind, many of whom also suffer from AIDS.

As I said, I am indeed glad to participate in this debate. It puts into clear and jarring focus the need for veracity and humanity from the current government.

In the wake of all this suffering, we, as a nation of compassionate people, must show leadership and humanity. I just wish I could trust the current government to provide the direction that such humanity demands and needs to take.

• (1145)

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I would like to congratulate my hon. colleague from London—Fanshawe and thank her on behalf of all Canadians, particularly women, for the wonderful work that she does on behalf of the women of this country and, in fact, around the world.

We in the NDP of course welcome this interest, however new-found it may be, in the health of mothers and children in the developing world by the current government. We would also like to bring the focus back to the situation of women and children in this country.

Being one of the wealthiest nations of the world, it is shocking that 70% of Inuit children, pre-school age, live in homes where there is not always enough food. There are many mothers and children who live in this country who live in unsafe places, who go without food, who do not have electricity or heat because of persistent deep poverty.

Business of Supply

Now that the government has committed to catching up with other wealthy nations on maternal health aid in foreign countries, I wonder whether my hon. colleague would comment on what she feels is needed in this country to help put women and children first in Canada, as well.

Ms. Irene Mathysen: Madam Speaker, there is absolutely no doubt that while the government talks a game about maternal and child health in the third world, in developing nations, it is quite prepared to undermine anything in terms of the aspirations of the women of this country to live in a healthy manner and provide for their children.

We have seen it over the last four years. In fact, we have seen it over the last 15 years from this government and the previous government. There have been cuts to the services for women, cuts to Status of Women Canada, cuts to the organizations that advocate and do the research that tells us that women in this country have not achieved equality.

I am thinking about the fact that there is no affordable housing in this country for the women who are desperately trying to leave abusive situations. There is no regulated child care for all of the women who would desperately like to get back into the workforce so that they can look after their families, so that they can provide for their children.

The government has turned its back on the women of Canada, has tried to pretend that it is interested in the women of the world, but we know better. We know differently. I say it is time for women and children first in every country, in every nation, and that includes Canada.

Mr. Tony Martin (Sault Ste. Marie, NDP): Madam Speaker, I also want to thank the member for her comments here this morning on this important initiative, if the government indeed does follow through and do the kinds of things that we all know in this place need to be done, both in other countries and at home.

It is always telling to me in trying to figure out whether somebody is sincere in his or her commitment to doing something when we look back at his or her track record, and the member for London—Fanshawe will remember, when we were government in Ontario together in the early 1900s, the kinds of things that we did to improve the lot of children, women and families in those very difficult, recessionary times.

However, subsequent to that, and this is what gives me concern here and why I ask the question of her this morning in light of the motion that is in front of us, following our time in government, we then had a Conservative government come to power in Ontario. One of the first things it did was cut welfare by 21.6%. As a matter of fact, it was the first thing it did, in order to send a message to anybody else in that province who might challenge the government in terms of its agenda where the at-risk and marginalized are concerned.

With that and shortly following that, it cut many programs that were targeted for women. One of them was a nutrition program that would give pregnant women a little extra money to buy milk so that they might have healthy children.

I am just wondering if she remembers that and if she might want to comment on the fact that the provincial government cut that program.

• (1150)

Ms. Irene Mathysen: Madam Speaker, I do indeed remember those cuts. I remember being on the street because they were such desperate and cruel cuts. When he speaks of cutting nutrition programs for pregnant women, the excuse of the day from the premier of the day, such as he was, was that he was depriving these women of beer, that they would only go out and spend it on beer.

It is very clear that the attitude toward the people in this country who are struggling is one of derision from this government and from previous Conservative provincial governments. People need support and help. They need understanding. They need to be able to help their kids. They do not need the backhand of this bunch.

[*Translation*]

Mr. Paul Dewar (Ottawa Centre, NDP): Madam Speaker, here are some key statistics on maternal health. It is very important.

Every year, over 500,000 women die from pregnancy-related complications, and 9 million children die before the age of 5.

According to the World Health Organization, the first step for reducing the maternal death rate is to ensure that women have access to family planning and safe abortion.

Modern contraceptive options help fight the spread of HIV/AIDS, by allowing HIV-positive women to plan the timing of their pregnancies, so that they can recover from childbirth, and by providing access to health care in order to prevent transmitting the virus to their children.

Maternal mortality tends to be inversely proportional to women's status in countries with similar levels of economic development.

We want the maternal health initiative to include a full range of family planning options. The government must make a firm commitment in terms of the funding, content and duration of the project.

The Prime Minister has come in late to the debate. Other countries have been interested in maternal health for years and have taken the lead in terms of funding—the facts are clear—while the Prime Minister is still playing catch-up.

The Conservatives have very little credibility when it comes to women's issues in developing countries. After all, their government was the one that banished the terms gender equality, gender-based violence, impunity and justice from its vocabulary when calling for an end to sexual violence in the Republic of Congo.

But maternal health problems continue because women cannot decide when and with whom to have a child, how many children they want, or how to space their pregnancies.

Business of Supply

•(1155)

[English]

If we look at many of the indicators of maternal health, right across the board they prove that investing countries are successful when they have made sure the investments are adopted according to the needs of the countries they are trying to help. What is not successful is trying to tell those countries, those communities, those people they are trying to help when it comes to maternal health, how to do it.

I sincerely hope we are past this kind of social Conservative ideology when it comes to maternal health, when it comes to development in general terms, which we saw with previous administrations both here in Canada and elsewhere. What we need to see is not only the commitment in words but the commitment in deeds and understanding. If we look at where other countries have made commitments to the millennium goals and said not only would they support them in words but in actions, we will see tremendous success in the projects they have invested in when it comes to maternal health.

Look at other countries that have been deeply involved in the issue of maternal health over the past three years. Last year alone, other countries pledged \$5 billion to a new global consensus for maternal, newborn and child health. In 2007, Norway and Holland pledged \$1.2 billion over 10 years for maternal and child health. I said earlier that we are coming to this conversation late, and the statistics I just read into the record would show that. Other countries have not only said they are interested in this but they have actually said “here is the money down on the table to invest”.

What we need to see is not just someone who has come late to a debate and understanding of an issue, and make no mistake, we welcome and embrace that the government wants to deal with maternal health, but we need to see profound understanding of the issue. We cannot just come to the table and say we want to do something and walk away without putting money on the table. Some have concerns, which I share, with an idea that there are going to be tags on dollars that are sent to help with maternal health. If that is the case, if that is what we are looking at, that is not going to help women who need help the most right now. That is just an ideological game that is being played by the government.

What we would hope from the government is, and I would actually support this motion, that it would say we want to embrace maternal health, we want to deal with the statistics that repeat themselves year after year, that women are the ones who suffer the most. Why? Because they are the ones on the front lines when it comes to third world economies.

I referenced the Democratic Republic of Congo. Right now there is a war going on there. It is a gender war, and the ones who are on the front lines are not soldiers; they are women. Rape is used as a weapon of war right now in the DRC. It is happening in other locations. These women are having to raise children whilst they are being subjected to rape, to intimidate communities to move them out from where they live so mining companies can go in and get their coltan and other minerals that end up fueling the conflict.

If we do not understand the role of women and gender, then we will have abandoned women, then we will have just given lip service to an issue that is so profound. And I am not talking about just giving them some clean water and things will be fine. I am talking about centring women in the decision making, women who, as I said, are on the front lines of conflict in the third world, who are on the front lines of making sure kids have enough, who have always been on the front line throughout history to ensure that our species actually exists.

If we look at what the government stated recently of its intention to have maternal health as a key issue for the G8 and, presumably, G20 talks and then look at the budget, there is a bit of a gap here.

•(1200)

The government says, on one hand, that it wants to embrace maternal health and make sure we invest and help women in terms of development and to make sure they have all they need to help their children. On the other hand, we see what its intentions are with the budget. In the next couple of years we would have thought the government would be saying it would raise its contributions for foreign aid to make sure maternal health would be funded, not just this year but at least for the next five years, because 2015 is the end of the millennium goal agenda. However, what we see is a government that is cutting foreign aid.

What do people say if they are on the front lines dealing with maternal health issues and they want to see those women in the Congo be able to take initiative and power over their lives and to give them the tools they need, because they know how to turn things around, and they need the resources and help from us? Would they say there is an honest broker here, someone who actually wants to help, when they look at the budget and see it is being cut?

We embrace the idea of maternal health as a priority. We want to make sure it comes without tags on dollars and on the places this money is to be spent. We want to make sure it helps women around the world. We do not want ideological lenses put on this. We want to make sure the money is going to the people who need it. But to finally do that, our government has to commit to it, not just in words but in deeds, and when it comes to the budget, it has failed.

If the government is to embrace this, it needs to change its economic priorities. It needs to make sure we have money for this year, next year and the years following.

The NDP will support the motion, not just today, but as we always have, now and for continuing years to make sure women abroad who need the help will get it.

Mr. Don Davies (Vancouver Kingsway, NDP): Madam Speaker, I would like to thank the hon. member for his very thoughtful, well-reasoned and consistent message. I emphasize the word “consistent” because, as we have found when we talked about commitments to women or to alleviating the effects of poverty or the health impact on people that is caused by poverty in this country, words are cheap and hollow. What we really need in this country is a government that will back up those words with the resources necessary.

Business of Supply

I want to focus on the economic underpinnings of the health problems facing women, because I believe there is a clear connection between poverty and lack of opportunities and the health outcomes of women and children in our country.

I am wondering if my hon. colleague might comment on that for us and tell us what he thinks needs to be done in this country and around the world, economically, to help improve the health outcomes of women and children.

Mr. Paul Dewar: Madam Speaker, I thank my colleague for the question, because this is about investments. It is also about what those investments can do. We know the one-to-seven equation. We know that when we invest early in childhood development, one dollar saves us seven later. That study has been done and has been referenced many times before. It applies not only in developing countries but also domestically.

If we invest in family planning, we are looking at preventing about 25% of maternal and child deaths in the developing world. That is by preventing risky births that are too close together and allowing women to have power over their reproductive systems, which enables them to actually plan their families.

Those are the kinds of investments we can make. They give us a multiplier effect, because by investing in the present, we invest in the future. They alleviate costs in the health system. They substantially support women in terms of being involved in the economy, in which they play a key role in developing countries, as we know. There is a multiplier effect and that is why it is so important that we invest.

• (1205)

Mr. Peter Julian (Burnaby—New Westminster, NDP): Madam Speaker, there is no doubt this is a crisis, with 30,000 children dying in the next 24-hour period and 1,400 pregnant women dying in the next 24-hour period.

I enjoyed the speech of the member for Ottawa Centre, as I always do. He brought some very insightful observations into the whole question of the motion that is before us today.

I wanted him to comment on Stephen Lewis's reference to this government's approach as crass political opportunism. This comes from a former UN ambassador, a deputy director of the UN's children's program, the special envoy on HIV-AIDS, a man of incredible depth and knowledge of what is actually happening in the third world, happening in Africa, who has characterized the Prime Minister's approach as crass political opportunism.

Does the member share the view that the government is simply trying to window dress its hard-right ideology?

Mr. Paul Dewar: Mr. Speaker, it is important to note that Mr. Lewis is someone who was associated with this party but was also appointed by a Conservative government to his position at the UN. When he speaks on these issues, I think it is safe to say that he is speaking about the genuine issue, not from a partisan political perspective.

I think he is right. What Mr. Lewis has looked at is the numbers. He has followed the money. A government has to be called out, when it claims it wants to invest in maternal health and wants to be

involved, and then on the other side of the equation it shows it is going to be cutting foreign aid and running in the other direction.

If the government wants to be credible on the global stage and says it actually wants to make a difference on maternal health, two very basic things have to happen. One is that it cannot put tags on the money. It has to be decided at source, in other words where people are and where the investments are being made. Finally, it has to show up with the money and not cut the budgets that are actually going to help it invest in helping in maternal health.

[*Translation*]

Ms. Raymonde Folco (Laval—Les Îles, Lib.): Mr. Speaker, I will be sharing my time with the hon. member for Beaches—East York.

[*English*]

I rise today in Parliament to speak with the privileges given to me by the constituents of Laval—Les Îles as a parliamentarian on this motion, which calls on the Government of Canada to include the entire package of maternal and child health initiatives on the agenda of the upcoming G8 heads of state summit scheduled for June of this year in Canada.

I also speak today as chair of the Canadian Association of Parliamentarians on Population and Development, CAPPD, which has members from all political parties in both houses of Parliament. This association was formed in 1997 to promote and advance the signed commitments made by successive Canadian governments, Liberal and Conservative, to uphold the 15 principles outlined in the 1994 Cairo program of action.

The first principle is that everyone has the right to life, liberty and security of the person. Those rights are intrinsic rights set out in the Universal Declaration of Human Rights. They are followed by the right to food, clothing, water and sanitation, equality, the right to reproductive choice, education for women and the girl child, the right not to be sexually abused, the right to feel safe from trafficking, and much more.

We are all familiar with these rights and those commitments, yet we choose to ignore them.

Years later, in 2000 in New York, Canada again committed itself to the millennium development goals. Further, in 2002, we gathered on Parliament Hill for an international conference of parliamentarians hosted by our own association, CAPPD, recommitting the Canadian Parliament.

On June 4, 2009, less than one year ago, legislators in the same chamber unanimously again recommitted Canada to reducing maternal and newborn morbidity and mortality at home and abroad through an all-party resolution.

However, I rise today to speak on a motion that, in the 21st century, should not have to be debated yet again in the Canadian Parliament, given the commitments we as parliamentarians have made time and time again, as I just described.

Canadian legislators are now preparing to host international parliamentarians on June 10 and 11 in Ottawa for the sixth annual international parliamentarians' conference. As we prepare for these summits, the international community is appalled at what is happening in Canada. Our CAPPD association is also a member of the international network of parliamentarians, which includes Asia, Africa, Europe, Latin America and the Caribbean.

Legislators all over the world are concerned that Canada is deliberately turning its back on women in developing countries. The government will deepen the divide for those millions of women who die each day in childbirth.

We have promised women and girl children a way forward out of poverty and hunger. We have promised life and security of their person instead of rape and violence. We have promised education and jobs instead of illiteracy. We have promised sanitation and clean water instead of open cesspools breeding malaria and other diseases. We have promised access to health services.

All of this is what we mean when we talk about gender equality. It is simply the right of women to choose life over death in childbirth because they can access what the majority of Canadian women take for granted. It is the right to development.

What we have committed to is about giving families the ability to choose the spacing of their children. What does this mean? It means that G8 and G20 summits can be global leaders who will put in place, under Canada's leadership, policies that provide women and men with the ability to practise responsible family planning as an integral part of healthy conjugal relationships.

• (1210)

[*Translation*]

High fertility levels increase the risk that a woman will die from pregnancy- or birth-related causes.

Even though all pregnancies entail a certain amount of risk, the chances of a woman dying mount with each new pregnancy. High fertility levels combined with limited availability of primary and obstetrical health services pose a mortal danger to women throughout their lives.

In the developing countries taken as a whole, the lifetime risk of maternal death is 1 in 76, while in the industrialized countries it is just 1 in 8,000.

[*English*]

We are speaking about the use of condoms for men, not only to protect women from contracting HIV-AIDS, but also to help protect them from unwanted or low birth pregnancies.

[*Translation*]

Along with good nutrition for women, well-spaced deliveries are an essential part of any strategy for avoiding premature births, low birth weights and neonatal deaths.

Studies show that if the interval between births is less than 24 months, the risk is considerably increased. It is imperative as well to provide girls with adequate nutrition and health care at birth, throughout their childhood and adolescence and into their adult years, when they are old enough to have children.

Business of Supply

For every newborn child who dies, 20 others are injured at birth or suffer complications from premature birth or various other neonatal conditions.

[*English*]

It is about access to health clinics within a short distance of women's homes.

[*Translation*]

There are many harmful effects as well from gender discrimination, which is often passed along from generation to generation through cultural traditions and economic, social and political norms. Discrimination based on gender often prevents girls and women from acquiring an education, which, as many studies show, can reduce the risk of maternal and child mortality.

Discrimination often also deters women from seeking and trying to benefit from adequate health care and life skills training, which is essential to help protect them from sexually transmitted diseases, including HIV, insufficient spacing of births, violence, abuse and exploitation.

Discrimination can also limit their ability to earn a living once they become adults and can drive them into a life of servitude and subservience when they marry, often before reaching 18 years of age.

[*English*]

As I travel throughout the world, parliamentarians remind me that Canada has had an excellent reputation as a leader in upholding its international commitments. However, that reputation is slowly being eroded by irrational ideologies that are not grounded in any scientific research, human understanding or a clear understanding of the needs of women and their families in developing nations.

A 2009 Conference Board of Canada report said that our country now has the highest infant mortality rates in the developed world.

Within first nations, Inuit and Métis populations, these rates are even worse. According to a report on indigenous children's health published in 2009, infant mortality rates for status first nations remain approximately twice as high as general Canadian infant mortality rates. Infant mortality among Inuit is four times higher than for the general Canadian population.

Right here at home HIV-AIDS has a significant impact on aboriginal women. The presence of this disease significantly impacts their reproductive health.

The outcomes will be given to Canada's Prime Minister as he gets ready to preside over the G8 and G20 heads of state summits in Huntsville and Toronto. I am speaking here of the outcomes of our own parliamentary summit.

We are, therefore, asking the House today to send a message to the world, to send a message to women in Canada and in developing countries.

The world is watching Canada as we get ready to host international parliamentarians in Ottawa on June 10 and 11 to again review the millennium development goals with an emphasis on maternal and reproductive health.

Business of Supply

● (1215)

[Translation]

In conclusion, the Liberal Party is an unambiguous supporter of access to a full array of available options in the area of family planning and sexual and reproductive health, including contraception.

[English]

The Liberal Party's view on this issue is unequivocally supportive of access to the full range of family planning, sexual and reproductive health options, including contraceptions.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, over the last 40 years of successive Liberal governments that have promised 0.7% of gross national income would be contributed to developing nations, never, in fact, met those targets.

Earlier today, the minister said that she and the government could not support the resolution because it was anti-American and that it would reopen the abortion debate.

Would the member like to comment on the government's excuse that it cannot support the resolution today because it is anti-American?

Ms. Raymonde Folco: The short answer, Mr. Speaker, is that we are not in America, we are in Canada. Although the members and the ministers across think they are living in the United States of America, they are actually living in Canada. They have been elected by Canadians and I would like to think that perhaps they might look to what their own electors are thinking on this issue.

Ms. Candice Hoepfner (Portage—Lisgar, CPC): Mr. Speaker, I was not able to hear the member's entire speech but I came into the House when she started to mention the plight of aboriginal women and women in Canada having babies. I can agree with her because I lived on a first nations reserve for three years. I had my second baby while on that reserve and had to travel six hours away.

The member makes a very good point. It is important for our government to look at ways to help improve access to health care for women and men living in remote communities.

I want to come back to the motion. Does the member believe that the women who are in these impoverished nations where there is not access to adequate health care and where the government support is not there for nutrition and clean water, that it will help mothers and young children if we can increase and have a real concerted effort as the G8 group to help these women and children?

Ms. Raymonde Folco: Mr. Speaker, what our Prime Minister said in Davos was that he had chosen two of the MDGs, the millennium development goals, maternal health and early childhood, babies' health as the major focus, but all the other MDGs are interrelated.

What the hon. member opposite has mentioned about access to clean water, access to clinics not too far away from their homes, access to the right birthing conditions and, particularly nutrition, are all linked together.

What the Prime Minister has decided, and I support him on this, is to focus on two of these, but all the others are absolutely essential if women are to have babies in safe and sanitary conditions.

● (1220)

Hon. Maria Minna (Beaches—East York, Lib.): Mr. Speaker, I rise today to speak to the motion but, as other members have said, I wholeheartedly wish that we did not need to debate it at all.

The government does not understand the issue of infant and maternal health in the slightest. In fact, the Conservative ministers have been directly contradicting each other on this issue all over the place. It suggests to me that they are trying very hard to fudge something that they are worried will upset the base that they represent. They believe very much that reproductive technology is taboo.

I was absolutely shocked when I learned that the Minister of Foreign Affairs stated, "This does not deal in any way, shape or form with family planning. Indeed the purpose of this is to be able to save lives".

Does the Minister of Foreign Affairs not understand that the very thing he is denying women in developing countries is the thing that will in fact kill those women? He had to have known that by the government doing and saying that, it was literally condemning certain numbers of women to death. That sounds horrible and harsh but that is reality. That is what Mr. Bush did in America.

The purpose is to save lives but the government's plan will not save any lives. Instead, it will condemn women to death. No maternal health policy can be effective without proper family planning and the ability to space out pregnancies. Everybody in the developing world and everybody in our country knows that. As the former minister of CIDA, I have seen that in the countries I have visited and it is a fact.

However, the current CIDA minister then said, "We have chosen to focus the world's lenses on saving the lives of mothers and children," but not birth control. Does the minister really think she is doing her job? How can a development minister of Canada say that she is saving lives by denying contraception and birth control when she knows full well, if she bothered to visit any other developing countries and looked at any of the programs, that she is doing exactly the opposite? As a former minister of CIDA, I suggest that the minister resign from her job because she is not looking out for the people she is supposed to be representing and protecting in this country.

We all acknowledge that promoting infant and maternal health is an admirable one but when ideology trumps health policy and politics trump common sense, the Conservative government only accomplishes relegating Canada to the backbench on international development and causes us a great deal of embarrassment, which is totally unacceptable.

We need to look at some of the facts. Improving the lives of women and children in the developing world requires more than immunization, access to clean water, better nutrition and improved training for health care workers. All options must be made available to promote educated family planning and gender equality. All of these things are needed, but we need that and more.

Business of Supply

The reality is that 80% of maternal deaths are caused directly by complications during pregnancy, delivery and after delivery. The four major killers are bleeding, infections, unsafe abortions and obstructed labour. Contraceptive services in developing countries could avert 52 million unintended pregnancies. I am not talking about one or two. This is huge. They could save 1.5 million lives and prevent 505,000 children from losing their mothers.

Investment in family planning could slash maternal deaths by 70% and cut newborn deaths by nearly half. Children without mothers are three times as likely to die before their fifth birthday. They often enrol in school late and leave school early. Spacing between pregnancies is important for the health of mothers. Two hundred and fifteen million women who would like to delay or avoid childbearing do not have access to modern contraception, 20 million have unsafe abortions every year, and 8.5 million need hospital care for complications but it is not available for 3 million of them.

The government is concerned that we are talking about abortion. Everybody wants to stay away from that word, but by denying birth control, it is forcing women to either abort or to die, and many of them do die, including their children afterward. That is the reality. I saw it on the ground, I have lived with it and I have seen the data.

● (1225)

We are dealing with that reality and for the government to ignore that reality because of its own personal ideological beliefs is totally unacceptable in this country. We have signed agreements at the international level with respect to women that commit us to doing exactly what the government is denying it is going to be doing.

Women who cannot access reproductive health services are more likely to obtain unsafe abortions and more likely to die as a result of pregnancy, childbirth or unsafe abortions. Ninety per cent of maternal deaths are preventable with better nutrition, but also by spacing out pregnancies.

The main reasons for infant and maternal deaths are the poor quality of care, with unsafe, outdated equipment, and the lack of midwives and trained professionals. I have travelled to many of these countries and have met with the midwives and have seen just one or two of them responsible for thousands of women, with very little medical equipment available. Yes, we need to provide more medical assistance and better nutrition and better health supports and to ensure there is not just one midwife for thousands of women, absolutely, but we also need to provide contraceptive and birth control assistance, because those mothers do not choose.

What I have been told sometimes by people is that the women should abstain. It does not work. Women in these countries do not have the option of abstaining, just as young women in some parts of Africa do not have the option of abstaining and end up with AIDS, which is a whole other issue that we are not even talking about.

Of course, contraception also helps in preventing deaths in the other direction. It helps women who are already malnourished, who are already anemic in many ways because they are very poor, and who are not able to withstand pregnancies that close together and end up dying in childbirth. That is why birth control has to be part of the program. It is unconscionable for the government to even consider denying and eliminating that. To me, it is nothing but

pandering to a certain political level in this country and it is totally unacceptable from a government that purports to lead a modern, progressive nation in this world, which I consider Canada to be.

Regarding the cost of care, women bear the brunt of the fees for health care. Their reproductive roles mean they have the greatest need for health care. Even in places where health care is free, they still have to get to the facility and sometimes must pay for the equipment and supplies needed, which they do not have money for.

We made a commitment to the fifth millennium development goal to reduce maternal mortality by 75% before 2015, and if the government thinks it is going to accomplish that without birth control and contraception, then it is wrong. Even abortion, which is not something that anybody advocates for, is still part of the program and should be allowed. Those women have a right to choose and a right to survive. It is not for us to impose our situation on them.

Canada has provided long-lasting support for contraception and reproductive health services through CIDA. The government's ideology is getting in the way of good health care and gender equality, both here in Canada and abroad, where the government is now pushing its ideology. As members know, it has eliminated equality for women in this country, shut down offices that serve women in this country, and now is trying to impose its ideology on women abroad.

I could go on for a long time on this issue, but what is most important to me is this. If the Minister of International Cooperation and the Minister of Foreign Affairs and the Prime Minister of this country know, and I believe wholeheartedly that they do, that without contraception and birth control being part of the program it will in fact condemn 500,000 to one million poor women in the developing countries to death, and are still prepared to put forward this kind of policy and have only backed off slightly after being pushed by the House and the media, it is unconscionable. It irresponsible and it is not Canadian. As leaders of this country, I expect better from them. I expect them to represent the values of this country and to support us abroad.

● (1230)

Hon. Gary Lunn (Minister of State (Sport), CPC): Mr. Speaker, I want to ask the member a question about something I believe is unconscionable.

Business of Supply

We listened to the member's rant and do not need to take advice from the Liberals on any of these issues. If they had a genuine interest in women around the world, why would they attack a previous U.S. administration in the motion, or the current one, or any one, for that matter, our strongest neighbour and ally? Together we have stood side by side in every major conflict.

Why would the member not keep the motion to the positive? Why did the member not focus his motion on what he was are trying to achieve? Why did he have to put in the motion an attack on a previous U.S. administration?

You can pick up the *Globe and Mail* today and see two previous U.S. presidents, Presidents Bush and Clinton, working side by side doing humanitarian work together in Haiti. Yet your party wants to attack a U.S. president—

The Deputy Speaker: I will remind the Minister of State for Sport to address his comments through the Chair, not directly at other colleagues.

The hon. member for Beaches—East York.

Hon. Maria Minna: Mr. Speaker, the hon. member conveniently forgets that it was President Bush of the United States, not the current one, who has actually reversed the situation, who declared that money for families could not go to family planning at all, period. In fact, it only went to faith-based organizations that did not provide contraception or any of those services. He actually denied it.

Around the world, women in fact were affected. Other countries had to move into the breach and that is exactly what the government is doing. It is doing the exact same thing as the previous administration of the United States did. Otherwise, why put this particular caveat on this program? Why deny these women the right to birth control, which would save their lives? It is exactly the same ideology and practice. The government is following the same practice as the previous administration.

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, one thing we can all agree on in the House is that the health of women and children, not only in this country but also around the world, is of paramount importance to all of us. The key to the member's comments and the comments of everybody in the House is to try to agree on what the most effective measures and means for ensuring that health really are.

To be honest I am happy that we saw a change of course in the House, whether forced on the government or it came to a conclusion on its own, that contraception and family planning is a critical component to ensuring the health of women and children, particularly in developed countries. I am glad we have joined together to recognize that.

I am wondering if the hon. member can comment on what percentage of GDP she and her party feel is necessary for Canada to fulfill its international obligations to help ensure maternal and child health in this world.

Hon. Maria Minna: Mr. Speaker, I believe we all support reaching the 0.7% of GDP target that we had committed to some time ago. As a matter of fact, the Liberals doubled aid to 0.8% of GDP, and the Conservative government has just frozen the money, meaning that in the next couple of years the money will actually be

cut. We were doubling aid money every year to get there, but the current budget freezes it. That is a reversal of policy, which will in fact result in a cut in the future. Therefore, we are not going to get there, not for a while.

Mr. Laurie Hawn (Parliamentary Secretary to the Minister of National Defence, CPC): Mr. Speaker, a lot of what the hon. member had to say about the care of women and children and so on is true, and we agree with it, but my simple point is that we are not going to get anywhere by misleading the House and misrepresenting the government's position. She continually misrepresents the government's position with respect to contraception.

We made it very clear that it is going to be part of the process at the G8, if the G8 wants to go there. We are not standing in the way of that at all. I wonder why the hon. member continues to misrepresent the government's position and thereby mislead Canadians.

The member has to raise the spectre of people dying to get people's attention. It is very disingenuous and not helpful at all.

● (1235)

Hon. Maria Minna: First, Mr. Speaker, the spectre of people dying is not a spectre. It is true and very much a fact.

Second, the government only changed its version when it said, of course, it will be considering contraception if the G8 wants to go there. There is no such thing as "if the G8 wants to go there". Canada should take a leadership role and not go in and say, "if the G8 wants to go there". We know that the G8 is already there. It is Canada that has changed its position, not the G8, and the hon. member knows that very well.

Ms. Candice Hoepfner (Portage—Lisgar, CPC): Mr. Speaker, I would like to thank you for the opportunity to address this issue and to inform the House that I will be splitting my time with the Parliamentary Secretary to the Minister of Citizenship and Immigration.

The motion before the House deals with what we do with our international development assistance and our desire to focus on maternal and child health at this year's G8 summit. We will be voting against this motion, as it is a transparent attempt to reopen the abortion debate, which we said we had no intention of getting into. By voting against the motion we are proving that we will not reopen the abortion debate. In addition, the motion contains rash and extreme anti-American rhetoric that we cannot, as a matter of foreign policy, support.

As the members opposite should know, the mandate of the Canadian International Development Agency is to reduce poverty in developing countries, especially among the most vulnerable populations, including women and children. To do so, the Government of Canada has committed to making Canada's international assistance more targeted and effective, and to improve the reporting of results to Canadians. We are untying aid, we are becoming more focused and we have identified and are implementing thematic priorities that guide development work.

Business of Supply

For decades it was common practice by donors to pledge their aid with strings attached, requiring that goods and services be acquired in the donor country. The Organization for Economic Co-operation and Development estimates that tied aid makes international contributions 30% to 35% less effective. In April 2008, Canada fully untied its food aid. Agencies such as the World Food Programme can now use Canada's money and buy the appropriate food at the best prices in the areas closest to the need. In addition, Canada announced last September that it would fully untie all aid in 2012-13.

As well, for far too long, Canada's bilateral aid was spread very thinly among many countries and the results were very difficult to assess. That is why CIDA committed to investing 80% of its bilateral resources in 20 countries. Our intent is to improve coordination, achieve greater results and provide more targeted resources to those who are in need. Our countries of focus are developing countries where we think Canada can have the greatest impact, including a limited number of states in crisis and transition, like Afghanistan, Haiti and Sudan. Overall the government chose the 20 countries based on their real needs, their ability to use aid effectively and their alignment with Government of Canada priorities. We are also decentralizing more staff to the field, giving us direct access to our partner governments and organizations.

At the same time, other countries continue to receive Canadian development assistance in various ways: through humanitarian assistance, through multilateral channels like United Nations organizations, and through the support of Canadian NGOs with a presence in many developing countries.

To give our international assistance greater impact, CIDA is focusing its work on three main themes: stimulating sustainable economic growth, increasing food security and securing the future of youth and children. This last theme, children and youth, is central to the motion before us today. Economic growth is the key to self-reliance. There is no doubt that developing country economies need access to the global economy and to infrastructure to bring their products to market, whether in other parts of the country, the region, or internationally.

Regarding food security, Canada has shown consistent leadership in responding to food security needs in the developing world. The announcement of CIDA's new food security strategy on World Food Day last October 16 by the Minister of International Cooperation demonstrates our renewed and strengthened commitment to this critical issue. Yet food security is also one of the most important and preventable obstacles to alleviating poverty. That is why CIDA's food security strategy will focus on increasing the availability of and access to quality nutritious food, as well as increasing the stability of food supplies and supporting improved governance of the global food system.

● (1240)

To achieve these goals CIDA will concentrate its efforts over the next three years on sustainable agricultural development, food assistance and nutrition, and research and innovation.

CIDA's third thematic area is children and youth.

Canada recognizes that children and youth are key agents of change in these developing countries, but they also shoulder some of the world's most pressing challenges. Focusing on children and youth is one of the best ways to achieve long-term development and poverty reduction.

CIDA's aim is to achieve concrete results that will make a significant sustainable difference in the lives of children and youth. Special attention will be focused on young women and girls, because investment in girls and women brings great social and economic returns to these societies.

On Universal Children's Day last November 20, our government unveiled CIDA's children and youth strategy. It identified three paths for action: child survival, including maternal health; access to quality education, particularly for girls; and safety and security of children and youth.

Helping developing countries achieve their educational goals has been a key part of CIDA's work for many years. Going forward CIDA will promote access to basic education of good quality so that children can complete the first 10 years of school and gain the knowledge and skills they need to contribute to their families and communities.

CIDA's new strategy also includes measures to create a safe and secure environment for children to learn and grow in and become productive members of their society. All children have the right to be healthy, receive quality education and grow up in a safe and secure society. CIDA is committed to helping children and youth in developing countries to attain their full potential to become the strong, positive and engaged citizens of tomorrow.

Regarding maternal health, we will work with G8 members and partner countries, as well as with Canadian civil society and international organizations with expertise in this area to develop the best approach. A development ministerial meeting will be held in Halifax April 26 to 28 to further develop the initiative in preparation for the leaders' summit in June.

Fundamental to any approach is to ensure that our development dollars are being used efficiently and effectively in order to maximize and achieve tangible results.

Together, working with other nations and aid agencies on the ground where the need is greatest, we can make this an achievable goal. We owe it to our Canadian taxpayers and we owe it to the millions of women and children who need our help the most.

CIDA will refocus programming to support efforts that ensure that children have the best possible start in life by putting in place programs and projects that have a positive impact on child survival and maternal health.

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, I would like to ask my colleague a couple of questions, but first, let us align her government's position with reality and this motion.

Business of Supply

The reality is the government wants to reduce maternal mortality and child mortality. It wants a strategic and effective investment of taxpayers' money. In order to do this, we have to enable women and men to be in control of their own reproductive health. The only way to do that is to give them the necessary tools, such as condoms, birth control, and access to safe abortions in countries where it is legal. Failure to do that will result in the death of the mothers, because they cannot space out their pregnancies. They have children too early. They cannot have them too early or too late. They have to be in control of their reproductive health.

When mothers die, more than half of the children under the age of five also die. Also, for every woman who dies in pregnancy, 20 times that number sustain life-altering injuries, including obstetric fistula.

If my colleague believes in life, if she wants to be pro life, will she give women in other countries the same tools that women in Canada have, which is access to a full array of family planning options, including access to safe abortions where it is legal?

• (1245)

Ms. Candice Hoepfner: Mr. Speaker, the member mentioned access to abortions. Let me be very clear with my hon. colleague that we are not willing to reopen the abortion debate and we will not reopen the abortion debate. We realize that members opposite want to open that debate. The Leader of the Opposition said it. The member just said he wants to talk about abortion. We will not talk about the abortion issue.

This is about helping women and children in some of the poorest countries in the world who are dying. We want to give them food. We want to help them with clean water and with health delivery.

The motion that is before us is a rogue. It is transparent. The hon. member just brought to light exactly what those members want to talk about and that is abortion. We will not go there.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, several government members have been talking about the reason they will not support this resolution. They claim it will reopen the abortion debate and that it is anti-American. They have to quit getting Ann Coulter to write their lines for them.

The Conservatives are looking for excuses to vote against a resolution which is an eminently reasonable one, yet they say they support the goals behind it. I would ask them to re-read the resolution.

With respect to the supposed anti-American line, they are talking about what Bush did, but Bush is not there now. Obama is there. They seem to want to do more about what Obama wants to do than Bush anyway. That is the Conservatives' new-found position.

I think they are just looking for ways to criticize this resolution when they should be coming on board.

Ms. Candice Hoepfner: Mr. Speaker, I would suggest that my hon. colleague from Manitoba needs to read the motion. Not only does it have anti-American sentiment and rhetoric in it, but it also refers to failed Liberal policy.

The member talked about supporting Liberal policy. The Liberals did nothing to help women. We have increased funding under CIDA.

There are many things in this motion that are incorrect. It is a transparent motion that wants to dredge up an old debate. Apart from that, it is a bad motion. If members opposite would read the motion, they would see very clearly that it is a bad motion and we will not support it.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, my background is in nursing. A lot of my time was devoted to maternal and child health care in many remote communities in Canada. I recognize the importance of supporting mothers in some family planning options.

I have read the motion which the Liberals have put forward. When I hit the third paragraph, I was absolutely astounded that they would bring our neighbours to the south into the debate. It is terrible and inappropriate to bring that part of the motion forward for debate.

I would like to ask my hon. colleague what would have possessed the Liberals to actually include the third paragraph in the motion.

Ms. Candice Hoepfner: Mr. Speaker, unfortunately the only thing that seems to occupy the minds of the opposition members is political expediency and scoring a political point. They do not really care what price has to be paid and at whose cost, they want to score a political point, and that is too bad.

We will stay focused on helping women and children throughout the world who need help.

Mr. Rick Dykstra (Parliamentary Secretary to the Minister of Citizenship and Immigration, CPC): Mr. Speaker, we will be voting against the motion before the House.

This motion is an extremely transparent attempt simply to reopen the abortion debate which we have clearly said we have no intention of getting into. By voting against this motion we are proving that we will not reopen the debate. In addition, the motion contains rash and extreme anti-American rhetoric that we simply cannot support as a matter of foreign policy.

I am rising today to speak to this motion and more specifically, to outline how important food security is in the context of maternal and child health. Before I get into the details, let us first look at the present landscape.

More than one billion people around the world have too little to eat or are malnourished, which is the result of a number of factors. These include population growth, volatile food prices, transportation and agriculture costs, as well as a struggling economy and reduced global investment in food and agricultural development.

While we are focusing on this, the Liberals are focusing on something else. Instead of supporting the Prime Minister in his efforts to make the lives of women and children in third world countries better, the Liberals only see an opportunity to cause controversy where there is none and slam our neighbours to the south which they should not be doing. For the Liberals, this statement is simply business as usual.

Business of Supply

For the men, women and children who go to bed hungry every night, a lack of access to sufficient safe and nutritious food can have a devastating impact on their health and severely limits their ability to learn in school, to earn a living and otherwise to live well on the basic necessities of life.

This makes food insecurity a central obstacle to reducing poverty and in keeping mothers and children healthy at the most critical points of their lives, for mothers during pregnancy and in the years that immediately follow, and for children during their early years of life.

Within the global context, Canada is among the leading donor countries committed to countering food insecurity. In fact our government has made the issue a major focus of the Canadian International Development Agency whose very mission is to lead Canada's international effort to help people living in poverty and to do so in a way that is efficient, focused and accountable.

Since the 2008-09 food crisis, the number of people living without access to sufficient, safe and nutritious food jumped from 923 million to over one billion, one-sixth of our world's population. The majority of these individuals are farmers living in rural areas, and of course, women and children.

This is particularly significant for two reasons. One, worldwide approximately 500 million small-scale farmers cultivate food for more than two billion individuals. Two, women account for a large proportion of agricultural production in the developing world and are therefore important agents of economic development and food security. We cannot hope to reduce poverty if the very individuals who bring food to the world are incapable of even feeding themselves.

From national and regional perspectives, we know that governments must strengthen their ability to address food security. We know as well that in the global context, difficult economic forces continue to aggravate the stability of food systems. The same goes for volatile energy crises which make food more difficult to access given that its production, transportation and distribution rely heavily on energy markets, and likewise for the unpredictability of a changing climate, including changing intensity and frequency of rainfall which can negatively impact and influence the global food system.

As a government our imperative is to help the world's poorest and most disadvantaged to overcome these challenges and to make it less likely for them to be affected by food shortages and constraints to agricultural productivity.

To help navigate these waters, the Canadian International Development Agency has a food security strategy that clearly outlines three priorities: sustainable agricultural development, food aid and nutrition, and research and development.

Most poor people living in rural areas earn their income from agriculture. In fact, according to the 2008 World Development Report, agriculture programming is two to four times more effective in reducing poverty than investments in other sectors.

CIDA's plans for sustainable agricultural development therefore include doubling agriculture investments by supporting national and

regional agriculture strategies which support the ongoing efforts of the World Bank and the International Fund for Agricultural Development and supporting agricultural research.

● (1250)

These measures will translate into progress on many fronts. More small rural farmers will increase agricultural production and CIDA's partner governments will develop stronger policies, make their institutions more accountable and design better processes to provide stable, local sources of nutritious food.

In terms of food aid and nutrition, it bears remembering that worldwide more deaths are attributable to hunger and malnutrition than HIV-AIDS, malaria and tuberculosis combined. Nutrition is therefore obviously essential to early childhood development and to building a healthy population for the long run, given that malnourishment leads to serious illness, blindness, mental disorders and death among the world's most vulnerable.

In terms of addressing the food needs of these high risk populations, emergency food aid, social safety nets and nutrition are examples of key interventions that contribute to addressing food insecurity. CIDA's work to improve access to sufficient quantities of nutritious food and enhance the quality and effectiveness of food aid programming will result in more lives saved and better overall health for all developing world citizens, including mothers and children.

The final priority in the food security strategy is research and development. As investments in agriculture research and development have declined over the last 30 years, so too has growth in global agriculture productivity. Based on present estimates the global food production must increase by 70% by 2050. Investments in agriculture research and development are essential if production is to keep pace with increasing demand.

As a significant donor to the Consolidated Group on International Agricultural Research and through contributions from Canadian academia, private sector and non-government organizations, Canada is putting its considerable experience in agricultural research and development to use on a global scale by sharing knowledge and resources with developing countries. In fact, our government also contributed \$62 million to the Canadian International Food Security Research Fund. We put our money where our mouth is.

The purpose of this joint initiative between CIDA and the International Development Research Centre is to increase the contribution of Canadian organizations toward solving global challenges regarding food security through applied collaborative efforts and results-orientated research in partnership with developing country based partners.

Business of Supply

The work CIDA is doing to facilitate research and development within the developing world will give farmers in partner countries better access to the new technologies and specialized expertise they need in order for their farming operations to keep pace with the growing demand for food and also to withstand the ongoing effects of the changing climate.

The triple challenges of meeting the food needs of tomorrow, of staving off hunger today while doing this sustainably illustrates the enormity of our task and the need for concerted and coordinated action. This is critically important as we keep working to reduce poverty.

While we are here to debate the important issue of women's and children's health, the Liberals continue their history of making inappropriate and disrespectful remarks about the United States and this statement in their motion is just more of the same.

Our government has made much progress in trying to undo some of the damage caused to our relationship with the U.S. by the party opposite when it was in government over the past few years, yet the Liberals continue to undermine and continue to try to damage that relationship.

We are going to ignore the Liberals' provocations and continue to make progress on food security for at risk populations in our world. There is no doubt that food security ties itself closely to our government's objectives on maternal and child health. Without it, we cannot hope to keep mothers and children healthy at the most critical points of their lives.

• (1255)

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, last year at the G8 meeting in L'Aquila, Italy, the Prime Minister signed on to allowing women and men to have access to a full array of family planning options. I will read the WHO, World Health Organization, definition of family planning. It states:

Family planning allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births. It is achieved through use of contraceptive methods and the treatment of involuntary infertility. A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being as well as on the outcome of each pregnancy.

In Italy last year, the Prime Minister signed on to supporting women's and men's access to a full range of family planning options. Does the member support the World Health Organization's definition of family planning and will his government support that definition and achieve those goals at this year's G8 summit in Ontario?

Mr. Rick Dykstra: Mr. Speaker, the answer is quite clear. We do agree.

The hon. member makes a point of stating what the Prime Minister said in terms of the last time this came on the table. He stands by his word. We stand by our word. In fact, he is making it a priority when the G8 and G20 meet here in our country, in Toronto and Muskoka. It is a priority for him and this government.

However, to turn this issue of trying to help mothers and children in poverty across the world into some political issue that the Liberals feel will drive some sort of message or try to divide the House in dealing with an issue that is completely non-partisan is unacceptable. This is why we do not support the motion.

• (1300)

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, what is interesting is the government's refusal to acknowledge that contraception and family planning played a role in maternal health drove a rift in the House. It took that position for days on end. Finally it changed its position and did an about-face because of the public pressure from Canadians across the country. That is creating a rift.

I am glad we have come together on that and recognized that contraception and family planning are vital to saving women's and children's lives around the world. However, I want to just focus on the issue of attacking the United States.

When I read this motion, it says:

—that the Canadian government should refrain from advancing the failed right-wing ideologies previously imposed by the George W. Bush administration in the United States...

That says nothing about attacking the United States. It is about attacking an ideology that hurts women. What specifically in that paragraph, if the member could help me understand, does he find objectionable or incorrect?

Mr. Rick Dykstra: Mr. Speaker, first, the member who moved the resolution was a premier of the province of Ontario for five years. I have been here for four years. I have never introduced a motion or a private member's bill in the House that indicated, in any way, shape or form, some reference to what he did to Ontario. He did a lot of bad things to Ontario for five years, but I never, when dealing with an issue in the House of Commons, try to use a previous government from either another province, or worse, from another country.

I do not understand why the member opposite asks a question. He reads this and says that we are not trying to partner with our brothers and sisters in the United States. This is not what it is doing. It is driving us further apart. We do not accept it. We will not support it.

Mr. Gordon Brown (Leeds—Grenville, CPC): Mr. Speaker, I have listened very closely to the parliamentary secretary's comments. I currently am the House chair of the Canada-U.S. Interparliamentary Group. I know the hon. member serves as one of the vice-chairs. We all work very hard to work with the members of Congress in the United States to try to advance Canada's agenda. We work with them very closely. I know the hon. member has been part of those efforts.

Could he tell us a little more about the damage this type of motion can do?

Mr. Rick Dykstra: Mr. Speaker, I credit the member for the work he is doing as chair of this association.

Business of Supply

In fact, let me point out very clearly that the buy American policy, which definitely would have had an impact on this country, and did to some degree, was resolved based on the hard work of our relationship with the United States. We agreed, whether we were Liberals, Conservatives or New Democrats who sat on this committee, that our relationship had to be strong with the United States. This does nothing to make that any stronger.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, I will be splitting my time with the member for Vancouver Centre.

Every day almost 7,000 become infected with HIV and almost 6,000 die, mostly because they have no access to HIV prevention, treatment and care services.

In Canada someone in the country becomes infected with HIV every two hours. Women account for one-fifth of Canadians with HIV-AIDS, up from one-tenth in 1995. By the end of 2005, there were 58,000 people living with HIV-AIDS in Canada. Of those, an estimated 15,000, or just over 25%, did not know it.

Today AIDS remains the most serious infectious disease challenge to global public health and undermines six of eight millennium development goals: reduce poverty and child mortality; increase access to education; gender equality; improved maternal health; and efforts to combat major killers, such as malaria and tuberculosis.

My remarks will focus on what can happen when a government fails to implement evidence-based medicine, but instead invokes ideology over science. This happened during the early days of the AIDS pandemic and the response of the United States to it.

Protecting our children is personal to me. I taught infectious disease and women's health at the university. I used to have Casey House, the first free-standing HIV-AIDS hospice in Canada, come and talk to my students. As the years passed, I stopped inviting the organization because I knew I had students living with HIV in the room and the talk would be devastating to them.

My students came to me when they had nowhere else to turn. They confided in me about being HIV positive. They were 17, 18, scared with no hope. They could not fathom how this could happen to them. They did not want to go home. They did not want to tell their parents, and they were afraid to get help.

I heard from the parents. I remember one parent who came to me in desperation. He just kept saying, "If only I had talked about it. It shouldn't have been that hard. The ABC's abstinence be faithful condoms...my baby might not have been infected today. How do I ever say I'm sorry?"

My wish is that no parent, friend, loved one or teacher would ever have to hold a young person sobbing because they have received the terrifying, life-changing diagnosis of HIV positive, at that time a death sentence. We cannot, we must not return to the fear and ignorance that once defined the world's response to the AIDS pandemic.

I remember that first summer in the early 1980s. Radio reports from California and New York drifted in about a small number of men who had been diagnosed with rare forms of cancer and/or pneumonia. The U.S. Centers for Disease Control and Prevention first described the condition in 1981 by detailing the cases of five

young gay men hospitalized with serious pneumonia and yeast infections.

By the end of 1981, five to six new cases of the disease were being reported each week. By 1982, a total of 20 states had reported cases and the disease was no longer solely affecting gay men. There were a small number of cases among heterosexual men and women.

Initially the American government completely ignored the emerging AIDS epidemic. In a press briefing at the White House in 1982 a journalist asked a spokesperson for President Reagan if the president had any reaction to the announcement that AIDS was now an epidemic and had over 600 cases. The spokesperson responded, "What's AIDS?" To a question about whether the president or anybody in the White House knew about the epidemic, the spokesperson shockingly replied, "I don't think so".

While the government took no action, the numbers of infected and dying continued to increase. By the end of 1983, the number of AIDS diagnosis reported in American had risen to over 3,000, and of these, over 1,200 had died. Shamefully, it was not until September 1985 that President Reagan publicly mentioned AIDS for the first time. This was unconscionable.

Public health officials had a model for how quickly a sexually transmitted disease could spread. It was syphilis, which emerged 500 years ago in western Europe during the late 15th and 16th centuries, quickly reaching a prevalence rate of 20% in any urban areas.

● (1305)

The U.S. political sector's slow response to AIDS contributed to the explosive growth of the epidemic. In some instances, federal officials actually ruined efforts to slow the epidemic. Former Surgeon General Koop stated:

Even though the Centers for Disease Control commissioned the first AIDS task force as early as June 1981, I, as Surgeon General, was not allowed to speak about AIDS publicly until the second Reagan term. Whenever I spoke on a health issue at a press conference or on a network morning TV show, the government public affairs people told the media in advance that I would not answer questions on AIDS, and I was not to be asked any questions on the subject.

President Reagan also refused to advocate for safer sex and condom use. Instead, he chose a ban on HIV-positive immigrants entering the United States and then later sexual abstinence as the keys to preventing the epidemic.

Business of Supply

At last, in 1986, the surgeon general's report on AIDS was published, outlining what the nation should do to prevent the spread of the disease. The report urged parents and schools to start frank, open discussions about AIDS. Finally, in 1988, the first national co-ordinated AIDS education campaign was launched in the United States. There were 107 million brochures entitled "Understanding AIDS" mailed to every household across the country.

Tragically, nearly 83,000 cases of AIDS had been identified in America and over 45,000 people had died. Six other nations had set up similar leaflet campaigns before America chose to do so. A condom campaign was finally launched by the CDC in 1994. It promoted condom use, the first among government agencies, state and local organizations, and through a series of advertisements on TV networks, cable and radio. In 1997, for the first time since 1981, the start of the epidemic, the numbers dropped substantially.

Harvey Fineberg, then provost of Harvard University and co-chair of the 2000 Institute of Medicine committee, stated: "Thousands of new HIV infections could be avoided each year if we gave greater emphasis to prevention". The report also criticized government spending on abstinence-only education as there is no evidence that such programs are effective in preventing the spread of HIV.

Since the beginning of the pandemic, almost 60 million people have been infected with HIV and 25 million have died of HIV-related causes. In 2008, 430,000 children were born with HIV.

We have a long way to go to defeat HIV-AIDS and to protect maternal and child health. We must reduce HIV infections, increase access to treatment and care, and reduce HIV-AIDS related health disparities. We must ensure that all people understand that HIV-AIDS is incurable, but that it is also 100% preventable. Far too many people have become infected because they lack basic information about how this disease is spread.

My thoughts and prayers remain always with my student, who is sadly no longer with us, and to the father, I honour my promise, namely, to tell families how they can best protect their children.

Now I call upon the government to respect the words of its Public Health Agency, namely, that condoms are a vitally important way to save lives and protect our health. This is a global public health issue to reduce the spread of HIV-AIDS and save lives. We cannot return to fear and ignorance, which led to infection and death.

• (1310)

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, my hon. colleague and I have both travelled down the same path in terms of HIV-AIDS and have similar concerns about some things that have happened. My question to the hon. member is how paragraph three, looking at another country and making negative comments, is in any way helpful to Canada and its relationship with other countries. Why is that part of the motion?

Ms. Kirsty Duncan: Mr. Speaker, the material that I presented is historical fact. The facts that I presented come from the World Health Organization and from the United Nations. I will take this opportunity to talk about preventing the transmission of HIV-AIDS as stipulated by the U.S. Centers for Disease Control and Prevention:

Abstain from sex...until you are in a relationship with only one person, are having sex with only each other, and each of you knows the other's HIV status.

Talk about HIV and other STDs with each partner before you have sex.

Learn as much as you can about each partner's past behavior...and consider the risks to your health before you have sex.

[Get tested] for HIV—

Use a latex condom and lubricant every time you have sex.

If you think you may have been exposed to another...STI (Sexually Transmitted Infection), such as gonorrhoea, syphilis, or Chlamydia trachomatis infection, get treatment. These diseases can increase your risk of getting HIV.

Do not have sex when you are taking drugs or drinking alcohol because being high can make you more likely to take risks. To protect yourself, remember these ABCs: A = Abstinence B = Be Faithful C = Condoms

• (1315)

Mr. Don Davies (Vancouver Kingsway, NDP): Mr. Speaker, I would like to thank the member for a very thoughtful and well prepared speech on HIV and AIDS with many principles that we all should agree with. However, I want to bring up that when her party was in power, the former Liberal government promised to meet its target of contributing 0.7% of gross national income to international aid. Yet, year after year that party and that government failed to do so. This became a laughingstock as over a period of decades the Liberals made a habit of making that commitment and never actually keeping it.

Bringing the matter forward to today, were her party to be in government again, would she stand in the House and give a commitment to all Canadians that one of the first things her government would do would be to reach that 0.7% figure, or would it be just more words again?

Ms. Kirsty Duncan: Mr. Speaker, this is not a laughing matter and of course we support the increase in ODA, our official development assistance. I also want to take the opportunity to explain that when the condom campaign was finally launched by the CDC in early 1994, the campaign promoted condom use. It was the first campaign involving government agencies, state and local organizations. Through a series of advertisements on national television networks, cable networks and radio stations, the advertisements were frank about sex. In 1997, it was reported for the first time that AIDS decreased in the United States since the start of the epidemic in 1981.

Mr. Bev Shipley (Lambton—Kent—Middlesex, CPC): Mr. Speaker, I appreciate the member opposite being engaged in very important comments in terms of public health, there is no question about that. No one doubts the efficacy of her comments this afternoon. But back to the real question in the motion in front of us. As was enunciated by the member for Kamloops—Thompson—Cariboo, in the third paragraph the terms in the motion are almost incendiary in terms of our relationship to say things like "refrain from advancing the failed right-wing ideologies" in the general sense.

Would the member please clarify why those kinds of comments would show up in a motion like this?

Business of Supply

Ms. Kirsty Duncan: Mr. Speaker, the material that I presented is based on historical fact. CDC, the Institute of Medicine and the World Health Organization recognized the history that took place in the United States. If action were taken in 1981, the epidemic could have been slowed. Sadly, the word “AIDS” was not even mentioned until 1985.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I rise to speak on this issue because, having been a member of Parliament in this place for 17 years, I have still not lost my roots, which are in medicine. I have delivered 800 babies during the course of my time as a family physician.

This issue is of extreme importance to me. When I look at my own country of Canada, I realize that one in 11,000 women die in childbirth here. In the developing world, one in three women die in childbirth. There is an enormous number of stillborn children. There are many children who are born and, within 42 days, fail to thrive and actually die.

A country like Canada professes to care. This is at the root of the decision to sign on to the millennium goals for 2015. We do care about others. First and foremost, we do not apply quality of care to other countries or to developing nations that is less than what we would give to our own people. Being a physician and accepting that we cannot be second best for the people of the developing world, I think we have to consider that this motion speaks exactly to this issue.

The concepts behind millennium goals four, five, and to some extent six, are all about maternal and infant health. It is about preventing the toll of extraordinary death. I just want to cover a couple of facts quickly. Every minute of every day, a woman dies from pregnancy-related complications. That is more than half a million women each year and 99% of those deaths in pregnancy and childbirth occur in the sub-Saharan region.

Almost half of all women in developing countries deliver their babies without a nurse, midwife or doctor present. We know that that has to do with pregnancy itself. However, for those of us who have delivered babies and studied this issue of obstetrics all of our lives, we know that mortality and morbidity, meaning the illness accompanying it, does not begin the day a woman becomes pregnant. It begins when the woman is in her childbearing years.

Let us look at the millennium goals. They are pretty clear. In 2000, they were developed by 189 countries, some of them developed and some of them from the developing world. All of these countries came together and decided that, by 2015, they would look at a set of measurable and concrete goals, specifically under millennium goals four and five, to decrease maternity-related deaths, perinatal deaths and infant deaths.

In fact, that commitment was made and sworn to by all of the countries attending. Canada was one of them. They swore that they would uphold and commit to those goals and to the action plan for getting there. This is not an action plan that was drawn up out of somebody's head because it sounded good. This was based on good practice. This was based on knowledge of evidence-based medicine. This was based on knowing what contributes to maternal mortality and to child death. Therefore, it looked at clear guidelines that were based on knowledge, evidence and scientific information.

One of the first pieces of the concrete, measurable goals was that, by 2015, 58 million couples will have access to contraception and family planning. That was one of the goals. It was a clear and measurable goal. This is not rocket science. If a woman has many pregnancies and they are spaced less than two years apart, the ability for that woman to remain healthy and the ability for that woman's nutritional status and body to be able to carry pregnancies is immediately compromised by that frequency.

Here in Canada, I myself used to have one or two patients who would want to coalesce their births all in about three years. They wanted to have all their kids as quickly as possible. I would have to tell them that, if they wanted to have children under two years between the last one or under a year and a half between the last one, given that women's health status here is a lot better than in the developing world, it would create a higher level of risk for them during childbirth and for the child itself.

We know this here. It also applies to women in sub-Saharan Africa and the rest of the developing world. Women are not different anywhere in the world. The same physiological and pathophysiological processes apply everywhere regarding the issue of giving birth to children.

• (1320)

The House will please forgive me for being a little graphic here but when the uterus does not have time to go back to its old strength, to the thickness of its walls, it is very easy for it to rupture and for post-partum hemorrhage to occur, which is the major cause of death in childbirth.

We cannot separate the concept of family planning, of planning the number of children, of planning the distance between each child, which has an impact on the actual occurrence during pregnancy and childbirth for that maternal death and fetal morbidity to mortality occur. As I said before, this is not rocket science. It is very clear. We know this for a fact and this is what we need to apply.

I am concerned as a physician and, of course, as a member of Parliament to note that the concept of family planning and contraception, two of the key measurable millennium goals of goals four and five, are considered to be options. I think the Prime Minister said that he would keep those options open and not close any doors. This is tantamount to saying that he does not buy the knowledge gained over medical care for centuries, that he does not buy the fact that these two are linked and that he will consider whether his government will do this or not.

We need to base everything we do on evidence-based care, on knowing what the outcomes will be and knowing how to prevent those outcomes. If we do not, then we are doing quackery on people in other countries and treating them less than our own people.

We cannot say that we will consider the options. We need to say that these are clear guidelines set out by the goals and a concrete action plan that we are committed to following. We cannot cherry-pick it.

Business of Supply

I would not be so bold as to say that this is ideological but I would be so bold as to say that this is not good medical care, nor is it good medical practice. This puts the lives of women at risk. We know what many women in the developing world need to resort to. We know that 20 million women each year have unsafe abortions and that 70,000 of them die from unsafe abortions.

Good family planning and good contraception is the most important step in preventing abortion. One of the key goals of the 2015 millennium goals is to halve the number of abortions in the world, and that is an extraordinarily important priority. This is not about morality. This is about preventing something that most of us do not want to see used as a method of birth control.

Those are important things that we need to talk about. We need to understand the medicine of this and the clinical practice that we are embarking on here.

Every year, 500,000 women die from pregnancy-related diseases. I listened to the minister responsible for CIDA say that the government was only interested in preventing deaths and therefore was only focusing on the pregnancy and the few days post-pregnancy when most women die. It is a fact that most women die at that particular time.

However, to suggest that the cause of post-partum hemorrhage and all the reasons for maternal death only occur during pregnancy is like suggesting that we decided to decrease the number of deaths from heart disease and that we will only focus on that during open heart surgery. It is like suggesting that prior to heart disease we do not care about obesity, smoking or trans fats. However, we do care about those things. We have debated in the House the issues of obesity, trans fats and smoking and we know those things contribute to cardiac disease.

There is a whole spectrum of things that we must do for the sake of women around the world who leave orphaned children when they die and for the sake of children who grow up with HIV-AIDS or hepatitis C. I will not elaborate on that because my colleague just spoke to the issue of sexually transmitted diseases and the fact that they cause chronic morbidity and maternal death.

I ask the government to please consider following the course that is already set based on good clinical guidelines.

• (1325)

Mr. John Weston (West Vancouver—Sunshine Coast—Sea to Sky Country, CPC): Mr. Speaker, I am delighted to hear the words of my hon. colleague who is a doctor.

I recall that doctors take the Hippocratic oath of do no harm. If the member opposite is really concerned about the health and welfare of women in other countries, as are most members in this House, how can she support a motion that includes in it the words “that the Canadian government should refrain from advancing the failed right-wing ideologies...”? It also goes on to talk about a past leader of another country.

Why is she not focusing, as this House should be, on a noble mission to improve the health and welfare of mothers in other countries, instead of muddling it with something like this? How can

that be considered doing no harm, adding those words to a motion in such a noble cause?

• (1330)

Hon. Hedy Fry: Mr. Speaker, as someone who took the oath and who understands the ethics of medical practice clearly based on the ethical code, it is not just doing no harm. It is to consider first the well-being of the patient, which is something that we must consider.

I did not stand here and speak about ideology, although it must cause some of us here who understand that when the World Health Organization, the UNFPA, the United Nations, physicians and health care providers around the world have developed a clear, concrete strategy, one of them being good contraception, and a government ignores that, we need to ask ourselves if it is going to forget good clinical practice and resort to ideology. That is a common sense question to ask.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, I thank the member for a very progressive speech. We hear that a lot from Liberals in opposition. They talk a great line in opposition.

I remember when they were in opposition they talked about the red book promises. They said that they would get rid of the GST, cancel the helicopter contract and bring in a national day care program. For 40 years, those same Liberals have been talking about contributing 0.7% of gross national income to international aid. As of this day, we still have not achieved half of that.

I have a question for which I am trying to get an answer, just as my colleague, the member for Vancouver Kingsway who asked the previous speaker, the member for Etobicoke North, tried. Will the member commit, if and when she does become part of the governing party, that that particular government will live up to that 40-year-old promise?

Hon. Hedy Fry: Mr. Speaker, I am really disappointed that when we are speaking about the lives of women and children that we need to resort to this sort of “what did you promise x years ago” question.

When it was in government, the Liberal Party never talked about preventing access to contraception. We understood that this was key. I was at the Beijing conference in 1995 when we talked about women's rights being human rights and reproductive rights being at the forefront of women's rights.

Therefore, we have committed to this. We have done this. On international aid, we have considered and given assistance to contraception and to assisting women in understanding this issue.

The idea of committing to doing something when we do not know what the state of the treasury will be when we get there is something that we can hope to set as a target. We are committed to the target but whether we can do it in the first year in government is not an answer that I am prepared to give.

We should stick to the issue and not to cheap political tricks.

Business of Supply

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I am reading from the G8 health report from Italy. Under maternal health, it does confirm that due to complications associated with child-bearing, a woman dies every minute, and the chance of dying during childbearing and delivery complications amounts to 1 in 16 in developing countries compared with 1 in 2,800 in developed countries.

It has been suggested in some of the speeches that 30% of this problem could be dealt with by family planning. It states here that a woman dies every minute. What percentage of all of those maternal deaths could be prevented by contraception or abortion?

Hon. Hedy Fry: Mr. Speaker, all kinds of figures are floating around, 60,000 being one of them, but I would suggest that about 30,000 women currently die in maternal morbidity. The concept of contraception is a preventative measure. Everyone knows that one of the first principles of good public health is prevention.

As I said before, in cardiac death, we would not ignore obesity, trans fats and smoking. Therefore, prevention is the key to preventing the frequency of pregnancy. Women also need help in planning their pregnancies so that all babies born in the developing world will be wanted.

[Translation]

Ms. Nicole Demers (Laval, BQ): Mr. Speaker, I want to inform the House that I will be splitting my time with the hon. member for La Pointe-de-l'Île. I will have to be sure not to forget it.

It is a pleasure for me to rise and speak in this debate.

I am obviously an unabashed supporter of the motion being debated today in the House. I too think that the government's G8 maternal and child health initiative for the world's poorest regions must include the full range of family planning and sexual and reproductive health options, including contraception.

I too think the government's approach must be based on scientific evidence.

And I too think that the Conservative government should refrain from advancing the failed right-wing ideologies previously imposed by George W. Bush in the United States, which made humanitarian assistance conditional upon a global gag rule that required all non-governmental organizations receiving federal funding to refrain from promoting medically-sound family planning.

I do not think any of this is very surprising. International maternal health assistance should be based on a scientific, open-minded, non-ideological approach. Family planning should obviously be included.

But opposite us is this pitiful Conservative government, fuelled by right-wing ideology, that hears family planning and immediately thinks abortion and contraception, that hears abortion and immediately sees the hell fires burning.

This government is Manichaeian in its ideology and incapable of drawing fine distinctions. Everything is seen in terms of good and evil. Good is the freedom to have a nice little weapon; evil is terminating a pregnancy.

We need to remember whom we are dealing with here, remember it was this government that made pay equity a negotiable right and it was this government that cut the funding for the Canadian Federation for Sexual Health, which does family planning and is affiliated with the International Planned Parenthood Federation. We need to remember that this government has done virtually nothing for aboriginal women and we should remember the women's program, the court challenges program, the closing of the Status of Women Canada offices and the government's close ties with REAL Women. We need to remember what this government is.

The Minister of International Cooperation said yesterday in question period that the government was not going to open a debate on abortion. But who in the House is bringing up the abortion issue? Is it the opposition? I do not think so. Who introduced Bill C-484? Was it the opposition? I do not think so. Who said that the purpose of the government's G8 initiative was to save lives, thereby excluding family planning? Was it the opposition? I do not think so.

What I believe is that when this government says it does not want to have a debate on abortion, it means it has a closed mind on the matter. It means it is refusing to talk about it.

Do the Conservatives want to avoid a debate that might displease our American neighbours? Who knows? Do they want to avoid taking a stand and showing their real face to the world? Who knows? All we know is that they will not revisit the debate.

Studies on this issue are clear. In 2007, the medical journal, *The Lancet*, stated that of the 42 million abortions performed around the world annually, 35 million of them take place in developing countries. In 2003, 48% of induced abortions happened without any medical assistance. This is a 4% increase since 1995. The authors, including Iqbal Shah of the WHO, wrote:

In developed regions, most abortions (92%) were safe, but in developing countries, more than half (55%) were unsafe...

It is estimated that 97% of unsafe abortions were performed in developing countries.

● (1335)

In Africa, where abortion is highly restricted by law in nearly all countries, there are 650 deaths for every 100,000 procedures, compared with 10 deaths per 100,000 procedures in developed regions. In Liberia, it is common to see lethal complications resulting from illegal abortions that were induced by herbs or unsterilized sharp objects. Such abortions are very common.

Knowing that, who would dare say that abortion is not a public health issue? Who would dare say that professional abortion procedures, in proper hygienic and medical conditions, do not save lives?

Abortions are performed in developing countries, but they are not performed safely. We have the choice of improving medical conditions or doing nothing.

Women are dying. They are bleeding to death because there is no professional support.

Business of Supply

Knowing that, should we be taking the abortion debate to the G8? Should we be telling our partners that we are more than willing to support family planning, contraception and abortions, wherever necessary, and ask them to support it as well?

Obviously we should. Not doing so would be akin to not helping someone in danger.

But I am delusional. I forgot who forms the government. I forgot its dogmatism and ideology.

The Conservatives will not put all the options on the table. They will not re-open the debate on abortion. They do not want to upset their fundamentalist base.

I am so very tired of this debate. It makes me so bitter. For the Conservatives, it is not a question of public health or international aid. It is a question of values, their values.

It is easier to change the government than to change the values of the government we have.

And so I would like to personally apologize to the women who are unlucky enough to be born, grow up and become pregnant in a country without proper medical care. I apologize because the government where I live is doing nothing, despite knowing the facts.

• (1340)

Mr. Steven Blaney (Lévis—Bellechasse, CPC): Mr. Speaker, I have a question for the member across the floor. She must not have been listening when the Prime Minister said that we have an obligation to help the women and children living in the most difficult conditions around the world. That will be the focus of the G8 summit.

I would like to talk about the women and children of Quebec who are the victims of human trafficking. Newspapers are reporting more and more on this growing threat.

The hon. member had the opportunity to rise here in the House and put aside all the dogmatism and ideology she spoke of. I do not know whether she was talking about separatist ideology. I do not think that is a valid reason to refrain from standing up for women and children and opposing human trafficking.

Why did she vote against minimum sentences for criminals in our country, people who are a threat to women and children?

I hope she will be able to answer my question and, more importantly, recognize that the Conservative members of the House are standing up to defend women and children in Canada and around the world.

Ms. Nicole Demers: Mr. Speaker, I am especially pleased to hear the question asked by my colleague from Lévis—Bellechasse. He probably does not know that I was the person who brought about the arrest of the first person charged with human trafficking in Quebec. To avoid talking drivel, one must be sure one knows all the facts first.

The Bloc Québécois has always fought against human trafficking and will continue to do so, but in a concrete way. We will not do so simply to put on a good show during an election campaign, only to do nothing afterwards.

• (1345)

Ms. Raymonde Folco (Laval—Les Îles, Lib.): Mr. Speaker, I would like to thank my colleague for speaking out for the women in developing countries. I would add that many of the things she was talking about apply to women in aboriginal communities and the first nations, Inuit and Métis women here in Canada.

She spoke at length about abortion. In my opinion, abortion may be one aspect of reproductive health, but there are others. I would like my colleague to talk to us about reproductive health and what it might entail.

Ms. Nicole Demers: Mr. Speaker, I want to thank the hon. member for Laval—Les Îles for her question.

It is true that abortion is not the only subject being debated in the House today. However, it is a very important subject. It is true that contraception is also very important and that it can help young women and young girls. In Liberia and other African countries, young girls age 9, 11 or 12 are married and have no choice. They do not have access to contraception and family planning resources. They end up pregnant and die in labour because they are not physically mature enough to give birth to a child.

It is true that other points of this motion are also very important. The Bloc Québécois is pleased to support this motion. We believe that every tool should be offered to women who live in developing countries.

The Deputy Speaker: The hon. member for Burnaby—New Westminster has less than 30 seconds.

Mr. Peter Julian (Burnaby—New Westminster, NDP): Mr. Speaker, I really enjoyed the speech given by the member for Laval. We are in the midst of a global crisis: 30,000 children and 1,400 pregnant women will die in the next 24 hours.

Stephen Lewis, the former ambassador to the United Nations, stated outright that what the government was trying to do was rooted in crass, political opportunism. He believes it is just smoke and mirrors. These measures are not practical and these resources will not help resolve the situation of women and children.

Why does the government not understand the importance of also providing resources?

Ms. Nicole Demers: Mr. Speaker, I would very much like to answer my colleague's question, but I am not attuned to my Conservative colleagues' way of thinking. I cannot fathom that they do not understand. And yet, it is fairly simple: when a young woman is pregnant and experiencing difficulty, we must help her. That is not complicated. Why my Conservative colleagues do not understand this is a mystery to me.

Ms. Francine Lalonde (La Pointe-de-l'Île, BQ): Mr. Speaker, my colleague gave a superb speech, as she usually does. She reached an emotional pitch which, I hope, will not leave our colleagues across the aisle unmoved. Speaking after her is not easy. So I will try to keep it simple.

I think that the G8 and G20 meetings give Canada an opportunity to say how important it is to achieve the millennium goals and how important it is to deal with maternal and child health. What do I mean by that?

Statements by Members

It would be nice if it were easy and all we had to do was provide some money to supply clean water. It is great to have clean water in a number of developing countries. But when the situation is such that women have no control over their own bodies and are denied access to contraceptives, when they are not well and find themselves pregnant, when the pregnancy is high-risk and they cannot get an abortion that would help them regain their health, these women are going to die, give birth to a child who is not healthy or be permanently weakened by their pregnancy. Instead of these women being able to contribute, first, to their own happiness and that of their children and husband, if they have one, and then to the development of their country, they will be dead or at least a burden.

There is a lot of interest, at present, in these issues. I was at the Council of Europe in January and at the debate on Friday, when usually nobody is there, about a hundred people were present. We saw a very vigorous debate between the progressives and liberals on one side and the conservatives on the other. I am sure everyone here will be surprised.

At the 1994 International Conference on Population and Development in Cairo, 179 countries agreed that population and development are inextricably linked, that women need their autonomy and that the educational and health needs of couples and individuals need to be met, especially in regard to reproductive health, for the sake of both their personal well-being and international development. The conference adopted a 20-year action program focusing on the needs and rights of individuals rather than on demographic objectives.

That was not all. Advancing the equality of men and women, eliminating violence against women and ensuring that women are able to control their own fertility were acknowledged as the cornerstones of population and development policy. The conference objectives were basically access to universal education, the reduction of maternal and infant mortality, and universal access by 2015 to reproductive health care, particularly family planning services, birthing assistance and the prevention of sexually transmitted diseases, including HIV-AIDS.

• (1350)

The Parliamentary Assembly noted that even though progress had been achieved, the results remained modest in regard to school attendance, equity and equality between the sexes, infant, child and maternal mortality and morbidity, and access to sexual and reproductive health services, including—and this is what is lacking in the motion—family planning and safe abortion services.

One hundred and thirteen countries have not achieved the gender equity and equality objectives when it comes to primary and secondary school education. It was estimated in 2007 that 137 million women did not have access to family planning and more than 500,000 died each year for pregnancy-related reasons. Ninety-nine percent of these women lived in developing countries.

In addition, violence against women, especially domestic violence and rape, is still common. More and more women are in danger of catching AIDS and other STDs because of the risky behaviours of their partners. In many countries, prejudicial practices to control the sexuality of women cause much suffering, for instance,

female genital mutilation, which is a human rights violation and puts women's health at risk for their entire lives.

The parliamentary assembly's general declaration of principle allows us to take a step back from the problems we are having in Quebec and to focus on other countries where a growing number of women, from little girls to grandmothers, are having more serious problems. Often grandmothers end up raising their grandchildren.

In the current context, international aid has to provide real tools for development. There cannot be any real development if women do not have access to equality and independence in their personal lives and the freedom to control their own bodies. This is essential. We cannot assist development if women are not in control of their fertility, if they cannot raise the children they bring into the world and if they do not have the right to abortion, if necessary. It is a right that is closely linked to international aid, but some people are afraid to admit it.

I re-read the 1988 Supreme Court ruling, which declared the abortion law of the time unconstitutional. The Supreme Court has reiterated—constantly, unanimously and in a number of rulings—that the right to freedom is a fundamental right, and that freedom includes having control over one's body.

Fortunately we have the opportunity to have this debate. If it does not lead to a dialogue, then at least it will allow the Parliament of Canada to strongly reaffirm as a majority that the right to maternal and child health is essential.

• (1355)

The Deputy Speaker: The hon. member will have five minutes for questions and comments after question period.

STATEMENTS BY MEMBERS

[English]

DON LAVERTY

Mr. David Tilson (Dufferin—Caledon, CPC): Mr. Speaker, it is with great honour that I rise today to recognize a wonderful husband, father, grandfather, friend, philanthropist and member of our community. This is only a brief description of Don Laverty, who will always be remembered for his generous nature, natural business intellect and dedication in helping youth recognize their full potential.

Sadly, we lost Don on February 4. However, he left his mark on our community through his many contributions to Burnside & Associates, his work on the Youth for Christ movement, as well as his involvement in other groups and committees. Don's proudest achievement was his beloved family: his wife Lynne; and his children, Lee-Anne, Craig and Tracey Lee; and his grandchildren, Max, Ella, Owen, Rylan and Abigail.

Together with this family we will miss Don, but will always be very thankful for his incredible enthusiasm, generous spirit and immense humility. This is an amazing legacy left by an amazing man.

*Statements by Members***ATLANTIC COASTAL ACTION PROGRAM**

Ms. Siobhan Coady (St. John's South—Mount Pearl, Lib.): Mr. Speaker, the Atlantic coastal action program is a unique community-based program that mobilizes local communities into action on environmental and developmental challenges. The goal is to help restore and sustain watersheds and adjacent coastal areas. ACAP recognizes that local organizations are the most effective champions to achieve sustainability in their communities.

ACAP involves 14 non-profit organizations in Atlantic Canada. In 2008 alone, over 3,000 students and youth participated in soil and water sampling projects, environmental education, outreach and engagement initiatives. Over 1,100 volunteers throughout Atlantic Canada received training and subsequently provided over 35,000 hours of time in advancing the region's environmental and conservation initiatives.

Given this record of success, the people of Atlantic Canada want this program to continue. The government has yet to confirm funding and I ask that it does so.

* * *

● (1400)

[Translation]

VAL-D'OR

Mr. Yvon Lévesque (Abitibi—Baie-James—Nunavik—Eeyou, BQ): Mr. Speaker, on this 40th anniversary of La Francophonie, I am very proud that Val-d'Or, in my riding, was named Quebec's Francoville 2010. This city in the Abitibi region will be highlighted as part of International Francophonie Month.

Since 2006, the Office québécois de la langue française and the Association Québec-France have been choosing a Quebec city to match with a sister city in France, also named as a Francoville. Both Val-d'Or and its sister city, Châtellerauld, will be showcased internationally for all of 2010. In addition, the people of Val-d'Or will be able to participate in a number of activities, including a public dictation test created by singer and poet Raoul Duguay, as well as a number of presentations and shows.

A gala will also be held at Théâtre Télébec on March 28. Attendees will be able to meet the national spokesperson, Quebec Olympic medallist Jean-Luc Brassard, and will be treated to performances by artists from France and from Val-d'Or.

The people of Val-d'Or as well as my Bloc Québécois colleagues are proud to help promote the richness of the French language, our language.

* * *

[English]

CHILDREN'S RIGHTS

Mr. Alex Atamanenko (British Columbia Southern Interior, NDP): Mr. Speaker, I stand today on behalf of the Board of Education of School District No. 20, Kootenay—Columbia, which has asked me to read its letter to the chamber. It states:

November 20th, 2009 marked the 20th anniversary of the UN Convention on the Rights of the Child. However, the Canadian government does not appear to take

children's rights seriously nor does our government appear to implement the UN Convention in Canada in order to ensure fair treatment for all children in our country.

The board specifically urges the government to ensure greater equity in Canada's national income support programs for children, to put the best interests of children ahead of federal-provincial funding disputes, to provide help for special needs before young persons become wards of the state or end up in prison, and to provide accountability on how Canada respects the rights of children.

Forty-five recommendations from the 2003 report regarding the implementation of the convention have not been addressed, and the January 2009 report is nowhere to be seen. The board of education recommends that the federal government take seriously our responsibility to respect children as persons with human rights, dignity and value in society, and that it addresses the issue of child poverty.

* * *

WORLD TUBERCULOSIS DAY

Mr. Russ Hiebert (South Surrey—White Rock—Cloverdale, CPC): Mr. Speaker, tomorrow is World Tuberculosis Day, a day to focus on the devastation caused by the global pandemic wrought by this bacterial infection.

While tuberculosis is a worldwide problem, the hardest hit populations are in Africa and parts of Asia. TB kills nearly two million people every year.

In the past I have had the opportunity to travel to Ethiopia, where I saw CIDA funded projects to treat and prevent TB. They are focusing on simple things like hand washing, proper use of latrines, providing clean water and basic nutrition, and they are achieving solid results.

Canadians are helping to save lives from TB. I was pleased to see our tax dollars being spent wisely and efficiently there and strongly support the increased funding our Conservative government announced for foreign aid in our recent jobs and growth budget.

* * *

AUTOMOTIVE CENTRE OF EXCELLENCE

Mr. Mark Holland (Ajax—Pickering, Lib.): Mr. Speaker, opening at the end of this year, the automotive centre of excellence on the campus of the University of Ontario Institute of Technology will help to transform Durham into a global centre of research and development. Attracting the best and brightest engineering minds from across the country and around the world, it will drive made in Canada, leading edge innovation with a world class learning environment.

Among its unique capacities will be one of the world's largest and most sophisticated climatic wind tunnels. This technology will permit students and businesses to test cars, transport vehicles, locomotives, aircraft components and new energy technologies such as wind turbines.

As a member of the previous Liberal government, I am deeply proud of the Beacon project that we announced in 2005, which helped make this project a reality, and of the many visionaries who worked tirelessly to bring it to fruition.

Statements by Members

In touring the new facility, it is clear that the automotive centre of excellence will be an engine for jobs, innovation and opportunity for our community and a critical part of Durham's future as a global centre for research and development.

* * *

• (1405)

TRINITY WESTERN UNIVERSITY

Mr. Mark Warawa (Langley, CPC): Mr. Speaker, it is a pleasure to offer my congratulations to Trinity Western University in my riding of Langley, British Columbia, which has been honoured by *Maclean's* magazine as one of Canada's top three universities.

In the National Survey of Student Engagement and the Canadian University Survey Consortium study, Trinity Western University was at the front of the pack.

As a Trinity alumnus, I could not be more proud. Out of 56 universities, the school ranked first for offering an enriched educational experience. Seventy-four per cent of Trinity's senior student population evaluated the experience as excellent. It was also ranked second in following best practices and offering a supportive campus environment.

Trinity has surpassed all other universities in Canada in all categories. I congratulate President Jonathan Raymond, the faculty and the student body of Trinity Western University for their outstanding achievements. Go Spartans go.

* * *

[Translation]

ATHLETES OF THE VANCOUVER PARALYMPIC GAMES

Mr. Pascal-Pierre Paillé (Louis-Hébert, BQ): Mr. Speaker, the Vancouver Paralympic Games ended on Sunday. We would like to commend the remarkable performances of all the athletes who took part.

I would especially like to congratulate the Paralympic athletes from Quebec who made us so proud during the games. I would like to commend Viviane Forest for her marvellous performance in alpine skiing, winning a total of five medals. Ms. Forest had already stood on the podium in the summer games, and she has again proven herself by reaching the podium during the winter games. I would also like to commend the performances of Sébastien Fortier, Jean Labonté, Hervé Lord, Benoit St-Amand and Arly Fogarty.

Personally and on behalf of all my Bloc Québécois colleagues, I would like to once again congratulate all the athletes whose achievements represented the Quebec nation so well. Bravo.

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[English]

AEROSPACE INDUSTRY

Mr. Scott Armstrong (Cumberland—Colchester—Musquodoboit Valley, CPC): Mr. Speaker, today our government announced that CAE Inc. has been awarded the training contract for the 15 new Boeing CH-147F medium to heavy lift Chinook helicopters.

Through this investment our government is helping to create high tech jobs in the Canadian aerospace sector. CAE will provide training for the new Chinook air crews on high tech flight simulators.

As with all major military procurements, the industrial and regional benefits policy ensures that 100% of the value of this contract will be invested in Canada. This means that CAE will generate one dollar of economic activity in Canada for every dollar it receives from this contract, with the majority of benefits flowing directly to the Canadian aerospace and defence sector.

In addition to helping create high tech jobs, our government is also providing the men and women of the Canadian Armed Forces with the best training and technology to do their jobs both at home and on the world stage.

* * *

INDIA

Hon. Bob Rae (Toronto Centre, Lib.): Mr. Speaker, as someone who studied the Air India bombing of 1985, I became intensely aware of the depth of feeling and the deep divisions in the Indian subcontinent as well as in Canada at that time. Twenty-six years later, efforts at truth and reconciliation are underway in India, as indeed they are in Canada.

Mr. Kamal Nath, the Indian minister of highways, has visited Canada several times since 2001. He is visiting Canada now. We hope the government will take the opportunity to discuss all these issues with Mr. Nath. As Canadians, we deeply value our growing ties with India and want them to be strengthened. We also need to stand as Canadians for human rights and for truth and reconciliation.

Mr. Justice Major's report on the Air India tragedy, in which hundreds died, will shed important light on the events of over 25 years ago. After the assassination of Indira Gandhi, thousands of Sikhs were killed and other members of the Indian community lost their lives as well. It is clear that many deep wounds have not yet healed. It will require openness and mutual respect to get through a difficult time in the lives of many of our fellow Canadians.

* * *

[Translation]

AEROSPACE INDUSTRY

Mr. Bernard Généreux (Montmagny—L'Islet—Kamouraska—Rivière-du-Loup, CPC): Mr. Speaker, this morning in Montreal, the Minister of Public Works and Government Services and the Minister of State (Economic Development Agency of Canada for the Regions of Quebec) announced assistance for the creation of new jobs in the Canadian aerospace industry.

This is excellent news that will have direct and positive benefits for Quebec and Canada.

Statements by Members

In fact, CAE was awarded a \$250 million training contract for 15 new Boeing medium-to-heavy-lift helicopters. CAE will provide state-of-the-art flight simulator training for the crews of the new Chinook helicopters. This project will create 240 jobs for the next four years and 40 new jobs over the next 20 years.

This contract will also provide the men and women of the Canadian Forces with access to the best available training and technology so that they can carry out their duties in Canada and abroad.

Our Conservative government is continuing to create jobs. That is what Quebeckers and Canadians want.

* * *

• (1410)

AHAVAS YISROEL VIZNITZ SYNAGOGUE

Mr. Thomas Mulcair (Outremont, NDP): Mr. Speaker, a synagogue in Outremont was vandalized on the weekend. Books and other sacred objects were damaged and swastikas were marked on the rabbi's bima.

[*English*]

To all members of the Ahavat Israel congregation and in particular to Rabbi Hirsch and my friend Mayer Feig, we offer our sincerest expressions of support and understanding in the face of this anti-Semitic attack. The painting of swastikas as an expression of hatred is particularly disgusting in the case of a congregation that includes several Holocaust survivors.

As Martin Luther King once said:

He who passively accepts evil is as much involved in it as he who helps to perpetrate it. He who accepts evil without protesting against it is really cooperating with it.

Let us hope that, as the swastikas are removed, the hatred that led to this attack will always be denounced in all of its forms.

* * *

[*Translation*]

LEADER OF THE BLOC QUÉBÉCOIS

Mr. Steven Blaney (Lévis—Bellechasse, CPC): Mr. Speaker, the comments made by the Bloc leader, comparing his party to the French resistance, were completely inappropriate.

He should apologize immediately, as that is an insult to the taxpayers who have been paying for his salary and driver for 20 years, not to mention the generous Canadian government pension, a golden pension, a record pension.

Speaking of pensions, the contradictions of the separatist leader do not stop there. According to the website BRANCHEZ-VOUS.com, the leader of the “resistance” allegedly has investments—where?—in the oil sands.

For the chief critic of the oil sands and their development, that is a rather gross and flagrant hypocrisy. It is good enough for his portfolio, but not for Quebec.

After 20 years, the Bloc leader should face facts, stop resisting, and see that Quebec would be better off working as part of Canada.

WORLD WATER DAY

Ms. Paule Brunelle (Trois-Rivières, BQ): Mr. Speaker, as critic for natural resources, I would like to take advantage of the fact that yesterday was World Water Day in order to make my colleagues aware of just how important this resource is, even though we too often neglect it.

Three per cent of the world's freshwater reserves are in Quebec. It is estimated that almost 10% of Quebec is covered by this precious liquid.

While almost 40% of the world's population is fighting for access to this resource, which is essential to all life, we are lucky to live in a place where access to potable water is not a daily concern.

Abundance must not lead to waste, however. On the contrary, privileged access to this blue gold requires that we take the best possible care of it in order to pass it on to future generations.

I am therefore asking my parliamentary colleagues to make every effort, to lead by example and to promote responsible use of this treasure.

Water is a resource like no other, and we must all work to protect it.

* * *

[*English*]

AIR SECURITY TAX

Hon. Joseph Volpe (Eglinton—Lawrence, Lib.): Mr. Speaker, during prorogation, the Minister of Transport announced that he was increasing the air security tax by a stunning 250% over five years. Troubling?

In 2002 the then transport critic, now Minister of Canadian Heritage, issued a press release entitled, “10 Reasons to Hate the Air Tax”. He said, “This tax grab represents one of the most arrogant, wasteful, and irresponsible public policy decisions ever made by Canada’s government”.

In another release he said, “This is stunning proof of failure to understand basic economics”. And further, “The government should pay for increased air security from general revenue, and should stop fleecing fliers”.

Now that he is at the cabinet table, is the former transport critic content that his cabinet colleagues “fleece fliers” to the tune of \$1.5 billion?

Oral Questions

●(1415)

LEADER OF THE LIBERAL PARTY OF CANADA

Mr. Randy Hoback (Prince Albert, CPC): Mr. Speaker, this coming weekend, Liberals will gather in Montreal for their spenders' conference, and make no mistake, they are planning big expensive programs that will come with high taxes and a big price tags for Canadian families. However, I could not help but notice that out of the more than 50 guest speakers at the spenders' conference, not a single one of them is from my home province of Saskatchewan.

Is the Liberal leader suggesting that the good people of Saskatchewan do not have any ideas? Apparently, not even the member for Wascana has any good ideas, because like the rest of the Liberal MPs, he did not make the invite list.

Canadians know that when the leader of the Liberal Party holds a big spenders' conference, the only thing that will come out of it is new and creative ways to raise the taxes of Canadian families. That is because the leader of the Liberal Party is not in it for Canadians; he is only in it for himself.

ORAL QUESTIONS
*[English]***INTERNATIONAL COOPERATION**

Mr. Michael Ignatieff (Leader of the Opposition, Lib.): Mr. Speaker, the Prime Minister keeps changing his story on maternal health and family planning at the forthcoming G8 summit. First, he said no to family planning. Then he said yes, maybe. Nobody actually knows where the government is. Now is the time for clarity.

Will the Prime Minister support the Liberal motion now before the House, which reaffirms the Canadian position maintained over the last 25 years, yes or no?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, the government's initiative on maternal and child health is very clear. Our objective is to work with our partners around the world to do many things that can be done, at reasonable cost, to save the lives of women and children. We are looking at a range of options in that regard. Obviously we will take the best scientific advice.

In terms of his motion, even his own member for Mississauga South says that the Leader of the Opposition is just being opportunistic. I would encourage the Liberal Party to worry about saving the lives of mothers and children and not about playing petty politics.

Mr. Michael Ignatieff (Leader of the Opposition, Lib.): Mr. Speaker, the issue here is the consistence and coherence of Canadian policy over the last 25 years. Does he support or does he reject that policy?

Our motion calls for the government to fund all family planning options. That has been the policy of Liberal and Conservative governments over 25 years. It is what the government itself agreed to in the G8 communiqué last year.

Why did the Prime Minister sign that communiqué if he had no intention of keeping his word?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, we will be keeping our word as we go forward with this initiative.

The real issue here is the Liberal Party and the leader of the Liberal Party are trying to be too clever by half. Now he has divisions even in his own ranks on that issue.

The fact is Canadian people want to do what they can, cost-effectively, to save the lives of mothers and children. They are not interested in reopening abortion. They are not interested in playing petty politics in the United States.

[Translation]

Mr. Michael Ignatieff (Leader of the Opposition, Lib.): Mr. Speaker, I am not trying to change the status quo. On the contrary, I am trying to reaffirm what has been the status quo in Canada for the past 25 years.

Canada has supported family planning within Canada and around the world. If the Prime Minister were to undermine family planning outside of Canada, he would also be undermining it within Canada.

Will the Prime Minister maintain the consistency of Canada's policy, which has been the same for the past 25 years, yes or no?

●(1420)

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, the government has been clear: our goal is to save the lives of mothers and children around the world. We will look at every possible option, including contraception, as I have already indicated.

Even his own members are saying that the Leader of the Opposition is behaving opportunistically. The goal is not to play petty party politics, but rather to save the lives of mothers and children.

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*[English]***ABORIGINAL AFFAIRS**

Mr. Todd Russell (Labrador, Lib.): Mr. Speaker, the Conservatives have changed their minds on a lot of things lately: the national anthem, community access sites, the distribution of parliamentary junk mail.

First Nations University is another example of where the government needs to change its mind. No one is asking the Prime Minister to support the mistakes of the past. No one condones those mistakes, but they are past. They are now fixed, thanks to courageous people like Chief Lonechild and the president of the University of Regina, Dr. Timmons.

Will the Prime Minister give the new regime, not the old one but the new one, a chance?

Oral Questions

Hon. Chuck Strahl (Minister of Indian Affairs and Northern Development, Federal Interlocutor for Métis and Non-Status Indians and Minister of the Canadian Northern Economic Development Agency, CPC): Mr. Speaker, of course we continue to support aboriginal learners across the country. Even at First Nations University, two-thirds of the students there receive funding under our post-secondary education programming. Of course, all institutions can apply for funding under the Indian students support program which is available to all post-secondary institutions across the country.

They are talking about the old days, as though this occurred many years ago. It was a week ago when we found out that hundreds of thousands of dollars were missing out of the scholarship program designed for kids. In the last week, the administrator has been dismissed. Problems still continue there. There is more work to be done.

Mr. Todd Russell (Labrador, Lib.): Mr. Speaker, the financial situation at First Nations University has changed. The minister knows that.

The new arrangement puts money management in the hands of the University of Regina. First Nations University will concentrate on its academic work, which has always been high calibre. There are thousands of success stories of people who are now contributing to Canada as doctors, dental technicians, lawyers, social workers, teachers and scientists.

I ask again, why is the government so determined to kill rather than fix this vital educational institution?

Hon. Chuck Strahl (Minister of Indian Affairs and Northern Development, Federal Interlocutor for Métis and Non-Status Indians and Minister of the Canadian Northern Economic Development Agency, CPC): Mr. Speaker, just to counter the impression that the Liberals are leaving, it is important to know that less than five per cent of aboriginal learners go to First Nations University in Canada. It is not as though there are not other options. More important, as the education minister from Saskatchewan has said, there is no firm proposal on the table.

I hate to say it, but this is typical of the Liberals, which is they pull out the pocketbook, sign on the bottom line, tear off the cheque and say, "Why don't you see how you can spend it".

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[Translation]

TAX HARMONIZATION

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, in the matter of harmonizing the GST, the federal government is doing everything in its power not to conclude an agreement with the Government of Quebec. Quebec did indeed harmonize its sales tax, despite what the federal government is suggesting. The result is that Quebec is still waiting for the \$2.2 billion that the federal government owes it for harmonizing its sales tax in 1992.

Will the Prime Minister admit that he has no intention of concluding an agreement on harmonizing the GST and paying the \$2.2 billion he owes Quebec?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, on the contrary, we are seeking to conclude such an agreement with the Government of Quebec. We have signed agreements with five other provinces. These agreements are working well. There are obligations and arrangements with other provinces. We are seeking to reach a similar agreement with Quebec. I hope we will get there by negotiating in good faith.

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, there is no need to look for an agreement when there has been one since 1992. In budget 2006, this same government said that Quebec had harmonized its sales tax with the GST and that other provinces needed to do as Quebec and the Maritime provinces had done. The Prime Minister needs to stop looking and start re-reading the budget 2006 speech and he will see that he owes Quebec \$2.2 billion, period. That is the truth.

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, on the contrary. The leader of the Bloc is talking about two types of agreements with five provinces. We have agreements that have created a harmonized tax that is administered by the federal government. To that end, we have given money to the provinces to fulfill our obligations. As far as Quebec is concerned, it administers the two taxes separately and we pay Quebec every year for that.

* * *

• (1425)

POST-SECONDARY EDUCATION

Mr. Nicolas Dufour (Repentigny, BQ): Mr. Speaker, not only is the Conservative government refusing to compensate Quebec for harmonizing the GST and the QST, but it has also not made any provision in its budget for increasing transfers for post-secondary education and social programs in order to return to the 1994-95 indexed level.

Does the government understand that because of its stubbornness Quebec is losing at least \$800 million a year in post-secondary education transfers?

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, the Prime Minister said that we are continuing our discussions with the Quebec finance minister on true harmonization.

Mr. Nicolas Dufour (Repentigny, BQ): Mr. Speaker, the minister put in the wrong tape.

In addition to depriving Quebec of post-secondary education transfers and cutting some research programs, the government has now decided to cut post-doctoral fellowships, which will now be taxable, thus drastically reducing the meagre income of these students. This decision runs the risk of creating a brain drain as well as discouraging leading-edge research.

Why does the government have such a lack of vision when it comes to research?

[English]

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, the university community very much welcomed the creation of 45 million dollars' worth of post-doctoral fellowships. Indeed, it was the university community, including the university leadership in Quebec at Laval and McGill and others, that asked for this. Now some are suggesting that at \$70,000 a year a post-doctoral fellowship ought not to be taxed. Say that to the rest of the Canadian people who earn \$70,000 a year and pay their fair share of Canadian taxes.

* * *

BROADCASTING INDUSTRY

Hon. Jack Layton (Toronto—Danforth, NDP): Mr. Speaker, the CRTC was supposed to settle the battle that is going on between the broadcasters and the cable companies. The broadcasters are saying that they cannot deliver local programming without getting a cut of the cable companies' profits. The cable companies are saying that the broadcasters are spending too much on American TV. The fact is that they are both right and the CRTC did not solve either of the problems.

Why will the government not simply instruct the CRTC to stand up for the public interest and solve this dispute instead of leaving it entirely to the government's big corporate broadcasting and cable friends?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I am not sure what position exactly the leader of the NDP is expressing. Obviously we asked the CRTC to look at that question. The government itself has indicated in the past that we would obviously have concerns with taxes or fees imposed upon consumers. The CRTC has delivered some recommendations and is taking this matter to the courts for further opinion. We will watch for the outcome of those deliberations.

[Translation]

Hon. Jack Layton (Toronto—Danforth, NDP): Mr. Speaker, the other problem with this decision is that the CRTC has failed CBC/Radio-Canada.

The Minister of Canadian Heritage is forcing the CBC to cut services and lay off staff. He said that the public broadcaster must compete with the private sector on a level playing field. Yet the CRTC has given money to the private sector but not to the CBC.

Can the Prime Minister make sense of this for us?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, it is not up to me to explain the decisions of the CRTC, which is an independent body. In fact, the CRTC examines the funding of private networks in Canada; that is what it studies. The CBC is another matter altogether, as it already receives \$1 billion every year from taxpayers and the Government of Canada.

• (1430)

[English]

Hon. Jack Layton (Toronto—Danforth, NDP): Mr. Speaker, here is the Conservatives' record on this. They precipitated a crisis at CBC that has forced the shutting down of local broadcasting and thrown hundreds of people out of work. Then the cable rates keep climbing despite their promises that deregulation was going to do

Oral Questions

something about that. More money than ever is being spent on U.S. programming instead of being invested in Canadian creativity.

The question is, will the Conservatives let their cable buddies go out and gouge Canadians increasingly with increased fees, or will they stand up for Canadians for a change?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I have a feeling the position of the leader of the NDP is evolving as he asks his questions.

I would point out two facts in response to that. The first is that this government has funded the Canadian Broadcasting Corporation to record levels, \$1.1 billion per year. In the case of the decision by the CRTC, it is seeking further advice from the courts. The government has indicated we are obviously concerned about anything that would impose fees upon consumers without their consent.

* * *

AFGHANISTAN

Ms. Judy Foote (Random—Burin—St. George's, Lib.): Mr. Speaker, this morning before the justice committee, the Minister of Justice refused to say that solicitor-client privilege does not apply to Mr. Iacobucci's employment with the government. This fits into a three year pattern of deny, deflect and delay. Conservative stamina for subversion seems to be limitless, but we will continue to seek the truth.

Can the minister tell the House, will the minister be able to silence Mr. Iacobucci by using solicitor-client privilege?

Hon. Rob Nicholson (Minister of Justice and Attorney General of Canada, CPC): Mr. Speaker, the government was very clear, of course, that it will co-operate with Justice Iacobucci and make all relevant documents available to him.

His will be an independent, comprehensive, proper review of all these documents. I know he will want to work as expeditiously as possible. The opposition should let Justice Iacobucci do his work.

Ms. Judy Foote (Random—Burin—St. George's, Lib.): Mr. Speaker, it is interesting that the minister refused to answer the question.

The Minister of Justice said today that Mr. Iacobucci has received some documents and that he will be able to receive any documents that he needs, but who determines need?

Is it the government's position that Mr. Iacobucci will receive every single document he asks for from 2001 to today from any department, PCO, PMO and the Afghanistan task force?

Hon. Rob Nicholson (Minister of Justice and Attorney General of Canada, CPC): Mr. Speaker, I would like to refer the hon. member to the terms of reference. These questions are answered there.

As I have indicated before, Justice Iacobucci will have access to all documents. I have been very clear this goes back to 2001, the beginning of our involvement in Afghanistan. This of course should have the support of the hon. member.

Oral Questions

[Translation]

BROADCASTING INDUSTRY

Mr. Pablo Rodriguez (Honoré-Mercier, Lib.): Mr. Speaker, the ruling handed down yesterday by the CRTC on fees totally excludes CBC/Radio-Canada. We all know that its television budgets are heavily dependent on commercial revenues, which have been declining for all broadcasters. Still, there will be one rule for the private sector and another for CBC/Radio-Canada. The private networks will be able to negotiate a fair value for their signals, but not CBC/Radio-Canada. The private networks will get additional revenue streams, but not CBC/Radio-Canada.

The minister thinks this is all right and says nothing. Why?

Hon. James Moore (Minister of Canadian Heritage and Official Languages, CPC): Mr. Speaker, this was a CRTC decision, not a government one. Our government has always put the consumer first. That is why we asked the CRTC to consider what distribution fees would mean for Canadians. We are concerned that Canadians will have to pay higher taxes and useless fees.

[English]

About the CBC, here is what Hubert Lacroix said yesterday, “I have a good relationship and I really like the Minister of Canadian Heritage. I think he is on the ball with regard to these issues”. The CBC understands that we get results.

[Translation]

Mr. Pablo Rodriguez (Honoré-Mercier, Lib.): Mr. Speaker, in regard to CBC/Radio-Canada, the minister is saying now that this was a CRTC decision. He is washing his hands of it. But when the government does not like a decision by the CRTC, it does not hesitate to say so and even change the decision. That says it all.

Hubert Lacroix said he was disappointed, staggered, furious. He said this would even force the corporation to reduce its programming and services.

Instead of washing his hands of it, could the minister tell us where CBC/Radio-Canada should make cuts? Should it cut jobs? Should it cut regional stations? Should it make cuts everywhere?

Some hon. members: Oh, oh!

• (1435)

Hon. James Moore (Minister of Canadian Heritage and Official Languages, CPC): Mr. Speaker, did my colleague hurt himself?

As we have said on many occasions and as the Prime Minister just stated, our government made specific promises during the last election campaign, including some to CBC/Radio-Canada. We promised to increase or maintain its budgets. That is what we have done. We have increased the funding for the corporation thanks to our action plan to fight the economic crisis.

When the Liberals were in power, they cut the corporation's budgets by 40%. They are the ones who are not on the side of CBC/Radio-Canada.

JUSTICE

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Mr. Speaker, youth centres in Quebec remind us that the Quebec model, based on the rehabilitation and reintegration of young offenders, is an exemplary model cited around the world. Social workers and lawyers agree. Yet Bill C-4 goes against Quebec's approach and promotes repression, denunciation, deterrence and exemplary sentences.

Will the government amend its bill and respect Quebec's rehabilitation model?

[English]

Hon. Rob Nicholson (Minister of Justice and Attorney General of Canada, CPC): Mr. Speaker, the changes we have introduced to the Youth Criminal Justice Act would give complete discretion to the provinces, as the act does now. Our approach is a balanced one. It includes prevention, enforcement and rehabilitation.

If the hon. member really wants to start talking about children, perhaps he could speak about why his party would vote against a bill that was directed at child trafficking. Perhaps he could answer that for the House.

[Translation]

Mr. Serge Ménard (Marc-Aurèle-Fortin, BQ): Mr. Speaker, that is because it was not a bill about child trafficking but exploitation of minors.

In addition to youth centres, two Quebec lawyers who specialize in youth justice say that the government already has all of the tools needed to deal with young offenders. As well, professors Rachel Grondin and Nicholas Bala are critical of the fact that deterrence is overriding rehabilitation, especially given that deterrence is unrealistic with youth.

Why is the Conservative government not willing to respect Quebec's approach, which has proven its worth?

[English]

Hon. Rob Nicholson (Minister of Justice and Attorney General of Canada, CPC): Mr. Speaker, I direct the hon. member to the details of the bill. It has complete provincial jurisdiction, as the act does now.

One thing we will never do as a government is stop talking about child exploitation. We will always support legislation that cracks down on that kind of activity, unlike the Bloc.

* * *

[Translation]

QUEBEC CITY ARMOURY

Mr. Michel Guimond (Montmorency—Charlevoix—Haute-Côte-Nord, BQ): Mr. Speaker, a unanimous motion from the Quebec National Assembly calls on the federal government to include Quebec's national capital commission in discussions regarding the restoration of the Quebec City armoury. In response to one of our questions, the minister responsible for the Quebec City region said that the commission had been consulted. But the Quebec National Assembly is not talking about consultation. It wants the commission to be involved in the process of rebuilding the armoury.

Will the minister agree to this request?

Hon. Josée Verner (Minister of Intergovernmental Affairs, President of the Queen's Privy Council for Canada and Minister for La Francophonie, CPC): Mr. Speaker, I will repeat for my colleague that when the two consultations were held, with both Jean Baillargeon and the building expert, the national capital commission was consulted. It even had the opportunity to submit a brief. That said, our government is committed to rebuilding the armoury, but the Bloc voted against it.

Mr. Michel Guimond (Montmorency—Charlevoix—Haute-Côte-Nord, BQ): Mr. Speaker, in order to proceed with development work on Quebec City's parliament hill, which is currently delayed because of the federal government's dithering, the commission must "participate in the discussions" and be involved in the rebuilding process, and not just be consulted.

When will the minister stop operating in a vacuum and respond to the request of the Quebec National Assembly, our national assembly?

• (1440)

Hon. Josée Verner (Minister of Intergovernmental Affairs, President of the Queen's Privy Council for Canada and Minister for La Francophonie, CPC): Mr. Speaker, I would like to inform the member that I am a Quebecker as well, and the future of the Quebec City armoury is very important to me. That said, the national capital commission had the opportunity to make itself heard. We asked its opinion.

The government is on top of the rebuilding of the armoury, and it will soon inform the public of what happens next. That said, the Bloc voted against our goal. They excluded themselves from the process.

* * *

[English]

THE ENVIRONMENT

Mrs. Alexandra Mendes (Brossard—La Prairie, Lib.): Mr. Speaker, the St. Lawrence River is part of our collective wealth. May I remind the minister that the St. Lawrence is a river, not a Great Lake. It is an invaluable natural asset that has been at the heart of Canada's history and economy since Confederation, yet the Conservative government does not seem interested in keeping it clean for Canadians.

The funding for the protection of the St. Lawrence will expire this year, next week in fact, and the minister still will not say whether the government has a program to replace it.

Is there or is there not funding for the sustainable development of the St. Lawrence River?

Hon. Jim Prentice (Minister of the Environment, CPC): Mr. Speaker, I thank the hon. member for taking me to task for not advising of the government's full investment and taking full credit for the investments we have made in both the Great Lakes and the St. Lawrence.

I would like to thank her for pointing out that the government invests not only \$54 million annually in the environmental protection of the Great Lakes but an additional \$15 million in the St. Lawrence. That is an annual investment of \$69 million in the

Oral Questions

health of the Great Lakes and the St. Lawrence. I promise the hon. member I will not make that error again.

[Translation]

Mrs. Alexandra Mendes (Brossard—La Prairie, Lib.): Mr. Speaker, this does not tell us what will happen next week.

The St. Lawrence River, which is not a Great Lake, is a collective treasure that is at the heart of the history, the geography and the lives of Quebeckers.

Yet funding for the St. Lawrence plan for a sustainable development will expire next week, and the government seems to want to let it die in silence.

The Conservatives' laissez-faire approach will not clean the St. Lawrence River. It cannot clean itself. Quebeckers want to know who will do it.

Will the government renew funding to protect the St. Lawrence, yes or no?

Hon. Jim Prentice (Minister of the Environment, CPC): Mr. Speaker, we are going to act on this.

Environment Canada and other federal government departments have injected an average of \$15 million annually into the St. Lawrence action plan. The government will soon be negotiating with the Quebec government to renew the agreement that is coming to an end.

Funding for the ZIP program has been extended to 2010-11 in order to cover the transition period.

* * *

TAXATION

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Mr. Speaker, the government has just imposed a tax on research by eliminating the tax exemption granted to post-doctoral students.

Let us call a spade a spade: the government just imposed a new tax that will negatively affect research in Canada.

After creating grants, supposedly to fund post-doctoral research, the government decided to tax all post-doctoral students, supposedly to pay for those grants.

Does the government understand what it has done?

[English]

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, there has been no change in the tax policy in Canada with respect to post-doctoral fellowships. It is exactly the tax policy that was followed by the Liberal government.

We made a big change several budgets ago and that is with regard to scholarships. Pure scholarships are not taxable in Canada. However as we know, post-doctoral fellows work. Just as the Liberal government recognized, they are going to be paid through the fellowships, \$70,000 a year. As I said earlier, they should pay their fair share of taxes in Canada.

Oral Questions

Mr. Marc Garneau (Westmount—Ville-Marie, Lib.): Mr. Speaker, most researchers recognize that the most productive phase in research begins at the post-doctoral level when a person has acquired the necessary research skills and knows where he or she wants to focus. This is where a researcher has the greatest potential to make important contributions. This is not the time to clobber post-doctoral students with taxes that will reduce their already-meagre incomes.

Does the government recognize that it is suffocating research and innovation in this country?

• (1445)

Hon. Jim Flaherty (Minister of Finance, CPC): Mr. Speaker, only a Liberal could stand up in this place and say to Canadians that \$70,000 a year is meagre income. Only a Liberal could do that in this place.

The member opposite is so out of step. Here is what the presidents of 13 Canadian universities said, including the hon. Allan Rock, the president of the University of Ottawa:

For that vote of confidence on higher education and advanced research, we are indeed grateful to the Government of Canada and to the taxpayers of Canada.

* * *

EMPLOYMENT

Hon. Michael Chong (Wellington—Halton Hills, CPC): Mr. Speaker, we have said that the recovery remains fragile and that our focus is ensuring that Canadians who have lost their jobs find work again.

Recently, the Conference Board of Canada indicated that Canada's economic action plan, along with provincial stimulus, has created 70,000 jobs or preserved them, in Ontario alone, and in the next year it predicts that 40,000 jobs will be created or preserved in Ontario.

Can the Minister of Transport, Infrastructure and Communities tell the House why it is so important that we continue with year two of Canada's economic action plan?

Hon. John Baird (Minister of Transport, Infrastructure and Communities, CPC): Mr. Speaker, working with the Government of Ontario, municipalities and community groups right across the province, we have seen the creation of some 70,000 jobs. That is not a government number. That is a number that was released by the Conference Board of Canada. It shows the great partnership we have on infrastructure. We are able to go three times farther and three times faster.

Thank goodness for our economic action plan, because had we sat back and done nothing, we would see great despair in this country. However, we see a lot of hope. We see a lot of opportunity and a lot of hope for the future.

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[Translation]

HAITI

Mr. Paul Dewar (Ottawa Centre, NDP): Mr. Speaker, the government is asking Haiti to be accountable. It is also asking NGOs working on the ground to be accountable. Yet the government

awarded an untendered contract to ATCO, a company that is a known friend of the Conservatives.

Why the double standard? Why are the rules for their party's friends different from those for Haitians and NGOs?

[English]

Hon. Rona Ambrose (Minister of Public Works and Government Services, CPC): Mr. Speaker, when the Haitian government asked for our help, we were able to deliver. This was an emergency situation. We used our emergency contracting authorities so that we could respond within days as opposed to months. We are proud that we were able to do this and respond to the Government of Haiti in its time of need.

Mr. Paul Dewar (Ottawa Centre, NDP): Mr. Speaker, when the earthquake struck Haiti, Canadians came together to help. They were generous and they continue to support Haiti's rebuilding. However, we are now learning that public funds aimed at helping Haitians rebuild their own country are being handed out in untendered contracts to Conservative-friendly companies.

This is a slap in the faces of Canadians who opened their hearts and their wallets to help Haiti. When will the government tell Parliament when the contracts were given and under what circumstances? Why did it ignore the tendering process that we have established in this country? Why the double standard?

Hon. Rona Ambrose (Minister of Public Works and Government Services, CPC): Mr. Speaker, I can tell the hon. member that we acted within days as opposed to months. We were able to do this because it was an emergency situation, and we acted by using our emergency contracting authorities.

However he should know that, like any contract, it will follow all government contracting regulations, including comparing costs, verifying supplier capacity and conducting post-contract audits. He should also know that this company has been identified as the only supplier with the world expertise in delivering on a priority basis in an emergency situation.

* * *

[Translation]

INTERNATIONAL COOPERATION

Ms. Johanne Deschamps (Laurentides—Labelle, BQ): Mr. Speaker, after clearly stating that they did not want the G8 to provide funding for family planning, the Minister of International Cooperation and the Minister of Foreign Affairs have tried to convince us otherwise. This about-face was too sudden to not be suspicious.

The Prime Minister himself only added to the confusion by not specifying whether abortion would be part of the measures he would agree to fund.

Can the government clarify this, once and for all? Will contraception and abortion be part of the options offered to women in developing countries?

•(1450)

[English]

Hon. Bev Oda (Minister of International Cooperation, CPC): Mr. Speaker, our government wants, and we have articulated this, to save the lives of mothers and children based on facts and evidence. I would like to put another fact before us. Between 1993 and 2006, under a Liberal government, maternal mortality decreased by only 1% per year.

That is not a stellar record. The Liberals may want to politicize this matter. We want to really make a difference, save the lives of some mothers and help children so that they can have a fruitful future.

[Translation]

Ms. Johanne Deschamps (Laurentides—Labelle, BQ): Mr. Speaker, the Conservative government's old Reform roots are never far away. While other G8 nations are trying to improve women's health in the poorest regions, the government is using this opportunity to export its backwards ideology.

Can the government set the record straight once and for all? What will its policy be at the G8: to promote birth, no matter what the cost, or to give women the freedom of choice?

[English]

Hon. Bev Oda (Minister of International Cooperation, CPC): Mr. Speaker, as I have clearly said, we want to ensure that Canadians are contributing and making a difference in lives where there is the greatest need. Right now, we see mothers dying and children who are not surviving their infant stage. We want to ensure we can address these issues.

In fact, we know that the main causes of child mortality are neonatal causes, pneumonia, diarrhea, malaria and HIV and AIDS. We have been doing a good job at this, but we know all the G8 countries will focus on this and actually show real results.

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HUMAN RESOURCES AND SKILLS DEVELOPMENT

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Mr. Speaker, troubling questions have been raised about enabling accessibility fund. Three years ago it was announced, but it took a full year to release the application details, and it came with a suspicious one month deadline.

Many advocates suggested it was specifically designed for a project in the finance minister's riding. Two days before the last election was called, the government announced that very project. In fact, of the \$45 million made available, \$30 million of it went into just two projects, both in Conservative ridings. Last week at committee, officials indicated that funding for those projects had been deferred.

Could the minister confirm that, and how much of the original \$45 million will actually lapse?

Mr. Ed Komarnicki (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, we are quite proud of the program we have to ensure accessibility to those who are disabled. We have put forward projects throughout the country. We have invested

Oral Questions

significant dollars. Projects include more accessibility to buildings, upgrading and creating comprehensive ability centres to provide a range of services for all of those who are affected.

Mr. Michael Savage (Dartmouth—Cole Harbour, Lib.): Mr. Speaker, the government has played partisan games with this fund from the very beginning. It was announced three years ago, and yet some of that money has not even flowed. Canadians with disabilities deserve better than that.

Given the political games that the government has played by allocating 66% of all the funding to just two projects in Conservative ridings and making the application criteria so strict that many of us could not even apply for the rest of the funding, what possible reason would Canadians have to believe that the sequel would be any better than the original?

Why will the Conservatives not put aside partisan games and help all Canadians with disabilities?

Mr. Ed Komarnicki (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, we are helping all Canadians with disabilities. Budget 2010 increases the funding by \$45 million over three years. The enabling accessibility fund makes buildings and vehicles more accessible, helps create comprehensive ability centres. It ensures that every sector that may affect those who are disabled is enhanced by investing significant funds, something the previous government did not do.

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IMMIGRATION

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, once again the government is showing its hypocrisy. A year after banning anti-war MP George Galloway from entering Canada, the minister of censorship has no problem with letting a pro-war conservative come and preach hate.

Ann Coulter said:

—the government should be spying on all Arabs, engaging in torture as a televised spectator sport, dropping daisy cutters wantonly throughout the Middle East—

I am all for freedom of speech, but why the double standard?

Hon. Jason Kenney (Minister of Citizenship, Immigration and Multiculturalism, CPC): Mr. Speaker, I am surprised the member does not understand Canadian immigration law. It is not politicians who decide who can come into the country, it is professional members of the public service.

Oral Questions

In the case, for instance, of Mr. Galloway, Mr. Galloway received a preliminary inadmissibility determination by an officer of the Canada Border Services Agency, I presume based on the fact that he publicly and overtly handed tens of thousands of dollars to the leader of a banned anti-Semitic terrorist organization called Hamas.

If the hon. member has information on anyone who comes to Canada that she thinks would be the basis for an inadmissibility review, I invite her to furnish that to the president of the Canada Border Services Agency.

• (1455)

Ms. Olivia Chow (Trinity—Spadina, NDP): Mr. Speaker, newly-filed court documents revealed that the minister was active in stopping Mr. Galloway from crossing the border. CBSA was told that Galloway could not be admitted under any circumstances.

For this government, a pro-peace British MP is a threat, but a pro-war conservative, who said that Jews needed to be perfected and called Muslims insane savages, is fine.

Will the minister admit he supports free speech only if he agrees with the speaker, or is this more Conservative hypocrisy?

Hon. Jason Kenney (Minister of Citizenship, Immigration and Multiculturalism, CPC): Mr. Speaker, this government supports free speech within Canadian law. If the hon. member has any information that she thinks would render a visitor to Canada inadmissible, she should supply that information to the CBSA. It can take it into account.

It did take into account Mr. Galloway's admission of having financed the leadership of Hamas, which is a banned terrorist organization. I simply made it clear that I was not going to grant a ministerial permit to effectively override the inadmissibility determination of the CBSA because I actually happen to believe that we should enforce the law and not allow financiers of terrorist organizations to come to Canada.

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NATIONAL DEFENCE

Mr. Guy Lauzon (Stormont—Dundas—South Glengarry, CPC): Mr. Speaker, my question is for the Minister of Public Works and Government Services.

Since coming to power, our Conservative government has worked hard to rebuild and re-equip the Canadian Forces after 13 years of Liberal neglect known as the decade of darkness. This morning the minister made an important announcement in this regard.

Could the minister please provide the details to this House?

Hon. Rona Ambrose (Minister of Public Works and Government Services, CPC): Mr. Speaker, in fact, this morning I had the honour and the privilege of joining hundreds of employees of CAE in Montreal at their plant to announce that CAE had been awarded a \$250 million training contract for the new Chinook medium-lift to heavy-lift helicopters.

This investment clearly demonstrates our ongoing commitment and support for the Canadian men and women in uniform. This contract also creates high tech jobs in the aerospace sector. Indeed,

this contract will create 240 jobs for the first four years and another 40 jobs for the next 20 years.

* * *

THE ENVIRONMENT

Hon. Geoff Regan (Halifax West, Lib.): Mr. Speaker, this government has dragged its heels on renewing the Atlantic coastal action program so badly that it has had to admit the program will not be ready for April 1.

Sixteen community-based groups in Atlantic Canada are left twisting in the wind by the government's incompetence. They are waiting to hire students for this summer. They are waiting to start projects to protect our coastal areas.

When will the minister get his act together and release details of the interim funding?

Hon. Jim Prentice (Minister of the Environment, CPC): Mr. Speaker, Environment Canada values the relationship it has on conservation. The achievements of this government relative to conservation across our country are enormous. We have expanded the footprint of Canada's national park system by close to 30% in four years. We have partnered, for close to \$1 billion, with other agencies and with other investors in terms of conservation.

The Atlantic program of which the member speaks is under consideration. It is being reviewed along with all of the other conservation investments that this government has made and will continue to make.

* * *

[Translation]

PHARMACEUTICAL INDUSTRY

Mr. Luc Malo (Verchères—Les Patriotes, BQ): Mr. Speaker, on October 25, the Minister of Industry said that his government had an action plan to help the innovative pharmaceutical industry. The government has done nothing since then to grant the right to appeal, allowing innovative companies to stand up to their competition so that they can continue investing in research and development. Yet innovation drives the pharmaceutical industry.

When will the Minister of Industry introduce a regulation on the right to appeal in order to correct this glaring injustice in the Patent Act?

• (1500)

[English]

Hon. Tony Clement (Minister of Industry, CPC): Mr. Speaker, I would be happy to update the hon. member in this chamber.

Indeed, we have had discussions with the pharmaceutical sector. It knows what is required to move that step forward, which frequently involves the provinces signing off that this is the right thing to do in terms of their budgets.

If the hon. member is suggesting that we should override the provinces, including the province of Quebec, he should stand in his place and say so. In the meantime, we are looking for a national solution that involves the provinces and territories.

Points of Order

[Translation]

MINING INDUSTRY

Mr. Claude Gravelle (Nickel Belt, NDP): Mr. Speaker, the labour dispute at Vale Inco has been going on for eight months. The Minister of Industry has met with the company representative 13 times since July 2008. The workers are still waiting for the company to negotiate in good faith.

Yesterday, thousands of miners and their families gathered together to show that the fight for fair wages and a fair pension is not over.

When will the minister put pressure on the company to negotiate in good faith?

[English]

Hon. Tony Clement (Minister of Industry, CPC): Mr. Speaker, as the hon. member knows, this is a matter under provincial jurisdiction. The provincial minister of labour is involved in that. It would not help matters if I became involved as well.

The hon. member is incorrect. I have not met with Vale Inco officials, maybe on one occasion since I was first elected to this place. In fact, I have met with union officials more often than I have met with company officials.

* * *

FAMILIES

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Mr. Speaker, I am appalled that the Liberals are continuing with their beer and popcorn attitude and are yet again bashing the important work of mothers across this country. The Liberal member for St. Paul's stated that she did not think that mothers who stay home to raise their children are doing a real job.

Could the minister tell this House what he thinks of these comments and how our Conservative government's support for families differs from that of the Liberals?

Mr. Ed Komarnicki (Parliamentary Secretary to the Minister of Human Resources and Skills Development and to the Minister of Labour, CPC): Mr. Speaker, our Conservative government could not disagree more with the Liberals.

Let me be clear. On this side of the House we believe that the most important job in this country is being a mom or a dad. We believe that families are the foundation of this great nation. We believe that parents know what is best for their children. That is why we are providing choice in child care through the new universal child care benefit.

The Liberals should be ashamed of any comments or any statements to the contrary.

The Speaker: I am afraid that will conclude our question period for today.

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BUSINESS OF THE HOUSE

Hon. Gordon O'Connor (Minister of State and Chief Government Whip, CPC): Mr. Speaker, there have been discus-

sions among all parties and I believe if you seek it you would find unanimous consent for the following motion. I move:

That, notwithstanding any Standing Order or usual practice of the House, all questions necessary to dispose of Ways and Means Motion No. 8 shall be put immediately at the expiry of the time provided for oral questions on Wednesday, March 24.

The Speaker: Does the hon. Chief Government Whip have the unanimous consent of the House to propose this motion?

Some hon. members: Agreed.

The Speaker: The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

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[Translation]

POINTS OF ORDER

ROYAL RECOMMENDATION AND WAYS AND MEANS MOTIONS

Mr. Pierre Paquette (Joliette, BQ): Mr. Speaker, on March 5, the Deputy Speaker made a statement regarding certain private members' bills on which a point of order had been raised during the last session regarding the requirement for a royal recommendation. One of these is Bill C-343 introduced by my colleague from Compton—Stanstead.

It will come as no surprise that I do not share the opinion of the Parliamentary Secretary to the Leader of the Government in the House of Commons to the effect that this bill requires a royal recommendation. According to Marleau and Montpetit, the rule regarding royal recommendation is as follows: "Bills that involve the expenditure of public funds must have a Royal Recommendation."

My colleague's bill would provide employment insurance benefits to victims of crime who are on leave for family reasons. These benefits could extend to 52 weeks.

The employment insurance fund, which consists of premiums paid by both workers and employers, funds employment insurance benefits. Just last week, the Prime Minister went to great lengths to tell us that the board that manages this fund is independent. In that sense, my colleague's bill would not be funded by public monies but by the premiums paid by workers and employers in order to provide benefits to workers, when necessary.

In closing, Mr. Speaker, I would like to say that I am extremely disappointed by the government's attitude towards this matter. By claiming that a royal recommendation is required, it is showing that it is incapable of transcending partisanship to come to the assistance of the families of victims of crime.

*Business of Supply***GOVERNMENT ORDERS**

● (1505)

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—MATERNAL AND CHILD HEALTH

The House resumed consideration of the motion.

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, it is an honour today to speak to this Liberal motion. We have a moment in time because we are hosting this year's G8 and G20 summits, a moment in time when we could have the most profound impact upon the health of the world's poorest than we have seen in decades.

The reason the Liberal Party has put this motion has to do with a number of comments made by the government that have obscured the message of what we should be doing at this great moment in time. I will quote a couple of those comments.

The Minister of International Cooperation said, "family planning measures are going to never be part of that group", i.e. what will be discussed at the G20 summit.

On March 16, the Minister of Foreign Affairs said, "It does not deal, in any way, shape or form, with family planning to be the purpose of this", i.e. the plan of action in the G20 and G8 meetings is to save lives.

What we are dealing with here is not a political issue. It is a medical issue and a humanitarian issue. I want to describe some of the challenges and problems that are faced with maternal and international health and put forward a plan of action to deal with this problem. I sincerely hope, as I am sure do all colleagues across the House and all of the opposition parties, the government takes this opportunity to implement what works from a scientific basis. We have heard from many of my colleagues today, from my party and others, how to do this.

The challenge is that right now, every minute of every day, a woman dies as a consequence of or during pregnancy. That is 530,000 women every year. They essentially die from five largely preventable causes. Women bleed, hemorrhage and babies get stuck in obstructed labour. They get infections, sepsis and something called eclampsia where the blood pressure goes high, they get seizures and they die. Also, 63,000 women a year die as a result of septic abortions, abortions they get because they have no other option.

What does that mean? It means that when the mother dies more than half of her children who are under the age of five also die. Many members of the House do not understand that. The death of the mother presages a death of most of her children under the age of five, which leaves not only a sea of orphans but also a sea of children who die, which is completely unnecessarily. This is devastating to the economy and the social cohesiveness of these countries. Most of these deaths are occurring in developing countries.

How do we deal with this? It is true, and the government is correct to say, that health systems are the key. It really is focusing on the basics: having a trained health care worker, access to the proper medications and diagnostics, clean water and proper nutrition, and

access to a full array of family planning options, including access to abortions in those countries where it is legal.

The World Health Organization talks about this in a very important way. It says that family planning allows individuals to have the desired number and spacing of children by the use of contraceptive measures and treat involuntary fertility.

In other words, family planning is voluntary and contraception is tailored to the individual needs. We cannot try to foist our morals on other people, and no one is suggesting that for a moment, but we need to support that which is known to work and that which is legal in the countries that we are trying to assist congruent with what they want.

Why are we so focused on family planning? If we can provide people with family planning, it will save more than one-third of the 530,000 women who die every year while they are pregnant. Can anyone imagine that one-third of those women's lives would be saved, including the lives of 50% of the children who die during early childhood? If the government wants to truly save lives, then needs to follow the science and enable people to access a full array of family planning options.

● (1510)

While the government has spoken about not opening the door on the abortion issue, we say, amen. However, if it does not want to open the door to the abortion issue then the logical conclusion is that we must give people the rights that currently exist, and one of those rights in our country is a woman's right to a safe abortion. Why is the government preventing women in other countries from having the same rights as women in our country?

If Canadian men and women did not have access to a full array of family planning options, we would have a much higher rate of maternal mortality and infant mortality.

In our country things are not all homogenous. There are segments and elements in our country, particularly in first nations communities and in rural communities, where maternal mortality and infant mortality rates are too high. Most Canadians would be shocked to know that our country, which spends the fifth highest amount on a per capita basis than any other country in the world, has the 22nd highest rate of infant mortality in the world. What kind of a situation is that? That is a national shame. The government should work with our provincial counterparts to deal with this.

When it comes to family planning, which this is important from a medical perspective, if women have the ability to control their own fertility, in other words, allowing them to space their children out and not having them when they are too young or too old, then they would be able to have their children at the correct age and with the correct spacing between them. This is a long established right, one that is recognized by the United Nations.

On the abortion issue, in 1994 in Cairo, members of the United Nations, including our own, agreed that women should have the right to safe abortions in those countries where it is legal.

Business of Supply

More than 80,000 women die as a consequence of iron deficiency anemia every year. Dr. Zlotkin from the U of T and many others in Canada have championed the micronutrient initiative, which we call pennies from heaven. We call it pennies from heaven because a small investment goes a long way toward saving not only a mother's life but also the lives of children.

As I said before, if we get the health system right, if we can treat the pregnant woman, which is millennium development goal five, then we can also treat 80% of those who go through a hospital emergency department. I am speaking of the big killers like gastroenteritis, pneumonia, tuberculosis, malaria, malnutrition and HIV-AIDS.

The government speaks about wanting to be effective in terms of using taxpayer money, which we are all behind that, but if it wants to be most effective and make the most effective, sensible, cost effective use of taxpayer money, then the answer is family planning. Access to family planning is the most cost-effective way to improve the health of populations, as well as improve the economy and the environment. This is absolutely crucial. It is hard to understand why the government would not allow this to happen.

I also want to talk about the government's position on a few other areas related to this.

In Vancouver, Drs. Montaner, Thomas Kerr, Evan Wood and others have come up with a seek and treat program for those with HIV-AIDS. In my province of British Columbia, 12,000 people are HIV positive, the highest in Canada on a per capita basis. At the Centre for Excellence, Dr. Montaner and his team have put forward a program called Seek and Treat. They are also the champions of HAART therapy, the highly active, antiretroviral therapy treatment. They will use this to seek and treat undiagnosed people who are HIV positive. This is profound because the HAART therapy allows people who are HIV positive to receive triple therapy. If they receive this treatment, the viral particles can be dropped so low that they are actually prevented from infecting others. This is the most positive new evidence we have to curb this pandemic.

• (1515)

What is the government doing for harm reduction strategies like this? It has actually taken the Insite program in British Columbia that Dr. Montaner and his team championed and, remarkably, is taking it to court to prevent patients from having access to this program that is saving lives.

What kind of a government is actually depriving people from being able to access known, proven lifesaving initiatives? For all of those who are watching, that is what the government is doing today. It is actually standing in the way of lifesaving measures, including the Insite program in Vancouver, and is using the courts to do so.

The lower courts said that evidence from *The Lancet* to the *The New England Journal of Medicine* showed that this particular initiative saves lives and that governments must allow patients to access the program. What does the Conservative government do? No, it said, it could not allow this because it violated the government's sense of ideology. The government stands in the way and is actually going to the courts to block a lifesaving measure.

The reason the Liberal Party has put this motion forward is that the government has started to change its tale a little bit, stating it is not going to close the door on any family planning options but is also not going to open the book on abortion.

What does that mean? It could mean a lot of things. It is very different from saying it is going to enable people to access family planning, that it is going to bring it to the G8 and G20 tables and work with the most powerful leaders in the world to include this as part of an integrated plan to save women, men, and children's lives.

If the government does not do this, then not only does it mean the death of millions of women and children that could have been prevented, but it will also prevent many men and women from living through the HIV-AIDS issue. What the government in effect has been saying up until very recently is that it is not going to promote simple, well-known options for people to protect themselves from the spread of HIV.

What kind of government can possibly get it into its mind that it is going to deprive people from having the tools they need to protect themselves from HIV and other sexually transmitted diseases? It is absolutely inconceivable.

Unless the government wants to tell us something else, the thing that is driving this is ideology. The reason we put the reference to President Bush in the motion is that President Bush put an obligation on U.S. aid and the PEPFAR program that they were not going to fund anybody, group or country who was in any way, shape or form going to enable women to have access to safe abortions.

I want to discuss this, just for a second, if I may. Far from the comfort of this particular room, something else is going on. As a physician who has worked in Africa right next to a war zone, I have seen some pretty horrible things. One of the shames of the world is the use of rape as a tool in conflict. In places like the eastern part of the Democratic Republic of the Congo, 70% of the women in some communities have been raped and gang raped. What option does that woman have if she has been gang raped and is pregnant?

Can the government members truly look into their own hearts, in their Christian hearts if they are Christian, and ask themselves if they could look that woman in the eyes and say, "We are going to prevent you from having an abortion even though you want one, even though if you take this fetus to term you will be a pariah and cannot handle it, which will be psychologically devastating to you", for whatever reasons she may have.

If members of the government look in their hearts, do they truly think they can also look at that woman today and say, "No, you will not have access to a abortion." I would ask them to reflect on that, because that is the reality in too many countries in the world. It is the dark side of too many countries in the conflict zones in our world today. We would like to believe that it does not happen, but it is the reality in too many countries in the world. That is why the world has agreed to what is known as an integrated series of options and initiatives to enable us to save the lives of children, men, and women, as the government says it wants to do.

Business of Supply

●(1520)

It is this series or bucket of solutions, which I have articulated here, that is science and fact based. The Prime Minister actually supported this last year. What the Prime Minister signed onto at last year's G8 summit in Rome is the following. The summit members, including the Prime Minister, committed to "accelerate progress on maternal health, including through sexual and reproductive health care and services and voluntary family planning".

The people at the Society of Obstetricians and Gynaecologists, including Maureen McTeer, Dr. Lalonde, and Dr. Dorothy Shaw, who is one of the key people and our spokesperson on the G8 and G20 and part of the Partnership for Maternal, Newborn and Child Health, and others, have articulated very clearly, dispassionately, factually and scientifically a series of initiatives that Canada could and should embrace based on the science.

I understand the sensitivities of members on the other side about the abortion issue. They may be personally opposed to it. That is their right, but they do not have the right to deprive other people of what will save their lives. That is the crux of the matter and that is why we have tabled this motion today.

It is also a moment in time when Canada is going to lead. We are going to lead at the G8 and G20 summits. If the government simply puts out these very vague terms saying that it is not going to close the door on anything in particular and it is not going to open the book on abortion, it should come clean about what it is going to do.

This is how it can happen. Right now the sherpas are meeting and this month the foreign ministers will be meeting in Gatineau. The month thereafter the development ministers will be meeting. What they need to do is to come up with an integrated plan. The inputs are known and the tasks be divided up so that each G8 member country takes a leadership role in each of these particular areas. One country could do health human resources and others could do water, power, micronutrients and family planning. Each country therefore could take a leadership role.

The sherpas should be part of an ongoing working group to implement that plan. There would be one plan of action based on the science, one implementing mechanism and one oversight and reporting mechanism to taxpayers in the countries. Of course, all of this should be transparent. As the Prime Minister has said, he wants transparency and accountability. We are all in favour of that, and it is what they need to do. They need to post and record what they are doing. They could even partner with different groups in our country.

There is an initiative now with some of our universities, called the Centres for International Health and Development. Essentially, the government has the opportunity to link up our universities with institutions in developing countries, using our universities as a way to capacity-build based on what the recipient countries want. That is a functional way the government can implement a lot of these measures, partnering with NGOs, universities, and international partners like UNFPA, and domestic partners like ACPD and others to implement what we know needs to be done to save lives.

It would be unacceptable for the Liberal Party to let the government off the hook. We are not going to buy into vague

statements by the government that are meant to obscure this issue. However, we will work with the government to implement what is necessary to save mothers' lives, men's lives and children's lives.

I want to appeal to the sense of humanity of the members of government. If they could look beyond their own personal ideologies for a moment and put themselves in the shoes of somebody who lives in a country far way, or even in some communities in our country, and consider the difficult choices that people sometimes have to make to protect themselves and save the lives of their children and families, I would ask them to consider what they would need to save their own lives and those of their families. The only conclusion they can arrive at is to allow others to have access to the same options that all of us have, whether we choose to embrace them or not, and allow everybody to have the full range of primary health care services, including access to a full range of family planning options and the ability to have a safe abortion where legal.

I would ask the members to look into their hearts and allow this, because failure on this will result in millions of lost lives. Do they want to save lives or not? That is what I will leave them with.

●(1525)

Mr. Rod Bruinooge (Winnipeg South, CPC): Mr. Speaker, I would like to acknowledge the member opposite's delivery and his obvious understanding of so many of the elements he spoke of. Clearly, as a medical doctor, he has a lot of insight into this important debate. I would like to offer a few questions for him.

As he heard recently, even today, this policy is not going to include abortion. However, he recommended that it should include abortion. Earlier during oral questions, his leader also indicated that this foreign policy should be based on the status quo that we have in Canada.

Are there any exclusions from the status quo in Canada that should be made to our foreign policy, perhaps in regard to gender selection abortions? If there is a law in Canada against that already, then of course the practice would be excluded.

Are there any other things that he can think of that should be excluded from Canada's foreign policy?

Hon. Keith Martin: Mr. Speaker, I will keep it very simple. Why do we not just embrace what is already agreed to by the professionals, the Partnership for Maternal, Newborn and Child Health, and the Society of Obstetricians and Gynaecologists? In other words, Canada should support access to safe abortions in those countries where it is legal.

That is the beginning and the end of it, because that is what will save the lives of women and children.

Business of Supply

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, the Conservatives are conveniently hiding behind the premise that this resolution is anti-American. Here is a newsflash for the government: President Obama revoked the global gag rule, a policy under the previous American government that barred any foreign organization receiving U.S. funds from providing, advocating, informing and counselling women on abortion. He did that in his first week in office.

I am assuming that the government is okay with that position now. I do not think that President Obama would be offended or opposed to this motion presented by the Liberals. Why does the member think the government is continuing to hide behind that very thin veil and saying that it cannot vote for the resolution because it is anti-American?

• (1530)

Hon. Keith Martin: Mr. Speaker, I think what the government is trying to do is to obscure the facts of the matter. The member is quite right. We included the reference to President Bush because the president put his proviso on his PEPFAR moneys for HIV/AIDS so that there would be no funding for groups involved in providing access to abortions.

This is relevant to the Canadian government because the Canadian government is doing this right now. The government is depriving and withholding essential moneys from the International Planned Parenthood Federation, because that federation supports women's rights to have access to safe abortions in those countries where it is legal. I do not think our viewers would be fascinated to know that our government is using them to deprive individuals from having access to this, by not funding a group that we have funded for many years. That is an ideological position, because the government has not said anything about why it has not provided planned parenthood with the moneys it needs to improve maternal health.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, there are a lot of controversies going on here. As a physician, I can say that the word contraception means stopping people from getting pregnant. Abortion is not a method of contraception. If ideologues believe that by funding family planning and contraception, they are supporting abortion, they are wrong.

One of the millennium goals with regard to this is to decrease the number of unsafe abortions by 50% by 2015. If we know that good contraception stops people from getting to the point where they need an abortion, is this not logical?

To get back to the question, when something illogical goes on in a public policy forum, we have to ask if it is ideological or not. Is good contraception not a way of bringing down the number of abortions?

Hon. Keith Martin: Mr. Speaker, my colleague made a very good point, that if the government and all of us are interested in reducing the incidence of abortion, people need to have access to a full range of family planning options. If we allow that to happen, it will actually reduce the number of deaths from abortions, and indeed the number of abortions that are taking place, because it will prevent unwanted pregnancies.

I remind the government that if it is interested in saving lives, it is actually dismissing the fact that 63,000 women a year are dying from

septic abortions. Furthermore, we cannot address the HIV/AIDS pandemic without enabling people to have access to condoms. Why on earth is the government so afraid? Why is it taking such a bizarre, anti-scientific position that puts it completely at odds with most of the rest of the world, and certainly the rest of the G8 countries?

Mr. Rod Bruinooge: Mr. Speaker, in his last answer to a question I posed, the member suggested that we should leave it to the professionals. I am assuming he means the Canadian Medical Association.

Does he and the Liberal Party agree with the Canadian Medical Association's viewpoint on gestational limits, and is that included in his foreign policy proposal?

Hon. Keith Martin: Mr. Speaker, as I said before, I am trying to keep it simple and do that which is agreed upon by the medical groups.

There are medical groups the member should take a look at. He would be well advised to look at FIGO, the Society of Obstetricians and Gynaecologists of Canada, and the Partnership for Maternal, Newborn and Child Health. All of them have been doing a lot of work for many years to advance those series of solutions.

I was in Rome last year. I chaired the last two pre-G8 meetings of parliamentarians for international health, in Rome last year and in Tokyo the year before that. Last year we hammered out a very constructive series of solutions. The member can visit my website where he will find the G8 declaration and a series of solutions the government could adopt. That plan would be very effective.

I ask the member simply to look at those groups and he will get the position that will be medically based. Then he and his government will be on sound scientific footing when they go to the G8 and G20 summits later this year.

• (1535)

Mr. Jim Maloway: Mr. Speaker, I would like to ask a follow-up question.

In 2009 in the United Kingdom, there was a white paper on international development calling for safe abortion services where abortion is legal and a rise by one-third of the number of contraceptive users. In addition, the EU has said that its action at the G8 will be based on the 1994 Cairo declaration, which aims to ensure universal access by 2015 to reproductive health care, including family planning.

Why does the government want to be out of step with the majority of the industrialized countries in the world?

Hon. Keith Martin: Mr. Speaker, this is what is inconceivable. In particular, the Prime Minister talks about honouring past commitments. What he ought to do is honour the commitment he signed onto last year in L'Aquila, Italy. That commitment talks about enabling women and men to have access to a full range of family planning options. It also talks about, importantly and the government has said this correctly, access to skilled birth attendants.

Business of Supply

I look at the work that Dr. Paul Farmer has done with Partners in Health as a good model the government could adopt and work with the other countries in dealing with this.

It would be terrible if this issue simply got bogged down on the abortion issue. Access to safe abortions is part of the solution, but it is also about access to skilled birth attendants, meds, diagnostics, cold storage, micronutrients and clean water.

[*Translation*]

Mr. Steven Blaney (Lévis—Bellechasse, CPC): Mr. Speaker, I am pleased to take part this afternoon in this debate. I will be sharing my time with the hon. member for North Vancouver.

My comments will focus on what the government is doing to provide more effective, better targeted and more transparent help to children and young people.

Nearly two months ago, our Prime Minister indicated that he wanted to play a leadership role at the G8 summit to be held in Canada and to make aid given to women and children in the poorest countries a priority.

Our government understands that success in development is much easier to achieve when children and young people get a good start in life. That is why the future of children and young people is a fundamental priority for the Canadian International Development Agency, whose mission is to coordinate Canada's international aid to improve the living conditions of the least fortunate. Développement international Desjardins, whose head office is in Lévis, also contributes to Canada's humanitarian work throughout the world.

There have never been as many young people as there are today. Nearly half the world's 6.8 billion inhabitants are under 25. Of that number, nearly 90% live in developing countries. When young people receive the care and education they need, they can thrive and contribute positively to their society. But many young people face obstacles.

Lack of access to services and the substandard services they receive are factors that threaten their well-being and their survival. Too often they are victims of violence, exploitation and neglect, especially in countries that are economically fragile or in conflict situations.

This is particularly true for girls and young women, whose basic rights are far from being respected. They are less educated, in poorer health and less likely to contribute to society.

Regardless of where they live, children and young people have the right to live in a safe environment, free from violence and discrimination, which is not always the case.

Our government understands this fundamental principle and, through CIDA, is implementing a children and youth strategy, which will help more young people positively contribute to society. When it comes to children and young people, it is clear that something needs to be done.

Lack of education and skills, under-investment in programs for girls, violence and abuse, high rates of infant and maternal mortality, not to mention exponential population growth, are all factors that put

the current generation of children and young people in serious danger.

CIDA's strategy has three priorities: child survival, including maternal health; access to quality education; and safety and security of children and youth.

We must increase our efforts to improve child survival, since nearly 9 million children die every year before their fifth birthday as a result of preventable and treatable diseases.

First, we must take care of the mothers. In developing countries, a woman dies in pregnancy or childbirth every minute. We must consider maternal health just as important as child survival.

Our government made its commitment clear when our Prime Minister announced in January that maternal and child health would be one of the top priorities at the G8 summit that will be held in Canada this year.

Canada plans on working with its G8 partners to develop a comprehensive approach, in order to improve the health of mothers and children under the age of five and to make concrete advancements in achieving the health-related millennium development goals.

• (1540)

CIDA's second priority is education. An educated workforce is essential for sustainable development and poverty reduction.

Access to education has improved in developing countries, but for various financial, social, health and security reasons, 72 million children—including 39 million girls—still do not go to school.

Educating children is a priority, just like the ability to finish the basic 10-year program. Our government is also working on strengthening various national educational systems through teacher training, the development of appropriate curricula, and better learning materials.

The efforts that Canada has made to provide a better education to a larger number of children and young people in developing countries are aimed at establishing educational systems that are better structured and enable young people, especially girls, to acquire the basic skills they need to become productive citizens.

Finally, the third part of this strategy is the future: a secure future for children and young people.

In many developing countries, violence, abuse and exploitation—not to mention child trafficking and the worst forms of child labour—are often widespread. Girls are especially vulnerable, as are poor, marginalized children and young people.

If we turn a blind eye to security and protection issues, our investments in health, education and other areas will not have any lasting effects on the lives of women and children. Children, as the most vulnerable group in society, are entitled to a safe environment in which to grow and develop.

Canada will therefore strive, along with the countries involved, to develop the legal frameworks needed to ensure that more and more children and young people, especially girls, are protected against violence, exploitation and abuse.

These priorities are not determined in a haphazard way. Quite to the contrary, we consulted with numerous stakeholders, including non-governmental organizations, other governments, donor countries and international corporations, to design a strategy that would help both to reduce poverty and give more children and young people a chance to live productive lives, enjoy good health and be protected against violence and discrimination—problems that too many of them still have to face.

In conclusion, I would just like to say that the approach taken to international assistance under the Liberals lacked coherence. In spreading money all over without setting priorities, they failed to accomplish anything. Our government has taken the steps needed to concentrate our bilateral aid in 20 key countries in which we can make a difference.

We saw this in January with the Prime Minister's intention to focus the G8 meetings on the issue of women's and children's health. We also saw it in a much more tangible way in Haiti, when the humanitarian catastrophe arose. In this case, there was much more than mere words and speeches. There was humanitarian assistance and the concerted action of our military personnel and leaders to come to the aid of the people of Haiti, and more especially Haitian women and children.

We are in favour, therefore, of targeted international assistance to provide practical solutions.

I will gladly take questions from the members of the House.

● (1545)

[English]

Hon. Keith Martin (Esquimalt—Juan de Fuca, Lib.): Mr. Speaker, I would like to ask my hon. colleague whether or not he thinks that women in developing countries should have the same rights as women in Canada, all things being equal, for example, access to family planning and abortion. Does he not think that women in those countries should have the same rights as women in Canada who have those rights? Does he think that Canada should take a leadership role in working with other G8 countries to ensure there is access to family planning and safe abortions in those countries where it is legal if we are going to address the issue of maternal and childhood mortality?

[Translation]

Mr. Steven Blaney: Mr. Speaker, I thank my hon. colleague for his question.

I am pleased to see that I actually agree with my colleague across the floor on something. Canada has a leadership role to play this year among the G8 nations, and infant mortality will be one of this year's top priorities.

Yes, we will cooperate with other countries and remain open to any possibility that will produce concrete results, just as we have done since we first came to power.

Business of Supply

[English]

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, according to the World Health Organization, the first step to avoid maternal deaths is to ensure that women have access to family planning and safe abortions. Family planning could prevent 25% of maternal and child deaths in the developing world by preventing risky births that are too close together, or too early or too late in a woman's life.

Modern contraception helps fight the spread of HIV-AIDS by allowing HIV positive women to space births for optimal health and to access services to prevent mother to child transmission.

There are a lot of reasons why the developed countries are moving in one direction. Why does the Conservative government have such reluctance and resistance in terms of the progress we see from other countries? Why is it so reluctant to support this resolution? It does not seem there are a lot of objectionable parts to it other than what some members across the way feel are anti-American.

[Translation]

Mr. Steven Blaney: Mr. Speaker, I thank my hon. colleague for his question.

As many of my colleagues have said today, we are open to many different possibilities, including contraception. However, it is important not to focus on just one measure. Instead, we should look at a set of measures and at overall conditions.

We know how important safe drinking water is and the positive effects it can have. We must adopt a more comprehensive approach, which we can do. We are willing to work in cooperation with the opposition parties, but there is no need to insult our American neighbours or their administration. On the contrary, everything can be done respectfully. In fact, that is a basic rule of foreign affairs.

We are open to exploring possibilities. We have been clear on that. Addressing the health problems of women and children in the poorest areas of the world will be one of our top priorities at the G8 summit. We will work with the other G8 countries to come up with concrete solutions.

● (1550)

[English]

Mr. Maurice Vellacott (Saskatoon—Wanuskewin, CPC): Mr. Speaker, when the Liberals were at the helm, the methodology behind the international assistance seemed to be very much a scattergun, or shotgun, approach, throwing money at everything that essentially guaranteed nothing was accomplished.

This government has moved to be much more focused. We have larger amounts in our bilateral assistance, where we can really make a difference. Here again, with respect of the maternal health care initiative, that is the point.

Could the member respond with respect the general focus of our efforts in international assistance, which is different than the scattergun approach of the Liberal Party?

Business of Supply

[Translation]

Mr. Steven Blaney: Mr. Speaker, I thank my hon. colleague for his question. Of course, as the saying goes, “You should not chew more than you can bite off”.

Some hon. members: “Bite off more than you can chew.”

Mr. Steven Blaney: I thank my colleagues for the correction. So, as the old saying goes, “You should not bite off more than you can chew.” We have focused on 20 countries where we can help make a difference.

Some 9 million children die every year before their fifth birthday because of a lack of quality health care and drinking water and because of poor nutrition. Those are the problems we hope to address through the policy put in place in agreements with the other G8 countries.

[English]

Mr. Andrew Saxton (Parliamentary Secretary to the President of the Treasury Board, CPC): Mr. Speaker, we will not be supporting the motion before the House. The motion is a transparent attempt to reopen the abortion debate that we have clearly said we have no intention to get into. By voting against the motion, we are proving that we will not reopen the abortion debate.

In addition, the motion contains rash, extreme anti-American rhetoric that we cannot as a matter of foreign policy support.

This government cares about saving the lives of mothers and children. That is why Canada is championing a major initiative on maternal and child health at Canada's G8 this year. As the Prime Minister wrote in his opinion piece announcing this year's G8 meeting:

Members of the G8 can make a tangible difference in maternal and child health and Canada will be making this the top priority in June. Far too many lives and unexplored futures have already been lost for want of relatively simple health-care solutions.

Our presidency of the 2010 G8 allows us to mobilize our international partners and to work together to take effective action that will improve the lives of millions of mothers and children around the world.

In the weeks ahead, we will be consulting and working with other partners, including our G8 counterparts, to help bring about this change. Cleaner water, more vaccinations and better nutrition, along with the training of health care workers to care for new mothers and babies, will be the top priority in this new maternal and child health initiative.

CIDA's mandate is to reduce poverty in developing countries and especially for the most vulnerable populations, including women and children. Through its children and youth strategy, the Canadian International Development Agency is already working to improve vulnerable women's access to maternal health care, reduce sickness and death in newborns, increase immunization and promote nutrition.

Canada is working with partner countries so their health systems will be capable of delivering better health services that are closer to home for mothers and children. We have repeatedly stressed the

importance of strengthening health systems so that people will have access to quality health services.

Canada is blessed with incredible expertise and know-how in maternal and child health. Increasing access to family health services is a key programming area for international organizations supported by the Canadian International Development Agency. In addition, responding to the needs of developing country partners, many of our health services are integrated with other activities in a number of CIDA's projects.

The need is great and the opportunity we have to make a difference is real.

Canada has a real opportunity to bring the issue of maternal and child health to the forefront of the world stage. The G8 development ministers meeting in Halifax will set the stage for the June first ministers meeting.

We cannot talk about international development without thinking about the context of human rights. Human rights are a central theme of Canadian foreign policy because respect for human rights is a core Canadian value. We recognize that Canadians expect their government to be a leader in the field of human rights by reflecting and promoting Canadian values, including democracy and the rule of law on the international stage.

This government is well aware that women and the realization of women's rights are central to achieving sustainable development results. Increasing evidence has demonstrated that equality between women and men is necessary to eradicate poverty.

In the service of its mandate and consistent with international human rights standards, CIDA seeks to address the barriers of exclusion and discrimination that often exist, so as to extend the benefits of development to the most marginalized peoples and to achieve meaningful development results.

CIDA is working to integrate equality between women and men and good practice principles of inclusion, participation, equality and non-discrimination through its developmental work. That is why they figure prominently in all three of CIDA's priorities: increasing food security; securing the future for children and youth; and sustainable economic growth.

The third priority reflects the fact that focusing on children and youth is one of the best ways to achieve long-term development and poverty reduction. CIDA aims to achieve concrete results that will make a significant sustainable difference in the lives of children and youth. Special attention will be focused on young women and girls because investment in girls and women brings great social and economic returns to their societies. All children have a right to be healthy, receive quality education and grow up in a safe and secure society.

Business of Supply

•(1555)

CIDA is committed to helping children and youth in developing countries attain their full potential to become the strong, positive and engaged citizens of tomorrow. For this reason, on Universal Children's Day, the Minister of International Cooperation outlined CIDA's children and youth strategy, which will respond to the needs of the world's most vulnerable and help them become resourceful, engaged and productive young men and women.

CIDA's children and youth strategy will focus on three paths: child survival, including maternal health; access to quality education; and safe and secure futures for children and youth.

Under the safety and security path in this strategy, CIDA will support developing countries with a view to fulfilling the following priorities for action: strengthen and implement national protection legislation and mechanisms to safeguard the human rights and security of children and youth and to protect them, particularly girls, against violence and exploitation; ensure that schools are safe, free from violence and are child-friendly spaces for learning; and support efforts to help youth at risk find alternatives to violence and crime and engage as constructively as full members of society.

Under the child survival and maternal health path of CIDA's children and youth strategy, the government will contribute to ensuring mothers and children have access to the services, medicines and nutrition needed to lead healthy lives.

In addition to programming specific maternal health, CIDA is working to ensure we can make a difference in the lives of children living in developing countries. CIDA recognizes that we need to work with our G8 partners, improving maternal and child health. The maternal and child health discussion is not about what we are including or not including. It is about simple measures that focus on saving the lives of 500,000 pregnant mothers who die annually during childbirth and pregnancy. This initiative is about the nine million children who do not make it past their fifth birthday. This initiative is about providing health services, nutrition and clean water.

I realize that we sometimes tend to play politics in this House. I understand that the job of the opposition is to criticize the government, but I hope we can eventually find a common ground when it comes to maternal and child health.

Mr. Scott Simms (Bonavista—Gander—Grand Falls—Windor, Lib.): Mr. Speaker, he made two comments at the very beginning of his debate, which I would like to question him about further.

The first point was opening the abortion debate. I do not quite understand where he is coming from on that one. I would like to get his opinion on this point.

Canada has pledged its commitment to support the millennium development goals, which includes universal access to reproductive health, including family planning, which is goal five, target two. The goal is sometimes referred to as the unmet need to avoid a pregnancy and the number of women having access to modern contraceptives. I would like his opinion on that. I am not quite sure if he agrees or disagrees.

Another was his comment about anti-American. In fact, in the first week President Obama endorsed this. Secretary of State Clinton said:

In...the administration, we are convinced of the value of investing in women and girls, and we understand there is a direct line between a woman's reproductive health and her ability to lead a productive, fulfilling life.

She was commenting about the policy change from when George Bush was in power.

•(1600)

Mr. Andrew Saxton: Mr. Speaker, I will repeat what I said. This government is open to looking at all options that will protect the health and well-being of women and children. This includes saving the lives of 500,000 mothers a year who die during childbirth and nine million children who do not make it past their fifth birthday. We will look at all options to protect the health and well-being of these children and women.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, every year it is estimated that 74,000 women around the world die as a result of unsafe abortions that could be prevented with contraception and access to safe abortion facilities. In addition, for every woman who dies, 20 more experience serious complications, ranging from chronic infection to disabling injuries.

The 2010 budget announced a freeze on foreign aid levels and officials have said that this maternal health program will have to be funded out of the existing aid budget.

How does this lack of resources square with the Prime Minister's new-found interest in fulfilling the millennium development goals?

Mr. Andrew Saxton: Mr. Speaker, as I said earlier, this issue is about saving lives. We cannot stand idle while mortality rates in Africa continue to escalate. I refer to the UNESCO report. It states clearly that the single most effective way to address maternal and child mortality is access to health care and health professionals. This is consistent with our government's approach to this matter. We have the know-how and we have the ability to save lives, and we are going to use it.

Mr. Kevin Sorenson (Crowfoot, CPC): Mr. Speaker, last night when I saw the motion the Liberal Party was bringing forward, I was very disappointed because again we see a party that is adrift, the Liberal Party. We see a party that is trying to politicize an issue on the backs of women and children. I think history will say shame, shame on them for trying to accomplish that.

We need to be very concerned with the issue at hand. I know it has been brought out in speeches that our government has been very clear about the maternal and child health initiatives we will be putting forward at this year's G8 meeting. Those who come together are looking forward to the agenda that has been brought forward, a positive agenda, an agenda that will deal with mothers and children, one that is about saving the lives of 500,000 pregnant mothers every year. This is what Parliament needs to be concerned with, not a divisive issue that is politicized.

Business of Supply

The Liberal Party also politicizes a former American. I am questioning the member as to why they would be so political on an issue like this.

Mr. Andrew Saxton: Mr. Speaker, I think it is absolutely shameful that the opposition is trying to turn this debate into an issue that will be divisive. We are focused on one issue, and that is saving the lives of mothers and children around the world.

Every year 500,000 mothers die during childbirth; nine million children do not even make it to their fifth birthday.

That is our priority. That is our focus. Canadians can be proud of our Prime Minister for making this the initiative for the G8 summit in June.

Hon. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, I am pleased to speak today on the opposition motion. Even though some on the other side feel this is about politics, it is actually about the lives of women and children.

The science is clear. The facts are clear. The statistics are horrific.

I have delivered probably 2,000 babies as a family physician, and I have seen one maternal mortality in my lifetime. It is a day I will never forget. We had every possible modern medicine technology there in the room to try to save this woman's life and she died anyway.

I have seen many babies die. To this day, I feel that every single one of those babies had a family, had grandparents, and that experience changed the lives of those families forever.

Once as a medical student in the Caribbean, I saw a woman arrive with a temperature of 104°, chills and rigors, septic from the effects of an illegal abortion.

We actually have to get on with this file. It is one woman dying every minute of every day. In my lifetime I saw one maternal death, but in Sierra Leone 2,000 women die in every 100,000 births. That is two per hundred. This is unacceptable and we have to do better.

However, we also have to do better here in Canada where, because of the gap in health status of our aboriginal peoples, we still are not doing well enough on the world standard. We still are losing 5.2 babies per 100,000 when even Cuba was able to reach the goal of 4.8 per 100,000 in the last year.

The report, "Adding it up: The Benefits of Investing in Sexual and Reproductive Health Care" by the Allan Guttmacher Institute and the UNFPA states that sexual and reproductive ill health account for one-third of the global burden of disease among women of reproductive age and one-fifth of the burden of disease among the population overall. It says that HIV-AIDS accounts for 6% of the global disease burden. It says that the need for sexual and reproductive health services, and thus the potential benefit of meeting the need, is greatest among the poorest women, men and children in the world's lowest-income countries.

We know that satisfying the unmet need for contraceptive services in developing countries would avert 52 million unintended pregnancies annually, which in turn would save more than 1.5 million lives and prevent 505,000 children from losing their mothers.

A woman cannot die from complications arising during pregnancy and childbirth if she is not pregnant, and we know the children do not do well when their mother is dead.

Yet by refusing to fund programs that respect women's reproductive rights, including contraception and all aspects of reproductive health services, the government is allowing its ideological differences to get in the way of good health and gender equity.

The Mexico City policy was created in 1984 by the Reagan administration. This later became known as the global gag rule and was a policy of the United States government that barred any foreign organization receiving U.S. foreign assistance from using its own funds or funds from other donors to perform abortions, advocate for the liberalization or decriminalization of abortion in laws and policies, or provide information, make referrals or counsel women on the procedure, even in countries where abortion was legal.

The Mexico City policy was announced as a new restriction at the international conference on population development in Mexico City in 1984 by the Reagan administration. This policy was in place until 1993 when, as his first act in office, President Bill Clinton overturned it. Yet on January 22, 2001, President George Bush issued a presidential memorandum reinstating the Mexico City policy. It was his first act as president. On January 23, 2009, President Barack Obama overturned this policy once again.

•(1605)

According to the Center for Health and Gender Equity, approximately 500,000 women die from pregnancy-related causes each year, and according to the United Nations Population Fund, 74,000 women die every year from unsafe abortions.

They go on to say that an estimated 201 million women have an unmet need for family planning. The highest unmet need is in sub-Saharan Africa where one in four married women wants to limit or space her births but does not have access to the services to do so.

This lack of access to family planning results in 80 million unintended pregnancies a year. They go on to say that of the 80 million unintended pregnancies each year, 60% end in abortion.

The problem was that the global gag rule tied the hands of the trained reproductive health providers, because family planning organizations receiving U.S. funds could neither perform abortions for their clients nor advise women on where to seek the procedure.

As a result, women were not able to turn to trained doctors or nurses for safe medical care. They were left to find their own care, which often meant an unsafe, illicit abortion. Globally, 16 women die every hour from unsafe abortions.

Restrictive government laws on abortion often force the practice underground, as the centre said, contributing to the morbidity and mortality rates associated with unsafe abortion. Instead of fostering civil society participation in government and promoting democratic values, they felt that the global gag rule undermined rights, such as the freedom of speech and assembly rights that Americans enjoy, by prohibiting international organizations from working with their governments.

Business of Supply

What was worse was that the global gag rule also prohibited organizations that provide information and services related to abortion from receiving U.S. contraceptive supplies, such as female and male condoms, birth control pills, intrauterine devices and other medically effective methods of contraception. As a result, services providers either had to comply with the policy or forgo the much-needed family planning.

We are hugely concerned on this side that should the government go forward with its plan, where it believes it can restrict or cherry-pick parts of a family-planning approach, we will again end up with the effect of the gag rule.

• (1610)

[Translation]

While immunization, access to clean water, better nutrition and improved training for health-care workers are all important to the health and safety of women and girls, addressing the real issues underlying poor maternal and infant health requires that the full gamut of options be made available to promote education, family planning and gender equality. Anything less is a mere band-aid solution.

[English]

The Partnership for Maternal, Newborn and Child Health has produced an excellent consensus document. Their aim is “every pregnancy wanted, every birth safe, every newborn and child healthy”. They have a plan that will save the lives of more than 10 million women and children by 2015.

How will it be accomplished? The consensus document could not be clearer. It calls for political leadership and effective health systems that deliver a package of high-quality interventions in key areas along the whole continuum of care.

[Translation]

Effective health systems are necessary to target the most disadvantaged, and to prevent, treat, manage, assess and evaluate all aspects having an impact on maternal health, as well as on those living with HIV-AIDS or STDs.

I wish to thank Janet Hatcher Roberts, the executive director of the Canadian Society for International Health, for her incredible work in advocating the strengthening of national health systems in every developing country.

[English]

It is important to say how this plan would be delivered through a strong, well-funded health system, with trained appropriate and paid health professionals. The continuum of care must include: comprehensive family planning; skilled care for women and newborns during and after pregnancy, including antenatal care; quality care at birth; emergency care for complications; post-natal care and essential newborn care; safe abortion services when abortion is legal; and improved child nutrition, and prevention and treatment of major childhood diseases. These are all explicit in the partnership document in terms of its plan.

It also stress that barriers to access must be removed, and skilled and motivated health workers be in the right place at the right time. Accountability at all levels must be ensured for credible results.

I would like to commend Dr. Dorothy Shaw, Canada's spokesperson for Partnership for Maternal and Child Health for the G8-G20 and her excellent work on this initiative. I implore the Government of Canada to take her advice and put forward at the G8 table the full spectrum of the plan and the consensus document put forward by the partnership.

Action Canada for Population and Development, under the leadership of its excellent executive director, Katherine McDonald, has written an extensive call to action, asking the Prime Minister to assure that he will not change Canada's long-standing tradition of recognizing women's reproductive rights and access to contraception as part of his maternal health initiative at the G8.

ACPD has explicitly called on the Prime Minister to work with Canada's G8 partners to ensure that sexual and reproductive health and rights, particularly access to family planning, including contraception, will be part of the G8 maternal and child health initiative.

ACPD also stresses accountability, and I am pleased that the government has stressed that accountability be a focus of this year's G8. At last year's G8 in Italy, the heads of government agreed that maternal and child health was one of the world's most pressing global problems. They committed to accelerating progress on maternal health, including through sexual and reproductive health care and services, and voluntary family planning. The Prime Minister promised last year; the Prime Minister must deliver this year.

ACPD is calling on Canada's G8 partners to build on, not backtrack, previous commitments. Sexual reproductive health and rights, especially access to family planning, including contraception, must be part of the initiative.

Therefore, in order to be accountable, the government must honour its own commitment at last year's G8 to accelerate the progress on combating maternal and child mortality, including through sexual and reproductive health and family planning.

We know that dividing the G8 is not leadership. It is not leadership for Canada to say, “We will do this and the other members of the G8 can do the ones that we do not want to do because of our socially conservative ideology”.

We noticed in the Minister of International Cooperation's remarks last week that “they”, the G8 leaders, not Canada, will chart the way forward to save the lives of mothers and children. “They” is not good enough. We need Canada to lead by affirming Canada's commitment to providing the full range of reproductive health services and a pledge of financial support befitting the Canadian leadership the Prime Minister has promised.

Business of Supply

•(1615)

[Translation]

The Minister of International Cooperation was quoted as saying that she was not closing the door on any options that will save the lives of mothers and children. There is, however, a huge difference between keeping a door open and Canada coming up with a consistent, comprehensive approach to sexual health and reproductive health services.

[English]

We have become particularly concerned in the government's ability to present a comprehensive and coherent plan, when we hear its own members spreading false information.

In a recent editorial the member for Saskatoon—Wanuskewin and the member for Saskatoon—Humboldt told readers that there was no evidence to back up claims that proper education, resources and support would reduce maternal deaths and complications in spite of the wide swath of evidence already mentioned in our remarks.

How can we be confident in the government's ability to represent the mothers and children of the developing world, when here in Canada it has launched a systemic assault against women's health?

The four centres of excellence for children's well-being, whose job is to put research into practice in early childhood development, in child welfare, in children with special needs, and in youth engagement, did not have their funding renewed under the government's new program review. The centres of excellence for women's health received informal cuts and are being forced to operate under a new, more narrow and constrained mandate.

The government's new program review uses three criteria: accountability, cost effectiveness and alignment. I find this last criteria particularly worrying. It is a code for any intent of the government to cancel programs that are not aligned with government priorities. It also allows the government to cancel programs that it determines are not aligned with its strict interpretation of federal responsibility; that is, health and health care. We are all concerned that community-based programs may be increasingly at risk.

In leadership the first test is always what is happening at home. We draw the attention, although admirable, of the Prime Minister to the state of the developing countries with issues like potable water and deplorable housing conditions.

We actually want the government to look at home, to the plight of our aboriginal people, where there are 17 people living in one home with no running water, as we learned, on the reserves in Manitoba in June during H1N1.

It is extraordinary that we have to do more at home. It is a national and international embarrassment. We have to begin at home.

•(1620)

[Translation]

The Government of Canada has also refused to provide the International Planned Parenthood Federation with \$18 million over three years, funding that is essential if the government truly wants to abide by the Partnership for Maternal, Newborn and Child Health's consensus document, answer ACPD's call for action, and honour

Canada's international obligations to meet—not renege on—previous commitments to provide funding for sexual and reproductive health and rights in general.

[English]

Effective family planning is a human rights issue. The Convention on the Elimination of All Forms of Discrimination Against Women, to which Canada is a signatory, says countries must ensure access to health services, including those related to family planning.

The 1994 International Conference on Population and Development in Cairo and the United Nations Fourth World Conference on Women in Beijing recognized the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice.

Without this right to make decisions about fertility and family planning, women's capacity to exercise their own civil, political and economic rights is limited. The consequence of their absence has serious implications for women, and may even jeopardize their right to life.

Immediate action is needed. I have said before that it is crucial that politicians do the politics and that scientists do the science, and that the transmission of information from the scientist to the politician be done transparently, with accountability, and without ideology.

I implore the government to listen to the partnership action plan for the G8 and act in terms of what the midwives and the obstetricians, and the professionals have said is an essential, coherent plan, not to cherry-pick the bits that it wants to do.

I would encourage all members of this House, especially my colleagues on the government side, to support this motion, support the millennium development goals four and five, and ensure that Canada builds on its commitments to include the full range of family planning, sexual reproduction and health options, including contraception, as part of the G8 initiative.

The Prime Minister's opinion piece was a beginning. We welcomed it. We now want real leadership in honouring Canada's history in the world, and the government's previous commitments in Italy and at the UN. The government must put forward a real comprehensive plan based on the partnership of the G8 and full access to reproductive care.

The government must put leadership-level dollars on the table. Canadians want Canada to lead. We implore members to support this motion.

*Business of Supply***ROUTINE PROCEEDINGS***[English]***COMMITTEES OF THE HOUSE**

JUSTICE AND HUMAN RIGHTS

Hon. Gordon O'Connor (Minister of State and Chief Government Whip, CPC): Mr. Speaker, I believe that if you were to seek it, you would find unanimous consent for the following four travel motions. I move:

That, in relation to its study on the state of organized crime, 12 members of the Standing Committee on Justice and Human Rights be authorized to travel to Edmonton, Alberta and Winnipeg, Manitoba in the spring of 2010, and that the necessary staff accompany the committee.

(Motion agreed to)

Hon. Gordon O'Connor: I move:

That, in relation to its study on the state of organized crime, 12 members of the Standing Committee on Justice and Human Rights be authorized to travel to Toronto, Ontario in the spring of 2010, and that the necessary staff accompany the committee.

(Motion agreed to)

• (1625)

VETERANS AFFAIRS

Hon. Gordon O'Connor (Minister of State and Chief Government Whip, CPC): I move:

That, in relation to its study on the review of the new veterans charter, 12 members of the Standing Committee on Veterans Affairs be authorized to travel to Sainte-Anne-de-Bellevue, Quebec in the spring of 2010, and that the necessary staff accompany the committee.

(Motion agreed to)

NATIONAL DEFENCE

Hon. Gordon O'Connor (Minister of State and Chief Government Whip, CPC): I move:

That, in relation to its study of Arctic sovereignty, 12 members of the Standing Committee on National Defence be authorized to travel to Yellowknife, Northwest Territories, and Iqaluit, Nunavut in the spring of 2010, and that the necessary staff accompany the committee.

(Motion agreed to)

[Translation]

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 St. John's South—Mount Pearl, Access to Information; the hon. member for Sudbury, Violence in Sports.

GOVERNMENT ORDERS*[English]***BUSINESS OF SUPPLY**

OPPOSITION MOTION—MATERNAL AND CHILD HEALTH

The House resumed consideration of the motion.

Mr. Ed Fast (Abbotsford, CPC): Mr. Speaker, I want to thank the member for St. Paul's for her intervention. Unfortunately, I profoundly disagree with most of what she said.

The Liberals are Johnnys-come-lately to the whole issue of women's and children's health outcomes in the third world. For 13 years the Liberals had an opportunity to do something about it. Yet, their policy on international assistance and development failed. It was unfocused and ineffective.

Our Prime Minister and our Conservative government finally took the bull by the horns and made it a priority for the upcoming G8 and G20 summits. What do we receive? Rather than applauding this, the opposition parties want to turn this into a debate on abortion. It is shameful.

My question to the member is this. Why, during her 13 years in government, the previous 13 years of darkness, did the Liberals never make this a priority. Former Prime Minister Chrétien and former Prime Minister Paul Martin attended numerous summits. Yet, they made absolutely no efforts to make maternal and children's health a priority on the international stage. Why did they not get it done?

Hon. Carolyn Bennett: Mr. Speaker, I think that the Liberal record is strong, and particularly in Prime Minister's Chrétien's pledge to Africa and Prime Minister Martin's pledge to not only Africa but our aboriginal peoples.

However, it is clear that Africa has the worst outcomes on maternal and child health, so the question we have is, how can this government be so inconsistent as to be removing funding for programs in Africa and turning its attention to South America, when it is Africa that actually has the greatest need by every indicator that we want to use?

Mrs. Lise Zarac (LaSalle—Émard, Lib.): Mr. Speaker, I have a question for the hon. member for St. Paul's. I know she has been consulting quite a bit on this subject we are debating today. Most recently, this month, she met with the W8 group, a group that is travelling across the world to bring awareness to decision makers. It is a group that is recognized by Oxfam, so I think we can't question their credibility.

Would the hon. member tell us what their demands were exactly? I think she met with people from India and Malawi. Could she tell us more about what their demands were?

• (1630)

Hon. Carolyn Bennett: Mr. Speaker, as the hon. member has stated, meeting with those people put a huge human face on what they live every day, and meeting with the midwife from Malawi who only has one pair of hands and has three or four women in distress at the same time. This is about trained health care providers and the need for comprehensive health systems and paid workers but they cannot do it without a comprehensive system. It requires a coherent plan but it particularly requires that we listen to the voices of the people on the ground.

[Translation]

Ms. Nicole Demers (Laval, BQ): Mr. Speaker, I listened closely to my colleague.

Business of Supply

I would like her to tell me what is behind the fact that, since this morning, the Conservative members have been rising one after the other, saying ad nauseam that we want to re-open the abortion debate when, in reality, they are the only ones who want to do that in the House.

What does she think is behind this?

Hon. Carolyn Bennett: Mr. Speaker, I could not agree more with my colleague. The abortion debate was dealt with 25 years ago.

[English]

The people opposite are the only ones who want to raise this. We are calling on the government to continue a policy that has been in place for 25 years. We do not want to open it either. This is absolutely ridiculous. I am so upset. If any one of those members opposite had seen the sickness that we have seen from illegal abortions, they would not be doing this now. Women have been seeking abortions for as long as they have been getting pregnant and we need to ensure they do not die doing that.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, unlike the government member, I actually enjoyed the speech from the member.

However, I do want to point out to her that great speeches from the progressive wing of the Liberal Party are not the total goal here. We remember that the Liberals were in power for 40 years, or certainly for 40 years they have taken the position that 0.7% of gross national product should be put aside for international development and yet to this date we still have not achieved half of that.

This morning the member for Vancouver Kingsway and I asked successive Liberal speakers to put on the record now whether, if they were to form the government in the future, they would in fact agree to go back to 0.7% of gross national product toward international development. We would like the member to put that commitment on the record now.

Hon. Carolyn Bennett: Mr. Speaker, I am thrilled to say that working together with our CIDA critic, the member for London—Fanshawe, we need to redefine what actually is overseas development. Health has not actually been part of the way we defined development previously. Developing health systems and developing new approaches to maternal and child health will be the way we need to go forward.

When we as a government sent our lab to Angola to deal with the Ebola virus or when after SARS we trained the Vietnamese lab technicians at our Winnipeg lab, that was never really included in the 0.7%. We want to get there and we want to get there as fast as we can but we need to redefine what international development really means and it must include health and health care.

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, I think it is clear that everyone in the House agrees that the rate of maternal and child morbidity is absolutely unacceptable and that it is a very worthy priority for the G8. However, I did listen to the member for St. Paul's and at the very start of her speech she said that this was not about politics.

This morning in the health committee, we were sitting listening to very important testimony from veterans, soldiers, police and an RCMP widow. In the middle of that testimony, it was interrupted by

the Liberal Party to introduce this motion to the health committee. If this is not about politics, could she please tell me why her party would interrupt important testimony from important people and take away from their time in terms of this debate?

• (1635)

Hon. Carolyn Bennett: Mr. Speaker, the three members of the Conservative Party were not even there for the testimony because they were at abortion school learning how not to talk about abortion this afternoon. From 9 o'clock until 10 o'clock, the Conservative members were in a caucus meeting and did not have the respect to listen to those witness. I will not take any advice from her.

Mr. Rod Bruinooge (Winnipeg South, CPC): Mr. Speaker, I have a quick question for the doctor. I know it has been indicated that the foreign policy she is suggesting would be based on the status quo relative to abortion in Canada. Are there any exclusions from that status quo that she would insert in the foreign policy, such as a provision of gender selection abortion?

Hon. Carolyn Bennett: Mr. Speaker, the policy as presented by the partnership in terms of the G8 is allowing abortion only in the countries where it is legal. In terms of maternal and child health, I gender selection is certainly not part of my maternal health program. That is something that is between women, their doctors and their country. That is not really what we are focusing on in terms of saving 550,000 lives a year.

[Translation]

Ms. Megan Leslie (Halifax, NDP): Mr. Speaker, I want to speak about the promise on maternal health and the G8. I am pleased to participate in the debate. I will be sharing my time with the member for Vancouver East.

[English]

This opposition day motion is specifically about the inclusion of family planning and sexual reproductive health options. However, I would like to talk about this motion within the greater context of maternal and child health and Canada's failure to and potential to act on this important global issue.

[Translation]

The Prime Minister said that the major project Canada would present during the G8 in June would be an initiative aimed at reducing maternal and infant mortality rates in developing countries.

Initially, the government stated that family planning programs would not be part of the initiative, saying that its objective is to save lives. However, that decision was reversed and it then said that family planning has always been considered an area of action.

[English]

The plan, as described by the government, has been presented as a holistic approach that focuses on clean water, vaccinations, nutrition and training for health care workers. However, we have no confirmation that it will include access to family planning and no funds have yet been allocated. I have some key statistics that I would like to share and which I hope will shed some light on this issue.

Business of Supply

[Translation]

Access to contraception methods and reproductive choice are widely recognized as ways of saving lives. According to the World Health Organization, the first step in preventing deaths of new mothers is to ensure that women have access to family planning methods and safe abortion services.

[English]

Family planning could prevent 25% of maternal and child deaths in the developing world by preventing risky births that are too close together, too early or too late in a woman's life. Modern contraception helps fight the spread of HIV and AIDS by allowing HIV-positive women to space births for optimal health and access services to prevent mother-to-child transmission. Every year an estimated 74,000 women around the world die as a result of unsafe abortions. This could be prevented with contraception and access to safe abortion facilities.

[Translation]

By refusing to incorporate family planning into the maternal health initiative, the government is out of step with the international community.

• (1640)

[English]

Around the world, we are seeing actions, like President Obama's who recently revoked the global gag rule, a policy that barred any foreign organization from receiving U.S. funds for providing, advocating, informing or counselling women on abortion, in his first week in office.

[Translation]

In a 2009 white paper on international development, the United Kingdom called for safe abortion services where abortion is legal and an increase of one-third in the number of contraceptive users.

In addition, the EU has said that its action at the G8 will be based on the 1994 Cairo declaration, which aims to ensure universal access by 2015 to reproductive health care, including family planning.

[English]

Finally, we are out of step with our millennium development goals, a series of eight international development goals that all 192 UN member states agreed to achieve by the year 2015, a year that really is just around the corner.

Goal five states that we commit to improving maternal health by reducing maternal mortality and allowing people universal access to reproductive health. We must remember that this was agreed to by all 192 UN member states, including Canada.

[Translation]

I have a United Nations fact sheet indicating that almost all maternal deaths are avoidable. In industrialized countries, pregnancy- and delivery-related deaths are rare.

The rate of maternal mortality remains unacceptably high in many countries in the developing world.

Meeting millennium development goal 5, to reduce maternal mortality by three-quarters between 1990 and 2015, is proving to be a major challenge. It is the MDG on which the least progress has been made.

[English]

According to UNICEF, the UN Population Fund and WHO, the World Health Organization, up to 15% of pregnant women in all population groups experience potentially fatal complications during birth, 20 million women each year. More than 80% of maternal deaths worldwide are due to five direct causes: hemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive disease of pregnancy.

In about 21% of the 500,000 maternal deaths occurring each year, women die as a result of severe bleeding. This complication can kill a woman in less than two hours. Control of bleeding, replacement of blood or fast emergency evacuation is needed to save lives.

[Translation]

This fact sheet also looks at what needs to be done. It lists a number of initiatives.

It suggests providing sufficient funding to strengthen health systems, in particular for maternal health, child care and other reproductive health services, and ensuring that contraceptive, medication and materials purchasing and distribution services are working well.

[English]

Dedicated national programs need to be established to reduce maternal mortality and assure universal access to reproductive health care, including family planning services.

We need to adopt and implement policies that protect poor families from the catastrophic consequences of unaffordable maternity care, including through access to health insurance or free services.

[Translation]

Access to contraception as well as to sexual and reproductive health counselling for men, women and adolescents has to be improved.

In addition, pregnant women have to be protected against domestic violence, and men have to get involved in the care of pregnant women and, more generally, in reproductive health.

[English]

We have known these things for years and yet we still have not seen action in a serious way.

[Translation]

When we look at the facts, one thing becomes obvious: the Liberals failed to assume their responsibilities to developing countries. In light of that failure, what assurance do we have that they will be able to hold the government accountable where maternal health is concerned?

Business of Supply

• (1645)

[English]

It is time for action, not words. We support this opposition day motion, but we also hope that it is worth more than the paper that it is printed on.

Mr. Kevin Sorenson (Crowfoot, CPC): Mr. Speaker, around the world countries are taking note of Canada. They are seeing Canada take a leading role in Afghanistan, not only in the combat mission but in the developmental mission as well. They are seeing the difference that Canada has made in regard to maternal and women's issues in Afghanistan. We have seen the girls and the women in schools where they had not been before. It is not only in education, commerce and the economy, but it is also in dealing with other health issues as well.

To that end, we gave notice that at this year's G8 meeting our government would be putting forward maternal and child health initiatives. We have chosen to focus this initiative on saving the lives of pregnant mothers and children under the age of five.

Today we have seen in this House an attempt to politicize this issue, to take it down a different trail and to try to use it as a wedge. However, this government is taking a leading role.

The maternal and child health discussion is not about what we are including or excluding; it is about simple measures that focus on saving the lives of 500,000 pregnant mothers who die annually during pregnancy and childbirth, and nine million children every year who do not make it past their fifth birthday due to the lack of quality health services, nutrition and clean water.

Does the member—

The Deputy Speaker: Order. The hon. member for Halifax.

Ms. Megan Leslie: Mr. Speaker, I thank the member for his question. However, with all due respect to the member for Crowfoot, I do not agree with him.

What is happening in Afghanistan is a combat mission. I do not have the statistics in front of me, but they have been mentioned in this House many times. The numbers are shocking when we look at the amount of money that has been invested in the combat mission that goes toward combat as compared to the amount of money that goes toward aid.

If the government's objective is really about saving the lives of women and children, I really do wonder how many lives are lost at the expense of that combat mission that is attempting to do the exact opposite of what it is actually achieving.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, I want to congratulate the member on an excellent speech on this topic.

Canada is among the wealthiest nations in the world, yet 70% of Inuit preschool children live in homes where there is not always enough food. There are many mothers in Canada who live in unsafe places, who are going without food, electricity or heat because of persistent deep poverty.

Now that the government is committed to catching up with other wealthy nations on maternal aid, the question is, when will the

government commit to putting women and children first in Canada as well?

I would like the member to comment on that issue.

Ms. Megan Leslie: Mr. Speaker, I thank my colleague from Elmwood—Transcona for his insightful question about this issue.

It is an interesting thing, because we are talking about our millennium development goals. Some people ask what about Canada.

The first thing I would point out with the millennium development goals is we have agreed to put .7% of our GDP toward millennium development goals and toward foreign aid and development. When we look at the whole picture of our GDP, .7% is a very small amount. I think that is something we can achieve. At the same time we can invest in such things as a national housing strategy. Many people in our northern regions are living in overcrowded, decrepit housing. We could actually deal with maternal health and child poverty here in Canada. I think that both are achievable.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I am pleased to have the opportunity to speak to this motion. It is a very important debate. It is important that members of the House be able to express their strong opinions about this issue. The government's G8 maternal and child health initiative for the world's poorest regions must include the full range of family planning, sexual and reproductive health options, including contraception, consistent with previous governments that have stated that position, as well as all other G8 members last year in Italy. I certainly welcome this debate.

First and foremost, we have to insist that any initiative Canada takes forward must be based on scientific evidence as outlined in the motion before us today. That scientific evidence shows us that education and family planning can prevent as many as one in every three maternal deaths. That is a very significant statistic.

We are throwing around numbers and arguments and I hear the Conservatives claiming that this debate has been politicized. Nothing could be further from the truth. It is important that we stick to the facts and the scientific evidence about what needs to be done globally by Canada within the international community to prevent these kinds of deaths from taking place.

Looking at the statistics and facts that are available, it truly is shocking that more than 500 women die each year in pregnancy and nine million children die before the age of five. These deaths are entirely preventable if we set clear goals, objectives and outcomes and dedicate the necessary resources to ensure that very simple measures take place so that maternal and child health is made a primary priority.

For every woman who dies, there are 20 or more who experience serious complications as a result of their pregnancies. In fact, the World Health Organization has documented over and over again that the first step to avoiding maternal deaths is to ensure that women have access to family planning and safe abortions. That is a stated fact by the main UN body that monitors these things and does research. Anyone who disputes that is under some kind of strange illusion about what is going on in the world. It is important that we stick to the scientific evidence.

Business of Supply

Family planning could prevent 25% of maternal and child deaths in the developing world by preventing risky births that are too close together, or are too early or too late in a woman's life. This is a very real issue for women in the developing world. They need to have the education, be aware of prevention and have access to family planning at a grassroots level.

This is not rocket science. These are very basic provisions in supporting and empowering women and ensuring that they can carry safe pregnancies, engage in family planning and have control over it. To me, that is probably the most important thing. It is emphasized by the Stephen Lewis Foundation that when women have control over their own bodies and lives, when they can make their own decisions without a lot of resources, and we are talking about there being minimal resources for them, we will see a dramatic transformation take place. That is what the motion is trying to get at today.

The Conservative government has suddenly found this issue and stated that its goal is to focus on maternal and child health. It is important to point out because credibility on the record is something that counts here. It is fair to say that the Conservatives have very little credibility on issues affecting women in the developing world. Let us not forget that they are the ones who did away with the terms of gender equality, gender-based violence, impunity and justice when calling for an end to sexual violence in the Democratic Republic of Congo.

• (1650)

We in the NDP certainly welcome this interest that the Conservatives have suddenly developed in the health of mothers and children in the developing world, but it has to be on a comprehensive basis. It cannot be based on some sort of narrow ideological view. It has to be based on the scientific and factual evidence that is available globally, that has been developed by the United Nations, the World Health Organization and many other organizations.

It will undermine Canada's credibility if we do not advance these proposals in that broad way at the G8, if it becomes so narrowly focused with this conservative view, we become another embarrassment, just as happened in Copenhagen on climate change. I think Canadians feel pretty awful about what happens when we are on the international stage. The G8 is coming to Toronto. We have an opportunity to do something right, to express the will of the House and to do it in a comprehensive evidence-based way. I hope that is what will happen today.

Having said all of that, on the issue of credibility, a very stark question we have to ask is why the government is advancing this on the international stage, and yet here at home we still have appalling conditions for women and children in Canada. We are one of the wealthiest countries in the world.

In my community of East Vancouver, there are women and children who are living far below the poverty line. They are living in slum housing. They are not getting enough food to eat. They do not have enough access to community-level health care provisions. There is no child care, or the waiting list is so long and child care is so expensive that the children cannot get in.

While we deal with the situation internationally, we are compelled to focus on what is happening in Canada also. These issues are not mutually exclusive. They do not cancel out each other. We demand of our government that it address both issues, that it address poverty here in Canada and poverty globally. They are very much interrelated in that it becomes a question of where resources go. If we did have a properly functioning gender analysis, whether it is on the budget that was just approved or whether it is on bills that come forward, there would be a much better analysis and a much better allocation of resources, instead of the incredible ideological and political frame that we have had to go through time and time again with the Conservative government.

I want to say in the strongest terms that I support the millennium development goals. I support Canada's advancing this initiative as long as it is done in broad terms and it does not exclude family planning and access to safe abortions for women globally. I also feel very strongly that we have to set our sights on what is happening in our own communities. We have to recognize what is taking place in aboriginal communities. We have to recognize there are rural situations but there are also urban situations where people endure simply unliveable conditions which should not exist in this country.

Many organizations have done tremendous work on this issue not just over the last year or so but over the decades. I talked to a woman in the lobby a few minutes ago who told me she had been working on this issue for 30 years and she is very glad that this motion is being debated in the House today. It is very important that we recognize the work that is being done.

The Conservatives have somewhat reversed their position. Initially they were refusing to incorporate family planning into the maternal health initiative, and clearly they were absolutely out of step with the international community. I have to say that to me, it was a good lesson of what politics is about, to see the pressure both within the House and also in the broader community that took place, that forced the Conservatives to change their position.

I applaud groups such as Action Canada for Population and Development, the Canadian Federation for Sexual Health, the Federation of Medical Women of Canada, the Stephen Lewis Foundation and many others for the work they have done on this issue. They have made it clear that we will not tolerate a Conservative position that is so superficial it gives the illusion that it is helping women and children when in reality it is actually undermining the rights, freedoms and liberties of women and children not only in Canada but globally.

• (1655)

I hope the motion today will set us on the right course. Our leader and other members of our caucus have been raising this in question period. We will continue to press this matter until the Conservative government understands that if it wants to advance this proposal, it has to do it on the basis of supporting women's equality and women's rights and not denying women access to full services and programs, whether it be family planning or abortion. That is why this motion should pass today.

Business of Supply

● (1700)

[Translation]

BUSINESS OF THE HOUSE

Mr. Michel Guimond (Montmorency—Charlevoix—Haute-Côte-Nord, BQ): Mr. Speaker, I want to apologize to my colleagues who may have wanted to ask questions or make comments about the NDP leader's speech.

There have been discussions among all parties and I believe you will find unanimous consent for the following motion:

That, notwithstanding any Standing Order or usual practice of the House, if, during the time provided for private members' business today, a recorded division is demanded on Bill C-241, An Act to amend the Employment Insurance Act (removal of waiting period), that it be deferred to the time provided for oral questions on Wednesday, March 24, 2010.

The Deputy Speaker: Does the hon. member have the unanimous consent of the House to move the motion?

Some hon. members: Agreed.

Deputy Speaker: The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

* * *

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—MATERNAL AND CHILD HEALTH

The House resumed consideration of the motion.

Mr. Rod Bruinooge (Winnipeg South, CPC): Mr. Speaker, I listened quite closely to the intervention of the House leader for the New Democratic Party's. I appreciate the background she brings to this debate.

As a politician, we are always seeking consensus. She references family planning and I know family planning can be defined in many ways. I know some regions in the world unfortunately define that phrase differently from the philosophy that she probably has. When I speak about this, I am referring to the Republic of China in relation to its one child policy, which unfortunately sometimes leads young women who find themselves pregnant a second time to be, as reported, coerced into abortions.

I am sure she does not agree with those international viewpoints and I am sure there is consensus between us on that point.

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I appreciate the member's comments, but there has been a wealth of literature, some of which I quoted today, in terms of definitions around family planning.

The World Health Organization and the Canadian Federation for Sexual Health, which is part of the International Planned Parenthood Federation, make it very clear in their literature and research that family planning has to include a full range of choices available to individual women around their reproductive rights.

There is no question about this. I do not think this is even debatable. Major organizations under the UN and organizations in Canada agree. If we do not accept that, we are saying that we are somehow forcing our own opinion on the choices women have, on their liberty and on their ability to make choices about their bodies and reproductive rights. To me that is a fundamental human right for women. We have to stand by that.

Individual members may have individual views on this, but to me it is a matter of choice. It is a matter of choice on whether to have an abortion. If one does, it is something that should be done in a safe and medically sound environment.

Part of the debate here is to ensure we carry that as a very strong and clear message. Otherwise, we are saying that we do not really support women's equality or women's rights. Let us be very clear on that.

Mr. Jim Maloway (Elmwood—Transcona, NDP): Mr. Speaker, the EU has said that its action at the G8 will be based on the 1994 Cairo declaration, which aims to ensure universal access by 2015 to reproductive health care, including family planning.

As I see it, the government is basically trying to catch up with the rest of the developed world. However, the member for Winnipeg South is the leader of the anti-abortion caucus inside the Conservative caucus, fighting a rearguard action and trying to hold the government back.

We encourage the government to fight this rearguard action, come on and join the developed world in getting action on this cause.

Ms. Libby Davies: Mr. Speaker, a lot of really good information shows that individual countries, whether it is the EU or Norway, have contributed significant resources. In the case of Norway, it has donated \$1.2 billion or something like that, a huge amount of funds. These countries are living up to their commitment to the millennium development goals. We want to see that in Canada.

We know there are divisions within the Conservative caucus and likely within the Liberal caucus, but we have to get over that. This is about Canada's position globally. This is about women's health and women's equality. This is about the rights of women. We have to focus on that. The motion before us today helps us do that, and I think it has very strong support from the community.

We should stand very proud at the G8 conference and go there with a strong position. However, if we end up with this kind of lopsided Conservative view of what family planning is and what women's equality is, then we are taking steps backward. I hope that does not happen. There is a very strong message from members of the House today that if we are to do this, we have to do it properly. We have to put women and their rights first.

● (1705)

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC): Mr. Speaker, this government is proud that Canada will host the G8 Muskoka summit in June, which will be followed by a separate meeting of G20 leaders in Toronto. The theme of the G8 Muskoka summit and for the Toronto G20 summit leaders is recovery and new beginnings. At the Toronto G20 summit, Canada will work with G20 partners to ensure that global economic recovery is assured and set the world on a path to strong, balanced and sustainable growth.

Business of Supply

Over the past year and a half, many Canadians have felt the pain of the global economic recession. Through Canada's economic action plan, this government has taken decisive steps to protect incomes, create jobs, ease credit markets and help workers and communities get back on their feet.

Canadians know that the world's poorest citizens are also suffering the impacts of the recession and expect their government to show international leadership. The global recession threatens to set back many of the important development gains that have been made in recent years, including related to the United Nations millennium development goals.

Action within the G20 is helping to create the conditions for more sustainable growth that will help developing countries. Helping improve the lives of people throughout the developing world is something the G8 has been doing for many years.

The G8 has a strong track record in supporting international development efforts and efforts related to global peace and security. As G8 president in 2010, Canada will ensure that the G8 countries continue to deliver results in these two core areas, by advancing a pragmatic and a results-driven agenda for the Muskoka summit. Accountability will be the hallmark of this agenda.

In Muskoka, the G8 will follow up on past commitments to ensure that it delivers on its promises. Together the G8 will set focused goals for leadership going forward.

In Muskoka, Canada will focus the G8 agenda on areas where it has the greatest value added development in peace and security. These are central to the values and interests of G8 members and are areas where the G8 can make a clear difference.

On development, Canada will champion a major initiative to improve maternal and child health in the world's most vulnerable regions.

The statistics are shocking. Each year nearly nine million children die before they turn five and half a million women die in pregnancy and childbirth. Many of these deaths can be prevented with improved access to health care, better nutrition and scaling up proven interventions such as immunizations. We believe the G8 members can make a tangible difference and we will make this a top priority of our Muskoka G8 summit.

At the Muskoka summit, Canada will seek to leverage greater commitments from the G8 and other major donors to help developing countries respond to these challenges. The G8 summit will also focus on critically important peace and security challenge. The spread and use of weapons of mass destruction, including by terrorists, remains a key threat to global security and stability. This requires continued resolve and leadership on the part of the G8 and its partners.

Building the capacities of vulnerable states and regions to address peace and security vulnerabilities is another priority. This will include steps by the G8 to strengthen institutions, prevent conflict and better mobilize civilian and military capacities.

The G8 has a long track record of delivering results on development. We have done this by working in partnership with African and other developing countries to support their priorities.

Making a real contribution to international development requires leadership and resources. The G8's collective contributions on development are unmatched.

Collectively, the G8 is a leader in contributing to development assistance. Leading by example, the G8 has been effective in leveraging additional financial and other support from other countries. For example, at the 2008 summit in Japan and then again in Italy in 2009, the G8 played an important role in helping millions of the world's most vulnerable citizens threatened by rising food prices in recent years.

At the 2009 L'Aquila summit, the G8 led 40 leaders and heads of international organizations in agreeing to mobilize more than U.S. \$20 billion for agricultural development over three years.

● (1710)

Canada will participate in this new initiative, doubling our spending in support of agricultural development by committing an additional \$600 million Canadian over three years.

As Canada continues to prepare for our G8 summit in 2010, we remain committed to working diligently with other stakeholders to continue addressing the issues associated with hunger and food security.

The G8 also has a strong track record in helping address the health of people around the world. In 2001, the G8 launched the global fund to fight AIDS, tuberculosis and malaria, and G8 countries have contributed substantial funds to fight these life-threatening and debilitating diseases. The G8 has made significant investments in addressing the health challenges experienced in developing countries.

However, significant challenges remain and the G8 can continue to show leadership in mobilizing the international community to meet these challenges.

One area in particular that cries out for action is maternal and child health. These two issues are captured under the United Nations millennium development goals four and five, with targets set for progress by 2015. They are the millennium development goals that are showing the least progress.

As G8 president, in 2010, Canada has decided to advance maternal and child health as a key priority for the G8 Muskoka summit and it is doing so with the strong and universal support of its G8 partners.

Canada is already very actively engaged in support for child health and maternal health around the world. Our priorities include malaria control, especially to protect children and pregnant women, and the scaling up of health worker training to develop high impact interventions to women and children.

We have long been active supporters of programs to support child immunization, including for polio vaccinations.

Business of Supply

Given the close intersection of healthy children and educational attainment, we are also delivering on our commitments to fund basic education and to support school feeding programs. Canada also announced that three priorities will guide our development programming going forward, one of which is securing the future for children and youth.

The challenge of improving maternal and child health is immense and requires comprehensive solutions: additional skilled human resources, political support and strengthened national health systems. It is not something any one country can take on by itself. So, in Muskoka, Canada will mobilize G8 members and assume a leadership role in setting a global agenda for improving maternal and child health.

The G8 provides a powerful framework to accelerate action on these issues, bringing increased political profile, operational coherence, financing and accountability to collective efforts.

I will conclude by noting that accountability will be the hallmark of Canada's 2010 Muskoka summit. Canada championed the creation of the G8 working group on accountability because we believe it is important to deliver on promises made. When G8 leaders meet—

• (1715)

The Deputy Speaker: Order, please. I regret to have to cut off the hon. member but it being 5:15 p.m. and this being the final supply day in the period ending March 26, 2010, it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

[*Translation*]

The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

Deputy Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

Deputy Speaker: All those opposed will please say nay.

Some hon. members: Nay.

Deputy Speaker: In my opinion, the nays have it.

And five or more members having risen:

Deputy Speaker: Call in the members.

• (1740)

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

(*Division No. 7*)

YEAS

Members

Allen (Welland)
Andrews

André
Arthur

Ashton	Asselin
Atamanenko	Bachand
Bagnell	Bains
Beaudin	Bélanger
Bellavance	Bennett
Bevilacqua	Bevington
Bigras	Blais
Bouchard	Bourgeois
Brison	Brunelle
Byrne	Cannis
Cardin	Carrier
Charlton	Chow
Christopherson	Coady
Coderre	Comartin
Cotler	Crombie
Crowder	Cullen
Cuzner	D'Amours
Davies (Vancouver Kingsway)	Davies (Vancouver East)
DeBellefeuille	Demers
Deschamps	Desnoyers
Dewar	Dhaliwal
Dhalla	Donnelly
Dorion	Dosanjh
Dryden	Duceppe
Dufour	Duncan (Etobicoke North)
Duncan (Edmonton—Strathcona)	Easter
Eyking	Faille
Folco	Foote
Freeman	Fry
Garneau	Gaudet
Godin	Goodale
Gravelle	Guay
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	
Hall Findlay	Harris (St. John's East)
Holland	Hyer
Ignatieff	Julian
Laforest	Laframboise
Lalonde	Lavallée
Layton	LeBlanc
Lemay	Leslie
Lessard	Lévesque
Malo	Maloway
Marston	Martin (Esquimalt—Juan de Fuca)
Martin (Winnipeg Centre)	Martin (Sault Ste. Marie)
Masse	Mathysen
McCallum	McGuinty
Ménard	Mendes
Minna	Mourani
Mulcair	Murphy (Moncton—Riverview—Dieppe)
Murphy (Charlottetown)	Murray
Nadeau	Oliphant
Ouellet	Pacetti
Paillé (Hochelaga)	Paillé (Louis-Hébert)
Paquette	Patry
Pearson	Plamondon
Pomerleau	Proulx
Rae	Ratansi
Regan	Rodriguez
Rota	Russell
Savage	Savoie
Scarpaleggia	Sgro
Siksay	Simms
Simson	St-Cyr
Stoffer	Thi Lac
Thibeault	Trudeau
Valeriote	Vincent
Wilfert	Zarac— 138

NAYS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Ashfield	Baird
Benoit	Bernier
Bezan	Blackburn
Blaney	Block
Boucher	Boughen
Braid	Breitkreuz

Business of Supply

Brown (Leeds—Grenville)
 Brown (Barrie)
 Cadman
 Cannan (Kelowna—Lake Country)
 Carrie
 Chong
 Clement
 Davidson
 Dechert
 Devolin
 Duncan (Vancouver Island North)
 Fast
 Flaherty
 Galipeau
 Généreux
 Goldring
 Gourde
 Guergis
 Harris (Cariboo—Prince George)
 Hiebert
 Hoback
 Holder
 Kamp (Pitt Meadows—Maple Ridge—Mission)
 Kenney (Calgary Southeast)
 Komarnicki
 Lake
 Lebel
 Lobb
 Lunn
 MacKay (Central Nova)
 Mark
 McColeman
 McLeod
 Menzies
 Miller
 Moore (Fundy Royal)
 Norlock
 O'Neill-Gordon
 Oda
 Petit
 Prentice
 Raitt
 Rathgeber
 Richards
 Rickford
 Saxton
 Schellenberger
 Shipley
 Smith
 Stanton
 Strahl
 Szabo
 Tilson
 Trost
 Van Kesteren
 Vellacott
 Wallace
 Warkentin
 Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)
 Weston (Saint John)
 Wong
 Yelich

Brown (Newmarket—Aurora)
 Bruinooge
 Calandra
 Cannon (Pontiac)
 Casson
 Clarke
 Cummins
 Day
 Del Mastro
 Dreeshen
 Dykstra
 Finley
 Fletcher
 Gallant
 Glover
 Goodyear
 Grewal
 Harper
 Hawn
 Hill
 Hoepfner
 Jean
 Keddy (South Shore—St. Margaret's)
 Kerr
 Kramp (Prince Edward—Hastings)
 Lauzon
 Lemieux
 Lukiwski
 Lunney
 MacKenzie
 Mayes
 McKay (Scarborough—Guildwood)
 McTeague
 Merrifield
 Moore (Port Moody—Westwood—Port Coquitlam)
 Nicholson
 O'Connor
 Obhrai
 Paradis
 Poilievre
 Preston
 Rajotte
 Reid
 Richardson
 Ritz
 Scheer
 Shea
 Shory
 Sorenson
 Storseth
 Sweet
 Thompson
 Toews
 Tweed
 Van Loan
 Verner
 Warawa
 Watson
 Woodworth
 Young— 144

PAIRED

Members

Bonsant
 Payne

Gagnon
 Uppal— 4

The Speaker: I declare the motion lost.

* * *

● (1745)
 [English]

SUPPLEMENTARY ESTIMATES (C), 2009-10

The Speaker: The next question is on supplementary estimates (C).

Hon. Stockwell Day (President of the Treasury Board and Minister for the Asia-Pacific Gateway, CPC) moved:

That the supplementary estimates (C) for fiscal year ending March 31, 2010, be concurred in.

The Speaker: Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

● (1750)

[Translation]

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

(Division No. 8)

YEAS

Members

Abbott
 Aglukkaq
 Allen (Tobique—Mactaquac)
 Ambrose
 Anderson
 Arthur
 Baird
 Bernier
 Blackburn
 Block
 Boughen
 Breitzkreuz
 Brown (Newmarket—Aurora)
 Bruinooge
 Calandra
 Cannon (Pontiac)
 Casson
 Clarke
 Cummins
 Day
 Del Mastro
 Dreeshen
 Dykstra
 Finley
 Fletcher
 Gallant
 Glover
 Goodyear
 Grewal
 Harper
 Hawn
 Hill
 Hoepfner
 Jean
 Keddy (South Shore—St. Margaret's)
 Kerr
 Kramp (Prince Edward—Hastings)
 Lauzon
 Lemieux
 Lukiwski
 Lunney
 MacKenzie

Ablonczy
 Albrecht
 Allison
 Anders
 Armstrong
 Ashfield
 Benoit
 Bezan
 Blaney
 Boucher
 Braid
 Brown (Leeds—Grenville)
 Brown (Barrie)
 Cadman
 Cannan (Kelowna—Lake Country)
 Carrie
 Chong
 Clement
 Davidson
 Dechert
 Devolin
 Duncan (Vancouver Island North)
 Fast
 Flaherty
 Galipeau
 Généreux
 Goldring
 Gourde
 Guergis
 Harris (Cariboo—Prince George)
 Hiebert
 Hoback
 Holder
 Kamp (Pitt Meadows—Maple Ridge—Mission)
 Kenney (Calgary Southeast)
 Komarnicki
 Lake
 Lebel
 Lobb
 Lunn
 MacKay (Central Nova)
 Mark

Business of Supply

Mayes	McColeman
McLeod	Menzies
Merrifield	Miller
Moore (Port Moody—Westwood—Port Coquitlam)	
Moore (Fundy Royal)	
Nicholson	Norlock
O'Connor	O'Neill-Gordon
Obhrai	Oda
Paradis	Petit
Poilievre	Prentice
Preston	Raitt
Rajotte	Rathgeber
Reid	Richards
Richardson	Rickford
Ritz	Saxton
Scheer	Schellenberger
Shea	Shiple
Shory	Smith
Sorenson	Stanton
Storseth	Strahl
Sweet	Thompson
Tilson	Toews
Trost	Tweed
Van Kesteren	Van Loan
Vellacott	Verner
Wallace	Warawa
Warkentin	Watson
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)	
Weston (Saint John)	Woodworth
Wong	Young— 142
Yelich	

NAYS

Members

Allen (Welland)	André
Ashton	Asselin
Atamanenko	Bachand
Beaudin	Bélangier
Bellavance	Bennett
Bevilacqua	Bevington
Bigras	Blais
Bouchard	Bourgeois
Brisson	Brunelle
Byrne	Cardin
Carrier	Charlton
Chow	Christopherson
Coady	Coderre
Comartin	Cotler
Crowder	Cullen
Cuzner	D'Amours
Davies (Vancouver Kingsway)	Davies (Vancouver East)
DeBellefeuille	Demers
Deschamps	Desnoyers
Dewar	Dhaliwal
Donnelly	Dorion
Dosanjh	Dryden
Duceppe	Dufour
Duncan (Edmonton—Strathcona)	Easter
Eyking	Faille
Foote	Freeman
Fry	Gaudet
Godin	Goodale
Gravelle	Guay
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	
Harris (St. John's East)	Hyer
Julian	Laforest
Laframboise	Lalonde
Lavallée	Layton
LeBlanc	Lemay
Leslie	Lessard
Lévesque	Malhi
Malo	Maloway
Marston	Martin (Esquimalt—Juan de Fuca)
Martin (Winnipeg Centre)	Martin (Sault Ste. Marie)
Masse	Mathysen
McCallum	McKay (Scarborough—Guildwood)
McTeague	Ménard
Minna	Mourani
Mulcair	Murphy (Moncton—Riverview—Dieppe)
Murphy (Charlottetown)	Nadeau
Ouellet	Pacetti

Paillé (Hochelega)	Paillé (Louis-Hébert)
Paquette	Pearson
Plamondon	Pomerleau
Rae	Regan
Savage	Savoie
Scarpaleggia	Siksay
Simms	St-Cyr
Stoffer	Szabo
Thi Lac	Thibeault
Trudeau	Vincent— 114

PAIRED

Members

Bonsant	Gagnon
Payne	Uppal— 4

The Speaker: I declare the motion carried.

[*English*]

Hon. Stockwell Day (President of the Treasury Board and Minister for the Asia-Pacific Gateway, CPC) moved that Bill C-6, An Act for granting to Her Majesty certain sums of money for the federal public administration for the financial year ending March 31, 2010, be now read the first time.

(Motion deemed adopted and bill read the first time)

[*Translation*]

Hon. Stockwell Day moved that the bill be read the second time and referred to committee of the whole.

The Speaker: Is it the pleasure of the House to adopt the motion?

[*English*]

Hon. Gordon O'Connor: Mr. Speaker, I believe if you seek it, you will find agreement to apply the vote on the previous motion on the current motion.

The Speaker: Is there unanimous consent to proceed in this fashion?

Some hon. members: Agreed.

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

(*Division No. 9*)

YEAS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Arthur	Ashfield
Baird	Benoit
Bernier	Bezan
Blackburn	Blaney
Block	Boucher
Boughen	Braid
Breitkreuz	Brown (Leeds—Grenville)
Brown (Newmarket—Aurora)	Brown (Barrie)
Bruinooge	Cadman
Calandra	Cannan (Kelowna—Lake Country)
Cannon (Pontiac)	Carrie
Casson	Chong
Clarke	Clement
Cummins	Davidson
Day	Dechert
Del Mastro	Devolin

Business of Supply

Dreeshen
Dykstra
Finley
Fletcher
Gallant
Glover
Goodyear
Grewal
Harper
Hawn
Hill
Hoeppner
Jean
Keddy (South Shore—St. Margaret's)
Kerr
Kramp (Prince Edward—Hastings)
Lauzon
Lemieux
Lukiwski
Lunney
MacKenzie
Mayes
McLeod
Merrifield
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Nicholson
O'Connor
Obhrai
Paradis
Poilievre
Preston
Rajotte
Reid
Richardson
Ritz
Scheer
Shea
Shory
Sorenson
Storseth
Sweet
Tilson
Trost
Van Kesteren
Vellacott
Wallace
Warkentin
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)
Weston (Saint John)
Wong
Yelich

Duncan (Vancouver Island North)
Fast
Flaherty
Galipeau
Généreux
Goldring
Gourde
Guergis
Harris (Cariboo—Prince George)
Hiebert
Hoback
Holder
Kamp (Pitt Meadows—Maple Ridge—Mission)
Kenney (Calgary Southeast)
Komarnicki
Lake
Lebel
Lobb
Lunn
MacKay (Central Nova)
Mark
McColeman
Menzies
Miller
Norlock
O'Neill-Gordon
Oda
Petit
Prentice
Raitt
Rathgeber
Richards
Rickford
Saxton
Schellenberger
Shipley
Smith
Stanton
Strahl
Thompson
Toews
Tweed
Van Loan
Verner
Warawa
Watson
Woodworth
Young — 142

NAYS

Members

Allen (Welland)
Ashton
Atamanenko
Beaudin
Bellavance
Bevilacqua
Bigras
Bouchard
Brisson
Byrne
Carrier
Chow
Coady
Comartin
Crowder
Cuzner
Davies (Vancouver Kingsway)
DeBellefeuille
Deschamps
Dewar
Donnelly
Dosanjh
Duceppe
Duncan (Edmonton—Strathcona)
Eyking
Foote
Fry

André
Asselin
Bachand
Bélanger
Bennett
Bevington
Blais
Bourgeois
Brunelle
Cardin
Charlton
Christopherson
Coderre
Cotler
Cullen
D'Amours
Davies (Vancouver East)
Demers
Desnoyers
Dhaliwal
Dorion
Dryden
Dufour
Easter
Faille
Freeman
Gaudet

Godin
Gravelle
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)
Harris (St. John's East)
Julian
Laframboise
Lavallée
LeBlanc
Leslie
Lévesque
Malo
Marston
Martin (Winnipeg Centre)
Masse
McCallum
McTeague
Minna
Mulcair
Murphy (Charlottetown)
Ouellet
Paillé (Hochelega)
Paquette
Plamondon
Rae
Savage
Scarpaleggia
Simms
Stoffler
Thi Lac
Trudeau

Goodale
Guay
Laforest
Lalonde
Layton
Lemay
Lessard
Malhi
Maloway
Martin (Esquimalt—Juan de Fuca)
Martin (Sault Ste. Marie)
Mathysen
McKay (Scarborough—Guildwood)
Ménard
Mourani
Murphy (Moncton—Riverview—Dieppe)
Nadeau
Pacetti
Paillé (Louis-Hébert)
Pearson
Pomerleau
Regan
Savoie
Siksay
St-Cyr
Szabo
Thibeault
Vincent — 114

PAIRED

Members

Bonsant
Payne

Gagnon
Uppal — 4

The Speaker: I declare the motion carried.

Accordingly this bill stands referred to a committee of the whole. I do now leave the chair for the House to resolve itself into committee of the whole.

(Bill read the second time and the House went into committee of the whole thereon, Mr. Scheer in the chair)

[*Translation*]

The Deputy Speaker: The House is now in committee of the whole on Bill C-6.

[*English*]

(On clause 2)

Ms. Siobhan Coady (St. John's South—Mount Pearl, Lib.): Mr. Chair, I would like to ask the President of the Treasury Board if the bill is presented in its usual form.

Hon. Stockwell Day (President of the Treasury Board and Minister for the Asia-Pacific Gateway, CPC): Mr. Chair, I can assure members that the bill is in the same form as it was in the previous supply period.

The Chair: Shall clause 2 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 2 agreed to)

The Chair: Shall clause 3 carry?

Some hon. members: Agreed.

An hon. member: On division.

Business of Supply

(Clause 3 agreed to)

The Chair: Shall clause 4 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 4 agreed to)

The Chair: Shall clause 5 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 5 agreed to)

The Chair: Shall clause 6 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 6 agreed to)

The Chair: Shall clause 7 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 7 agreed to)

The Chair: Shall schedule 1 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Schedule 1 agreed to)

The Chair: Shall schedule 2 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Schedule 2 agreed to)

The Chair: Shall clause 1 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 1 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

An hon. member: On division.

(Preamble agreed to)

The Chair: Shall the title carry?

Some hon. members: Agreed.

An hon. member: On division.

(Title agreed to)

The Chair: Shall the bill carry?

Some hon. members: Agreed.

An hon. member: On division.

(Bill agreed to)

The Chair: Shall I rise and report the bill?

Some hon. members: Agreed.

(Bill reported)

• (1755)

Hon. Stockwell Day moved that the bill be concurred in.

Hon. Gordon O'Connor: Mr. Speaker, I rise on a point or order. I believe if you seek it, you will find agreement to apply the vote on the previous motion to the current motion.

The Speaker: Is it agreed?

Some hon. members: Agreed.

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

(Division No. 10)

YEAS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Arthur	Ashfield
Baird	Benoit
Bernier	Bezan
Blackburn	Blaney
Block	Boucher
Boughen	Braid
Breitkreuz	Brown (Leeds—Grenville)
Brown (Newmarket—Aurora)	Brown (Barrie)
Bruinooge	Cadman
Calandra	Cannan (Kelowna—Lake Country)
Cannon (Pontiac)	Carrie
Casson	Chong
Clarke	Clement
Cummins	Davidson
Day	Dechert
Del Mastro	Devolin
Dreeshen	Duncan (Vancouver Island North)
Dykstra	Fast
Finley	Flaherty
Fletcher	Galipeau
Gallant	Généreux
Glover	Goldring
Goodyear	Gourde
Grewal	Guergis
Harper	Harris (Cariboo—Prince George)
Hawn	Hiebert
Hill	Hoback
Hoepfner	Holder
Jean	Kamp (Pitt Meadows—Maple Ridge—Mission)
Keddy (South Shore—St. Margaret's)	Kenney (Calgary Southeast)
Kerr	Komarnicki
Kramp (Prince Edward—Hastings)	Lake
Lauzon	Lebel
Lemieux	Lobb
Lukiwski	Lunn
Lunney	MacKay (Central Nova)
MacKenzie	Mark
Mayes	McColeman
McLeod	Menzies
Merrifield	Miller
Moore (Port Moody—Westwood—Port Coquitlam)	
Moore (Fundy Royal)	
Nicholson	Norlock
O'Connor	O'Neill-Gordon
Obhrai	Oda
Paradis	Petit
Poilievre	Prentice

Business of Supply

PAIRED

Members

Bonsant	Gagnon
Payne	Uppal — 4

The Speaker: I declare the motion carried.

When shall the bill be read a third time? By leave, now?

Some hon. members: Agreed.

Hon. Stockwell Day moved that the bill be read a third time and passed.

Hon. Gordon O'Connor: Mr. Speaker, I rise on a point or order. I believe if you seek it, you will find agreement to apply the vote from the previous motion to the current motion.

The Speaker: Is there unanimous consent to proceed in this way?

Some hon. members: Agreed.

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

(Division No. 11)

YEAS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Arthur	Ashfield
Baird	Benoit
Bernier	Bezan
Blackburn	Blaney
Block	Boucher
Boughen	Braid
Breitkreuz	Brown (Leeds—Grenville)
Brown (Newmarket—Aurora)	Brown (Barrie)
Bruinooge	Cadman
Calandra	Cannan (Kelowna—Lake Country)
Cannon (Pontiac)	Carrie
Casson	Chong
Clarke	Clement
Cummins	Davidson
Day	Dechert
Del Mastro	Devolin
Dreeschen	Duncan (Vancouver Island North)
Dykstra	Fast
Finley	Flaherty
Fletcher	Galipeau
Gallant	Généreux
Glover	Goldring
Goodyear	Gourde
Grewal	Guergis
Harper	Harris (Cariboo—Prince George)
Hawn	Hiebert
Hill	Hoback
Hoepfner	Holder
Jean	Kamp (Pitt Meadows—Maple Ridge—Mission)
Keddy (South Shore—St. Margaret's)	Kenney (Calgary Southeast)
Kerr	Komarnicki
Kramp (Prince Edward—Hastings)	Lake
Lauzon	Lebel
Lemieux	Lobb
Lukivski	Lunn
Lunney	MacKay (Central Nova)
MacKenzie	Mark
Mayer	McColeman
McLeod	Menzies
Merrifield	Miller
Moore (Port Moody—Westwood—Port Coquitlam)	
Moore (Fundy Royal)	
Nicholson	Norlock
O'Connor	O'Neill-Gordon

NAYS

Members

Preston	Raitt
Rajotte	Rathgeber
Reid	Richards
Richardson	Rickford
Ritz	Saxton
Scheer	Schellenberger
Shea	Shipley
Shory	Smith
Sorenson	Stanton
Storseth	Strahl
Sweet	Thompson
Tilson	Toews
Trost	Tweed
Van Kesteren	Van Loan
Vellacott	Verner
Wallace	Warawa
Warkentin	Watson
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)	
Weston (Saint John)	
Wong	Woodworth
Yelich	Young — 142

Allen (Welland)	André
Ashton	Asselin
Atamanenko	Bachand
Beaudin	Béclanger
Bellavance	Bennett
Bevilacqua	Bevington
Bigras	Blais
Bouchard	Bourgeois
Brisson	Brunelle
Byrne	Cardin
Carrier	Charlton
Chow	Christopherson
Coady	Coderre
Comartin	Cotler
Crowder	Cullen
Cuzner	D'Amours
Davies (Vancouver Kingsway)	Davies (Vancouver East)
DeBellefeuille	Demers
Deschamps	Desnoyers
Dewar	Dhaliwal
Donnelly	Dorion
Dosanjh	Dryden
Duceppe	Dufour
Duncan (Edmonton—Strathcona)	Easter
Eyking	Faillie
Foote	Freeman
Fry	Gaudet
Godin	Goodale
Gravelle	Guay
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	
Harris (St. John's East)	Hyer
Julian	Laforest
Laframboise	Lalonde
Lavallée	Layton
LeBlanc	Lemay
Leslie	Lessard
Lévesque	Malhi
Malo	Maloway
Marston	Martin (Esquimalt—Juan de Fuca)
Martin (Winnipeg Centre)	Martin (Sault Ste. Marie)
Masse	Mathysen
McCallum	McKay (Scarborough—Guildwood)
McTeague	Ménard
Minna	Mourani
Mulcair	Murphy (Moncton—Riverview—Dieppe)
Murphy (Charlottetown)	Nadeau
Ouellet	Pacetti
Paillé (Hochelaga)	Paillé (Louis-Hébert)
Paquette	Pearson
Plamondon	Pomerleau
Rae	Regan
Savage	Savoie
Scarpagaglia	Siksay
Simms	St-Cyr
Stoffer	Szabo
Thi Lac	Thibeault
Trudeau	Vincent — 114

Business of Supply

Obhrai	Oda
Paradis	Petit
Poillievre	Prentice
Preston	Raitt
Rajotte	Rathgeber
Reid	Richards
Richardson	Rickford
Ritz	Saxton
Scheer	Schellenberger
Shea	Shipley
Shory	Smith
Sorenson	Stanton
Storseth	Strahl
Sweet	Thompson
Tilson	Toews
Trost	Tweed
Van Kesteren	Van Loan
Vellacott	Verner
Wallace	Warawa
Warkentin	Watson
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)	
Weston (Saint John)	Woodworth
Wong	Young — 142
Yelich	

NAYS

Members

Allen (Welland)	André
Ashton	Asselin
Atamanenko	Bachand
Beaudin	Bélanger
Bellavance	Bennett
Bevilacqua	Bevington
Bigras	Blais
Bouchard	Bourgeois
Brisson	Brunelle
Byrne	Cardin
Carrier	Charlton
Chow	Christopherson
Coady	Coderre
Comartin	Cotler
Crowder	Cullen
Cuzner	D'Amours
Davies (Vancouver Kingsway)	Davies (Vancouver East)
DeBellefeuille	Demers
Deschamps	Desnoyers
Dewar	Dhaliwal
Donnelly	Dorion
Dosanjh	Dryden
Duceppe	Dufour
Duncan (Edmonton—Strathcona)	Easter
Eyking	Faille
Foote	Freeman
Fry	Gaudet
Godin	Goodale
Gravelle	Guay
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	Hyer
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	Laforest
Harris (St. John's East)	Lalonde
Julian	Layton
Laframboise	Lemay
Lavallée	Lessard
LeBlanc	Malhi
Leslie	Maloway
Lévesque	Martin (Esquimalt—Juan de Fuca)
Malo	Martin (Sault Ste. Marie)
Marston	Mathysen
Martin (Winnipeg Centre)	McKay (Scarborough—Guildwood)
Masse	Ménard
McCallum	Mourani
McTeague	Murphy (Moncton—Riverview—Dieppe)
Minna	Nadeau
Mulcair	Pacetti
Murphy (Charlottetown)	Paillé (Louis-Hébert)
Ouellet	Pearson
Paillé (Hochelaga)	Pomerleau
Paquette	Rae
Plamondon	Regan
Rae	Savoie
Savage	Siksay
Scarpaleggia	St-Cyr
Simms	

Stoffer	Szabo
Thi Lac	Thibeault
Trudeau	Vincent — 114

PAIRED

Members

Bonsant	Gagnon
Payne	Uppal — 4

The Speaker: I declare the motion carried.

(Bill read the third time and passed)

* * *

INTERIM SUPPLY

Hon. Stockwell Day (President of the Treasury Board and Minister for the Asia-Pacific Gateway, CPC) moved:

That this House do concur in Interim Supply as follows:

That a sum not exceeding \$27,249,740,435.50 being composed of:

(1) three twelfths (\$19,721,272,993.00) of the total of the amounts of the items set forth in the Proposed Schedule 1 and Schedule 2 of the Main Estimates for the fiscal year ending March 31, 2011, which were laid upon the Table Wednesday, March 3, 2010, except for those items below:

(2) eleven twelfths of the total of the amount of Canadian Grain Commission Vote 40, Atomic Energy of Canada Limited Vote 15, Canadian Air Transport Security Authority Vote 25 and Treasury Board Vote 5 (Schedule 1.1), of the said Estimates, \$1,009,187,981.08;

(3) seven twelfths of the total of the amount of Canada Council for the Arts Vote 10, Canadian Centre for Occupational Health and Safety Vote 25, Justice Vote 1 and Canadian Nuclear Safety Commission Vote 20 (Schedule 1.2) of the said Estimates, \$282,925,437.67;

(4) six twelfths of the total of the amount of Human Resources and Skills Development Vote 5 and Indian Affairs and Northern Development Vote 20 (Schedule 1.3) of the said Estimates, \$1,071,498,468.50;

(5) five twelfths of the total of the amount of National Arts Centre Corporation Vote 65, National Battlefields Commission Vote 70, Indian Affairs and Northern Development Vote 10, Statistics Canada Vote 105, The Jacques Cartier and Champlain Bridges Incorporated Vote 70 and VIA Rail Canada Inc. Vote 80 (Schedule 1.4), of the said Estimates, \$2,963,624,841.24;

(6) four twelfths of the total of the amount of Canadian Broadcasting Corporation Vote 15, Public Service Commission Vote 105, Citizenship and Immigration Vote 5, Canadian Environmental Assessment Agency Vote 15, Foreign Affairs and International Trade Vote 1, Canadian International Development Agency Vote 20, Health Vote 10, Indian Affairs and Northern Development Vote 1, Industry Vote 1, Canadian Space Agency Vote 35, Library of Parliament Vote 10, Office of the Conflict of Interest and Ethics Commissioner Vote 15 and Marine Atlantic Inc. Vote 40 (Schedule 1.5), of the said Estimates, \$2,201,230,714.01;

be granted to Her Majesty on account of the fiscal year ending March 31, 2011.

The Speaker: Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the yeas have it.

And five or more members having risen:

Business of Supply

• (1800)

During the taking of the vote:

The Speaker: Members are voting in favour of the motion. I have not asked for those opposed yet.

Mr. Rodger Cuzner: Mr. Speaker, I rise on a point of order. In our haste to vote against this budget, we had not yet been summoned to vote in a negative fashion, so I would ask if we could strike those previous votes.

The Speaker: In the circumstances, maybe what we had better do is finish the yeas at the far end. Then if there are no more yeas, we will start the nays over again. It appears that people may have been overenthusiastic, as they say.

Mr. Yvon Godin: Mr. Speaker, I rise on a point of order. You probably recall it happened to us one time, that everybody was refused and we should be treated the same way.

The Speaker: I do not remember but I suppose these things have happened.

Are the yeas all finished? Then all those opposed to the motion will please rise now.

• (1805)

[*Translation*]

Before the Clerk announced the results of the vote:

Mr. Yvon Godin: Mr. Speaker, I would like to know if the votes of the Liberals who voted twice were counted. I have been a member of this House for 13 years and have never had the chance to vote twice on a bill.

[*English*]

The Speaker: I will have the Clerk announce the result of the vote first.

[*Translation*]

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

(Division No. 12)

YEAS

Members

Abbott
Aglukkaq
Allen (Tobique—Mactaquac)
Ambrose
Anderson
Arthur
Baird
Bernier
Bezan
Blaney
Boucher
Braid
Brown (Leeds—Grenville)
Brown (Barrie)
Cadman
Cannan (Kelowna—Lake Country)
Carrie
Chong
Clement
Davidson
Dechert
Devolin
Duncan (Vancouver Island North)
Easter

Ablonczy
Albrecht
Allison
Anders
Armstrong
Ashfield
Benoit
Bevilacqua
Blackburn
Block
Boughen
Breitkreuz
Brown (Newmarket—Aurora)
Bruinooge
Calandra
Cannon (Pontiac)
Casson
Clarke
Cummins
Day
Del Mastro
Dreeshen
Dykstra
Fast

Finley
Fletcher
Galipeau
Généreux
Goldring
Goodyear
Grewal
Harper
Hawn
Hill
Hoepfner
Jean
Keddy (South Shore—St. Margaret's)
Kerr
Kramp (Prince Edward—Hastings)
Lauzon
Lemieux
Lukiwski
Lunney
MacKenzie
Mayes
McLeod
Merrifield
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Nicholson
O'Connor
Obhrai
Paradis
Poilievre
Preston
Raitt
Rathgeber
Reid
Richardson
Ritz
Scheer
Shea
Shory
Sorenson
Storseth
Sweet
Tilson
Trost
Van Kesteren
Vellacott
Wallace
Warkentin
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)
Weston (Saint John)
Wong
Yelich

Flaherty
Fry
Gallant
Glover
Goodale
Gourde
Guergis
Harris (Cariboo—Prince George)
Hiebert
Hoback
Holder
Kamp (Pitt Meadows—Maple Ridge—Mission)
Kenney (Calgary Southeast)
Komamicki
Lake
Lebel
Lobb
Lunn
MacKay (Central Nova)
Mark
McColeman
Menzies
Miller

Norlock
O'Neill-Gordon
Oda
Petit
Prentice
Rae
Rajotte
Regan
Richards
Rickford
Saxton
Schellenberger
Shipley
Smith
Stanton
Strahl
Thompson
Toews
Tweed
Van Loan
Verner
Warawa
Watson

Woodworth
Young — 148

NAYS

Members

Allen (Welland)
Ashton
Atamanenko
Beaudin
Bellavance
Bevilacqua
Bigras
Bouchard
Brisson
Byrne
Carrier
Chow
Coady
Comartin
Crowder
Cuzner
Davies (Vancouver Kingsway)
DeBellefeuille
Deschamps
Dewar
Donnelly
Dosanjh
Duceppe
Duncan (Edmonton—Strathcona)
Eyking
Foote
Fry

André
Asselin
Bachand
Bélanger
Bennett
Bevington
Blais
Bourgeois
Brunelle
Cardin
Charlton
Christopherson
Coderre
Cotler
Cullen
D'Amours
Davies (Vancouver East)
Demers
Desnoyers
Dhaliwal
Dorion
Dryden
Dufour
Easter
Faillie
Freeman
Gaudet

Business of Supply

Godin	Goodale
Gravelle	Guay
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	
Harris (St. John's East)	Hyer
Julian	Laforest
Laframboise	Lalonde
Lavallée	Layton
LeBlanc	Lemay
Leslie	Lessard
Lévesque	Malhi
Malo	Maloway
Marston	Martin (Esquimalt—Juan de Fuca)
Martin (Winnipeg Centre)	Martin (Sault Ste. Marie)
Masse	Mathysen
McCallum	McKay (Scarborough—Guildwood)
McTeague	Ménard
Minna	Mourani
Mulcair	Murphy (Moncton—Riverview—Dieppe)
Murphy (Charlottetown)	Nadeau
Ouellet	Pacetti
Paillé (Hochelaga)	Paillé (Louis-Hébert)
Paquette	Pearson
Plamondon	Pomerleau
Rae	Regan
Savage	Savoie
Scarpaleggia	Siksay
Simms	St-Cyr
Stoffer	Szabo
Thi Lac	Thibeault
Trudeau	Vincent— 114

PAIRED

Members

Bonsant	Gagnon
Payne	Uppal— 4

The Speaker: I declare the motion carried.

I will now address the point of order that was raised.

I understand that the votes of five members were counted twice because they voted for and against the motion. These votes cancel one another out, which is reflected in the result.

Mr. Yvon Godin: Mr. Speaker, I am just trying to make sense of this. It is obvious that the Liberals voted with the Conservatives. It is not right that they rise a second time and that their votes be nullified.

You might say that we have never seen such a thing in the House. The first vote should count and I am asking you to rule on this matter.

• (1810)

The Speaker: The decision made by the House remains exactly the same.

I will consider the arguments raised by the hon. member later and will come back to the House with a ruling if there is a problem. However, according to the advice I have received, it is acceptable. What just happened is certainly not normal, but the motion is carried nevertheless because the result, even with the change, is exactly the same.

The hon. whip for the Bloc Québécois has the floor.

Mr. Michel Guimond: Mr. Speaker, to refresh your memory, when you look at your own rulings, you will see that the NDP wanted to vote a second time, but it was refused. It was the first vote that was the deciding vote. With all due respect, Mr. Speaker, you will see it in your own ruling.

The Speaker: I thank the hon. member for his advice. I will look at this precedent. I will not do it now, but I will certainly look at it.

The hon. NDP whip.

Mr. Yvon Godin: Once again, the end result might be the same, but there is a difference when we see that the Liberals were asleep at the switch.

The Speaker: What can we do? Motion agreed to.

[English]

Hon. Stockwell Day (President of the Treasury Board and Minister for the Asia-Pacific Gateway, CPC) moved that Bill C-7, An Act for granting to Her Majesty certain sums of money for the federal public administration for the financial year ending March 31, 2011, be read a first time.

(Motion deemed adopted and bill read the first time)

Hon. Stockwell Day moved that C-7, An Act for granting to Her Majesty certain sums of money for the federal public administration for the financial year ending March 31, 2011, be read the second time and referred to a committee of the whole.

The Speaker: Is it the pleasure of the House to adopt the motion?

The hon. chief government whip.

Hon. Gordon O'Connor: Mr. Speaker, if you were to seek it, I believe you would find agreement to apply the vote from the previous motion to the motion currently before the House.

The Speaker: Is it agreed that the said vote be applied to this one?

Some hon. members: Agreed.

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

(Division No. 13)

YEAS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Arthur	Ashfield
Baird	Benoit
Bernier	Bevilacqua
Bezan	Blackburn
Blaney	Block
Boucher	Boughen
Braid	Breitkreuz
Brown (Leeds—Grenville)	Brown (Newmarket—Aurora)
Brown (Barrie)	Bruinooge
Cadman	Calandra
Cannan (Kelowna—Lake Country)	Cannon (Pontiac)
Carrie	Casson
Chong	Clarke
Clement	Cummins
Davidson	Day
Dechert	Del Mastro
Devolin	Dreeshen
Duncan (Vancouver Island North)	Dykstra
Easter	Fast
Finley	Flaherty
Fletcher	Fry
Galipeau	Gallant
Généreux	Glover
Goldring	Goodale
Goodyear	Gourde
Grewal	Gurgis
Harper	Harris (Cariboo—Prince George)

Hawn
Hill
Hoepfner
Jean
Keddy (South Shore—St. Margaret's)
Kerr
Kramp (Prince Edward—Hastings)
Lauzon
Lemieux
Lukiwski
Lunney
MacKenzie
Mayes
McLeod
Merrifield
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Nicholson
O'Connor
Obhrai
Paradis
Polièvre
Preston
Raitt
Rathgeber
Reid
Richardson
Ritz
Scheer
Shea
Shory
Sorenson
Storseth
Sweet
Tilson
Trost
Van Kesteren
Vellacott
Wallace
Warkentin
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)
Weston (Saint John)
Wong
Yelich

Hiebert
Hoback
Holder
Kamp (Pitt Meadows—Maple Ridge—Mission)
Kenney (Calgary Southeast)
Komarnicki
Lake
Lebel
Lobb
Lunn
MacKay (Central Nova)
Mark
McColeman
Menzies
Miller
Norlock
O'Neill-Gordon
Oda
Petit
Prentice
Rae
Rajotte
Regan
Richards
Rickford
Saxton
Schellenberger
Shipley
Smith
Stanton
Strahl
Thompson
Toews
Tweed
Van Loan
Verner
Warawa
Watson
Woodworth
Young — 148

NAYS

Members

Allen (Welland)
Ashton
Atamanenko
Beaudin
Bellavance
Bevilacqua
Bigras
Bouchard
Brisson
Byrne
Carrier
Chow
Coady
Comartin
Crowder
Cuzner
Davies (Vancouver Kingsway)
DeBellefeuille
Deschamps
Dewar
Donnelly
Dosanjh
Duceppe
Duncan (Edmonton—Strathcona)
Eyking
Foote
Fry
Godin
Gravelle
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)
Harris (St. John's East)
Julian
Laframboise
Lavallée

André
Asselin
Bachand
Bélanger
Bennett
Bevington
Blais
Bourgeois
Brunelle
Cardin
Charlton
Christopherson
Coderre
Cotler
Cullen
D'Amours
Davies (Vancouver East)
Demers
Desnoyers
Dhaliwal
Dorion
Dryden
Dufour
Easter
Faille
Freeman
Gaudet
Goodale
Guay
Hyer
Laforest
Lalonde
Layton

Business of Supply

LeBlanc
Leslie
Lévesque
Malo
Marston
Martin (Winnipeg Centre)
Masse
McCallum
McTeague
Minna
Mulcair
Murphy (Charlottetown)
Ouellet
Paillé (Hochelaga)
Paquette
Plamondon
Rae
Savage
Scarpaleggia
Simms
Stoffler
Thi Lac
Trudeau

Lemay
Lessard
Malhi
Maloway
Martin (Esquimalt—Juan de Fuca)
Martin (Sault Ste. Marie)
Mathysen
McKay (Scarborough—Guildwood)
Ménard
Mourani
Murphy (Moncton—Riverview—Dieppe)
Nadeau
Pacetti
Paillé (Louis-Hébert)
Pearson
Pomerleau
Regan
Savoie
Siksay
St-Cyr
Szabo
Thibeault
Vincent — 114

PAIRED

Members

Bonsant
Payne

Gagnon
Uppal — 4

The Speaker: I declare the motion carried.

Accordingly the bill stands referred to a committee of the whole.

I do now leave the chair for the House to go into committee of the whole.

(Motion agreed to, bill read the second time and the House went into committee thereon, Mr. Scheer in the chair)

[Translation]

Ms. Siobhan Coady (St. John's South—Mount Pearl, Lib.): Mr. Chair, I would like to ask the President of the Treasury Board whether the bill is presented in its usual form.

(On clause 2)

[English]

Hon. Stockwell Day (President of the Treasury Board and Minister for the Asia-Pacific Gateway, CPC): Mr. Chair, I can assure the House that the bill is in its customary form. It is the voting that is somewhat uncustomary.

The Chair: Shall clause 2 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 2 agreed to)

The Chair: Shall clause 3 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 3 agreed to)

The Chair: Shall clause 4 carry?

Some hon. members: Agreed.

An hon. member: On division.

(Clause 4 agreed to)

The Chair: Shall clause 5 carry?

Business of Supply

Some hon. members: Agreed.

An hon. member: On division.
(Clause 5 agreed to)

The Chair: Shall clause 6 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Clause 6 agreed to)

The Chair: Shall clause 7 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Clause 7 agreed to)

The Chair: Shall schedule 1.1 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Schedule 1.1 agreed to)

The Chair: Shall schedule 1.2 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Schedule 1.2 agreed to)

The Chair: Shall schedule 1.3 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Schedule 1.3 agreed to)

The Chair: Shall schedule 1.4 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Schedule 1.4 agreed to)

The Chair: Shall schedule 1.5 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Schedule 1.5 agreed to)

The Chair: Shall schedule 2 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Schedule 2 agreed to)

The Chair: Shall clause 1 carry?

Some hon. members: Agreed.

An hon. member: On division.
(Clause 1 agreed to)

The Chair: Shall the preamble carry?

Some hon. members: Agreed.

An hon. member: On division.
(Preamble agreed to)

● (1815)

The Chair: Shall the title carry?

Some hon. members: Agreed.

An hon. member: On division.
(Title agreed to)

The Chair: Shall the bill carry?

Some hon. members: Agreed.

An hon. member: On division.
(Bill agreed to)

The Chair: Shall I rise and report the bill?

Some hon. members: Agreed.
(Bill reported)

Hon. Stockwell Day moved that the bill be concurred in.

The Speaker: Is it the pleasure of the House to adopt the motion?

The hon. chief government whip.

Hon. Gordon O'Connor: Mr. Speaker, I think if you were to seek it, you would find agreement to apply the previous vote, and I think we understand what that is now, to the current motion.

The Speaker: Is there agreement to proceed in this fashion?

Some hon. members: Agreed.

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

(Division No. 14)

YEAS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Arthur	Ashfield
Baird	Benoit
Bernier	Bevilacqua
Bezan	Blackburn
Blaney	Block
Boucher	Boughen
Braid	Breitkreuz
Brown (Leeds—Grenville)	Brown (Newmarket—Aurora)
Brown (Barrie)	Bruinooge
Cadman	Calandra
Cannan (Kelowna—Lake Country)	Cannon (Pontiac)
Carrie	Casson
Chong	Clarke
Clement	Cummins
Davidson	Day
Dechert	Del Mastro
Devolin	Dreeschen
Duncan (Vancouver Island North)	Dykstra
Easter	Fast
Finley	Flaherty
Fletcher	Fry

Business of Supply

Galipeau
Généreux
Goldring
Goodyear
Grewal
Harper
Hawn
Hill
Hoepfner
Jean
Keddy (South Shore—St. Margaret's)
Kerr
Kramp (Prince Edward—Hastings)
Lauzon
Lemieux
Lukiwski
Lunney
MacKenzie
Mayes
McLeod
Merrifield
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Nicholson
O'Connor
Obhrai
Paradis
Poilievre
Preston
Raitt
Rathgeber
Reid
Richardson
Ritz
Scheer
Shea
Shory
Sorenson
Storseth
Sweet
Tilson
Trost
Van Kesteren
Vellacott
Wallace
Warkentin
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)
Weston (Saint John)
Wong
Yelich

Gallant
Glover
Goodale
Gourde
Guergis
Harris (Cariboo—Prince George)
Hiebert
Hoback
Holder
Kamp (Pitt Meadows—Maple Ridge—Mission)
Kenney (Calgary Southeast)
Komarnicki
Lake
Lebel
Lobb
Lunn
MacKay (Central Nova)
Mark
McColeman
Menzies
Miller
Norlock
O'Neill-Gordon
Oda
Petit
Prentice
Rae
Rajotte
Regan
Richards
Rickford
Saxton
Schellenberger
Shiple
Smith
Stanton
Strahl
Thompson
Toews
Tweed
Van Loan
Verner
Warawa
Watson
Woodworth
Young — 148

NAYS

Members

Allen (Welland)
Ashton
Atamanenko
Beaudin
Bellavance
Bevilacqua
Bigras
Bouchard
Brisson
Byrne
Carrier
Chow
Coady
Comartin
Crowder
Cuzner
Davies (Vancouver Kingsway)
DeBellefeuille
Deschamps
Dewar
Donnelly
Dosanjh
Duceppe
Duncan (Edmonton—Strathcona)
Eyking
Foote
Fry
Godin
Gravelle

André
Asselin
Bachand
Bélangier
Bennett
Bevington
Blais
Bourgeois
Brunelle
Cardin
Charlton
Christopherson
Coderre
Cotler
Cullen
D'Amours
Davies (Vancouver East)
Demers
Desnoyers
Dhaliwal
Dorion
Dryden
Dufour
Easter
Faille
Freeman
Gaudet
Goodale
Guay

Guimond (Rimouski-Neigette—Témiscouata—Les Basques)
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)
Harris (St. John's East)
Julian
Lafambe
Lavallée
LeBlanc
Leslie
Lévesque
Malo
Marston
Martin (Winnipeg Centre)
Masse
McCallum
McTeague
Minna
Mulcair
Murphy (Charlottetown)
Ouellet
Paillé (Hochelaga)
Paquette
Plamondon
Rae
Savage
Scarpaleggia
Simms
Stoffer
Thi Lac
Trudeau

Hyer
Laforest
Lalonde
Layton
Lemay
Lessard
Malhi
Maloway
Martin (Esquimalt—Juan de Fuca)
Martin (Sault Ste. Marie)
Mathysen
McKay (Scarborough—Guildwood)
Ménard
Mourani
Murphy (Moncton—Riverview—Dieppe)
Nadeau
Pacetti
Paillé (Louis-Hébert)
Pearson
Pomerleau
Regan
Savoie
Siksay
St-Cyr
Szabo
Thibeault
Vincent — 114

PAIRED

Members

Bonsant
Payne

Gagnon
Uppal — 4

The Speaker: I declare the motion carried.

When shall the bill be read a third time? By leave, now?

Some hon. members: Agreed.

Hon. Stockwell Day moved that the bill be read a third time and passed.

The Speaker: Is it the pleasure of the House to adopt the motion?

The hon. chief government whip.

Hon. Gordon O'Connor: Mr. Speaker, I think if you were to seek it, you would find agreement to apply the previous vote on the previous motion to the current motion.

The Speaker: Is that agreed?

Some hon. members: Agreed.

[*Translation*]

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

(*Division No. 15*)

YEAS

Members

Abbott
Aglukkaq
Allen (Tobique—Mactaquac)
Ambrose
Anderson
Arthur
Baird
Bernier
Bezan
Blaney
Boucher

Abлонczy
Albrecht
Allison
Anders
Armstrong
Ashfield
Benoit
Bevilacqua
Blackburn
Block
Boughen

The Address

Braid	Breitkreuz	Crowder	Cullen
Brown (Leeds—Grenville)	Brown (Newmarket—Aurora)	Cuzner	D'Amours
Brown (Barrie)	Bruinooge	Davies (Vancouver Kingsway)	Davies (Vancouver East)
Cadman	Calandra	DeBellefeuille	Demers
Cannan (Kelowna—Lake Country)	Cannon (Pontiac)	Deschamps	Desnoyers
Carrie	Casson	Dewar	Dhaliwal
Chong	Clarke	Donnelly	Dorion
Clement	Cummins	Dosanjh	Dryden
Davidson	Day	Duceppe	Dufour
Dechert	Del Mastro	Duncan (Edmonton—Strathcona)	Easter
Devolin	Dreeshen	Eyking	Faillie
Duncan (Vancouver Island North)	Dykstra	Foote	Freeman
Easter	Fast	Fry	Gaudet
Finley	Flaherty	Godin	Goodale
Fletcher	Fry	Gravelle	Guay
Galipeau	Gallant	Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	
Généreux	Glover	Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	
Goldring	Goodale	Harris (St. John's East)	Hyer
Goodyear	Gourde	Julian	Laforest
Grewal	Guergis	Laframboise	Lalonde
Harper	Harris (Cariboo—Prince George)	Lavallée	Layton
Hawn	Hiebert	LeBlanc	Lemay
Hill	Hoback	Leslie	Lessard
Hoepfner	Holder	Lévesque	Malhi
Jean	Kamp (Pitt Meadows—Maple Ridge—Mission)	Malo	Maloway
Keddy (South Shore—St. Margaret's)	Kenney (Calgary Southeast)	Marston	Martin (Esquimalt—Juan de Fuca)
Kerr	Komarnicki	Martin (Winnipeg Centre)	Martin (Sault Ste. Marie)
Kramp (Prince Edward—Hastings)	Lake	Masse	Mathysen
Lauzon	Lebel	McCallum	McKay (Scarborough—Guildwood)
Lemieux	Lobb	McTeague	Ménard
Lukiwski	Lunn	Minna	Mourani
Lunney	MackKay (Central Nova)	Mulcair	Murphy (Moncton—Riverview—Dieppe)
Mackenzie	Mark	Murphy (Charlottetown)	Nadeau
Mayes	McColeman	Ouellet	Pacetti
McLeod	Menzies	Paillé (Hochelaga)	Paillé (Louis-Hébert)
Merrifield	Miller	Paquette	Pearson
Moore (Port Moody—Westwood—Port Coquitlam)		Plamondon	Pomerleau
Moore (Fundy Royal)		Rae	Regan
Nicholson	Norlock	Savage	Savoie
O'Connor	O'Neill-Gordon	Scarpaleggia	Siksay
Obhrai	Oda	Simms	St-Cyr
Paradis	Petit	Stoffer	Szabo
Poilievre	Prentice	Thi Lac	Thibeault
Preston	Rae	Trudeau	Vincent- — 114
Raitt	Rajotte		
Rathgeber	Regan		
Reid	Richards		
Richardson	Rickford		
Ritz	Saxton		
Scheer	Schellenberger		
Shea	Shiple		
Shory	Smith		
Sorenson	Stanton		
Storseth	Strahl		
Sweet	Thompson		
Tilson	Toews		
Trost	Tweed		
Van Kesteren	Van Loan		
Vellacott	Verner		
Wallace	Warawa		
Warkentin	Watson		
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)			
Weston (Saint John)			
Wong	Woodworth		
Yelich	Young- — 148		

NAYS

Members

Allen (Welland)	André
Ashton	Asselin
Atamanenko	Bachand
Beaudin	Bélanger
Bellavance	Bennett
Bevilacqua	Bevington
Bigras	Blais
Bouchard	Bourgeois
Brisson	Brunelle
Byrne	Cardin
Carrier	Charlton
Chow	Christopherson
Coady	Coderre
Comartin	Cotler

PAIRED

Members

Bonsant	Gagnon
Payne	Uppal- — 4

The Speaker: I declare the motion carried.

(Bill read the third time and passed)

SPEECH FROM THE THRONE

[*English*]

RESUMPTION OF DEBATE ON ADDRESS IN REPLY

The House resumed from March 22 consideration of the motion for an address to Her Excellency the Governor General in reply to her speech at the opening of the session, of the amendment and of the amendment to the amendment.

The Speaker: Pursuant to order made on Thursday, March 18, 2010, the House will now proceed to the taking of the deferred recorded division on the subamendment to the address in reply to the Speech from the Throne.

[*Translation*]

The vote is on the amendment to the amendment.

Is it the pleasure of the House to adopt the amendment to the amendment?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the nays have it.

[*English*]

Hon. Gordon O'Connor: Mr. Speaker, I rise on a point of order. If you were to seek it, you would find agreement to apply the vote from the previous motion to the current motion with the Conservatives voting no.

The Speaker: Is there unanimous consent to proceed in this way?

Some hon. members: Agreed.

Mr. Rodger Cuzner: Mr. Speaker, the official opposition will vote against the motion.

[*Translation*]

Mr. Michel Guimond: Mr. Speaker, the Bloc Québécois will support this motion.

Mr. Yvon Godin: Mr. Speaker, the NDP is voting yes, and only voting once.

Mr. André Arthur: Mr. Speaker, I vote no.

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

(*Division No. 16*)

YEAS

Members

Allen (Welland)	André
Ashton	Asselin
Atamanenko	Bachand
Beaudin	Bellavance
Bevington	Bigras
Blais	Bouchard
Bourgeois	Brunelle
Cardin	Carrier
Charlton	Chow
Christopherson	Comartin
Crowder	Cullen
Davies (Vancouver Kingsway)	Davies (Vancouver East)
DeBellefeuille	Demers
Deschamps	Desnoyers
Dewar	Donnelly
Dorion	Duceppe
Dufour	Duncan (Edmonton—Strathcona)
Faille	Freeman
Gaudet	Godin
Gravelle	Guay
Guimond (Rimouski-Neigette—Témiscouata—Les Basques)	
Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	
Harris (St. John's East)	Hyer
Julian	Laforest
Laframboise	Lalonde
Lavallée	Layton
Lemay	Leslie
Lessard	Lévesque
Malo	Maloway
Marston	Martin (Winnipeg Centre)
Martin (Sault Ste. Marie)	Masse
Mathysen	Ménard
Mourani	Mulcair

Nadeau	Ouellet
Paillé (Hochelaga)	Paillé (Louis-Hébert)
Paquette	Plamondon
Pomerleau	Savoie
Siksay	St-Cyr
Stoffier	Thi Lac
Thibeault	Vincent — 78

The Address

NAYS

Members

Abbott	Ablonczy
Aglukkaq	Albrecht
Allen (Tobique—Mactaquac)	Allison
Ambrose	Anders
Anderson	Armstrong
Arthur	Ashfield
Baird	Bélanger
Bennett	Benoit
Bernier	Bevilacqua
Bezan	Blackburn
Blaney	Block
Boucher	Boughen
Braid	Breitkreuz
Brisson	Brown (Leeds—Grenville)
Brown (Newmarket—Aurora)	Brown (Barrie)
Bruinooge	Byrne
Cadman	Calandra
Cannan (Kelowna—Lake Country)	Cannon (Pontiac)
Carrie	Casson
Chong	Clarke
Clement	Coady
Coderre	Cotler
Cummins	Cuzner
D'Amours	Davidson
Day	Dechert
Del Mastro	Devolin
Dhaliwal	Dosanjh
Dreeschen	Dryden
Duncan (Vancouver Island North)	Dykstra
Easter	Eyking
Fast	Finley
Flaherty	Fletcher
Foote	Fry
Galipeau	Gallant
Généreux	Glover
Goldring	Goodale
Goodyear	Gourde
Grewal	Guergis
Harper	Harris (Cariboo—Prince George)
Hawn	Hiebert
Hill	Hoback
Hoepfner	Holder
Jean	Kamp (Pitt Meadows—Maple Ridge—Mission)
Keddy (South Shore—St. Margaret's)	Kenney (Calgary Southeast)
Kerr	Komarnicki
Kramp (Prince Edward—Hastings)	Lake
Lauson	Lebel
LeBlanc	Lemieux
Lobb	Lukiwski
Lunn	Lunney
MacKay (Central Nova)	MacKenzie
Malhi	Mark
Martin (Esquimalt—Juan de Fuca)	Mayes
McCallum	McColeman
McKay (Scarborough—Guildwood)	McLeod
McTeague	Menzies
Merrifield	Miller
Minna	Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)	Murphy (Moncton—Riverview—Dieppe)
Murphy (Charlottetown)	Nicholson
Norlock	O'Connor
O'Neill-Gordon	Obhrai
Oda	Pacetti
Paradis	Pearson
Petit	Poillievre
Prentice	Preston
Rae	Raitt
Rajotte	Rathgeber
Regan	Reid
Richards	Richardson
Rickford	Ritz
Savage	Saxton

Adjournment Proceedings

Scarpaleggia	Scheer
Schellenberger	Shea
Shiple	Shory
Simms	Smith
Sorenson	Stanton
Storseth	Strahl
Sweet	Szabo
Thompson	Tilson
Toews	Trost
Trudeau	Tweed
Van Kesteren	Van Loan
Vellacott	Verner
Wallace	Warawa
Warkentin	Watson
Weston (West Vancouver—Sunshine Coast—Sea to Sky Country)	
Weston (Saint John)	
Wong	Woodworth
Yelich	Young— 178

PAIRED

Members

Bonsant	Gagnon
Payne	Uppal— 4

The Speaker: I declare the amendment to the amendment lost.

[*English*]

The Speaker: It being 6:20 p.m., the House will now proceed to the consideration of private members' business as listed on today's order paper.

PRIVATE MEMBERS' BUSINESS

• (1820)

[*Translation*]

EMPLOYMENT INSURANCE ACT

The House proceeded to the consideration of Bill C-241, An Act to amend the Employment Insurance Act (removal of waiting period), as reported (without amendment) from the committee.

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

Mr. Christian Ouellet (Brome—Missisquoi, BQ) moved that the bill be concurred in at report stage.

The Speaker: The question is on the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the nays have it.

And five or more members having risen:

[*English*]

The Speaker: Pursuant to order made earlier today the recorded division stands deferred until Wednesday, March 24, 2010, 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*]

ACCESS TO INFORMATION

Ms. Siobhan Coady (St. John's South—Mount Pearl, Lib.): Mr. Speaker, on March 4 I asked a question of the Prime Minister. The Prime Minister has declined to direct his ministers to be open, transparent and accountable, when it comes to access to information requests.

This stands in stark contrast to the attitude in the United States under President Barack Obama. He really took leadership. On the President's first day in office, he issued an executive order and two presidential memoranda, suggesting and establishing a presumption of disclosure of information that is requested under the freedom of information act.

In Canada, a troubling situation has developed. Requests for information about what the government is doing are being delayed, disrupted and, really, are harming Canadian democracy.

For example, three Conservative cabinet ministers are under investigation by the Information Commissioner. However, the Information Commissioner has had to go even further than that. I quote:

The scope and focus of the systemic investigation will be expanded to examine whether political interference in the processing of access requests is a cause of delay or unduly restricts disclosure under the Act, including any reviews and approvals by the offices of ministers or institutional heads.

This is a very serious issue. Not only do we not have an open, transparent and accountable government but now we have to have our Information Commissioner going forward to see if there is some kind of interference by a minister's office, by staff, by members of other parties, for us to get information.

The Information Commissioner is in place to assist individuals and organizations who believe that federal institutions have not respected their rights under the Access to Information Act. She has been very active because of the government's unwillingness to be accountable to Canadians.

Adjournment Proceedings

For example, most recently, it was reported that a staff member from the office of the then public works minister had attempted to unrelease information that had been requested by a reporter. A CP reporter, who broke the story on how his access request was handled by the office of the minister, is a veteran access to information user and has been using the system since it came into force in 1983. He said that, in his opinion, the access to information system has pretty much ground to a halt and that he has never seen the system so broken.

A March 2008 access to information request, for example, by the Liberal caucus research bureau, for all documents concerning Canada's decision to stop Afghan detainee transfers, was denied in December 2009. That is 639 days later, after the issue had become a full-blown political controversy for the Conservative government. The request was denied because the reports could be used in anticipated or contemplated litigation.

I want to ask again. When is the Prime Minister going to direct his ministers to be open, transparent and accountable? What do they have to hide?

• (1825)

Mr. Andrew Saxton (Parliamentary Secretary to the President of the Treasury Board, CPC): Mr. Speaker, I rise today to set the record straight with respect to access to information and the government's record on this fundamental principle of democracy in Canada.

This government takes citizens' rights of access to information very seriously. In 2006 it was this government that brought in the Federal Accountability Act. We made public institutions more open, accountable and transparent than at any time in the nation's history. We broadened the law to include crown corporations, foundations and agents of Parliament. As a result, 70 more public institutions are now covered by the Access to Information Act, bringing the total number of organizations subject to the legislation to about 255.

These organizations are now accountable to the same Canadian taxpayers who pay their salaries, organizations like the Canadian Wheat Board, the CBC, Via Rail, the Public Sector Pension Investment Board, Export Development Canada and many others.

We did not stop there. We fought for Canadians' right to know how their government operates. We eliminated the coordination of access to information request system, known as CAIRS. That system was used by Liberals to centralize control of access to information requests. When Liberals did not like a request or were worried about being exposed, they filed the request away in a sea of bureaucracy. That is not how this government operates.

However, that is not to say there are not sometimes delays. In fact, the very question we are discussing today refers to a case where Treasury Board was not able to respond to a reporter's request in a timely manner. We in this government think that is unacceptable and are working to ensure that all requesters get their answers in as timely a fashion as possible.

I am happy to point out that Treasury Board Secretariat responded to 72% of requests within 30 days last year, but we think we can still do even better. That is why we are still working to improve the system and transparency and openness across the government.

We have also been pleased to work with the information commissioner to ensure that Canadians have access to information about their government. We have taken action to address the issues identified in his report last year. For example, we have asked officials to improve the administration of the Access to Information Act, and we have updated our information management practices to make the information easier to find. This is at the core of being able to provide information to Canadians in a timely manner.

We have developed a new directive on record keeping under the policy on information management. We have also created an information management strategy and an action plan that establishes annual objectives and priorities to support improved information management.

We are working with Statistics Canada to improve how it tracks statistics. We want to make sure that its data are useful and provide a comprehensive picture of the government's access to information and privacy program.

We are also working to train public servants so they have a better understanding and awareness of the act. This is crucial because it is non-partisan and concerns professional public servants who are responsible for administering the act. Elected officials and political staff are not the ones making the decisions regarding these releases.

Lastly, we are committed to ensuring continued improvements in processing requests for information. Last year, for example, we delivered some 75 training sessions for public service officials. On average, we deliver 60 training sessions every single year.

These actions demonstrate the government's unwavering commitment to openness and accountability and to a strong access to information system that serves Canadians first.

Ms. Siobhan Coady: Mr. Speaker, I guess members of the government did not get the memo, as it was perhaps redacted.

It is too bad the government does not enforce its legislation to ensure that we have meaningful access to information. Here I note that Robert Marleau, who was the former Access to Information Commissioner, thought the 30-day rule had become the exception rather than the rule.

We really do need to have leadership in this country to ensure open, effective and transparent government. I ask that the government do so.

• (1830)

Mr. Andrew Saxton: Mr. Speaker, leadership she has and will get. That is why we introduced the new accountability act.

Treasury Board Secretariat responded to 72% of requests within 30 days last year, and that takes into consideration those 70 new institutions that we added.

Adjournment Proceedings

The delays, however, are still unacceptable and not standard practice. We expect individuals who are requesting information to receive a response within a reasonable timeframe.

This government fought for Canadians' right to know how their government operates and our record is clear. We eliminated the system used by the Liberals to centralize control of access to information. We opened up the Wheat Board, the CBC and dozens of other institutions to the Access to Information Act. Seventy new institutions are now accountable to Canadians through the Access to Information Act. For the first time, Canadians can see how these institutions spend their tax dollars.

These are important steps forward toward openness and transparency, steps the Liberals never took. We are committed to running an open and transparent government.

VIOLENCE IN SPORTS

Mr. Glenn Thibeault (Sudbury, NDP): Mr. Speaker, I am pleased to rise today to speak about a growing concern in our society, which is the amount of violence we have started to see in sports.

We have all seen the disturbing images of Marc Savard lying on the ice, not moving after a head shot by Matt Cooke. This is at the NHL level. We have also seen Patrick Cormier and the elbow to Mikael Tam at the junior levels. Unfortunately, what we hear and see more and more are incidents at the amateur levels. Just a few weeks ago a young hockey player in Edmonton was speared and ended up having half of his intestines removed. These are examples of what is tarnishing sports in general but particularly hockey right now.

It is high time this issue of violence in sports is taken seriously. League authorities need help to end the violence. They are doing what they can with the tools that they have, but why does a savage assault, which would result in charges of aggravated assault anywhere else, warrant nothing but a few game suspensions?

That is why we are calling on the government to establish a royal commission on violence in sports. Why a royal commission? I will answer that shortly.

First, let us look at what a royal commission into violence in sports would look like. A royal commission is a government public inquiry into an issue. It is called to look into matters of great importance. These can be matters such as government structure, the treatment of minorities or events of considerable public concern, such as the growing amount of violence in sports.

Royal commissions usually involve research into an issue, consultations with experts both within and outside of government and public consultations as well. If the government agreed to call a royal commission, a number of stakeholders could participate from all affected areas, from amateur sports leagues to all the players, so to speak, in the sporting world.

We could also bring in health and talk to organizations like the Brain Injury Association of Canada, sports psychologists to look at how social trends are affecting sports and members of the legal community to talk about law enforcement so when an assault happened on the ice or on a soccer pitch or on a football field or wherever it would be, we would know what laws to implement.

The royal commission would also allow us to talk about and look into other areas such as coaching, officiating and what the sports equipment manufacturers are making this equipment out of these days, Kevlar for example.

I am huge sports fan. I played, I coached and I refereed hockey, lacrosse and football. A royal commission would allow us to work together in a non-partisan fashion for the betterment of all athletes from young to old and from amateur to professional.

I urge the government to do the right thing and answer the call for a royal commission so our young players can play our games safely, without fear of violence that could end their fun and enjoyment, which is what sport is truly all about.

Mr. Dean Del Mastro (Parliamentary Secretary to the Minister of Canadian Heritage, CPC): Mr. Speaker, first, I not only commend the member for his efforts in supporting minor sports and his participation in them, but also for his efforts to work with children in Sudbury and to support them in refereeing various sports. These are all things he has done because he is passionate about sport, and I admire that, as a person who is also passionate about it.

On the specific issue raised by the member, I want to assure the member that the government is strongly committed to encouraging a safe and welcoming environment for all sports participants. We are fundamentally opposed to violence in sport at any level.

Guided by the true sport strategy and, frankly, following the true sport steering committee, there was a federal-provincial-territorial ministers meeting in 2008. They collectively acknowledged at the meeting the issue of violence in some sports and paid particular attention to hockey. They agreed to encourage sports to take actions to eliminate violence in sport with a view to creating a healthier and safer sport environment. Ministers directed the officials to monitor the progress on eliminating violence in sport. As a result of that, the true sport steering committee has established a working group to explore the development of a database to monitor violent incidents in sport.

Our Conservative government, through Sport Canada, provides \$700,000 annually to the Canadian Centre for Ethics in Sport to support the implementation of the true sport strategy. The CCES promotes the adoption of true sport values and provides information and resources to sport teams, clubs, leagues, organizations and communities to help them ensure that sport participants, especially children and youth, have a safe and positive experience in sport. This is so critical and important.

Adjournment Proceedings

We discussed this in question period a couple of weeks ago, and I agree with the member. Some of the issues pertain to equipment and the fact that some of this equipment may go a little beyond simply protecting a participant from injuring themselves, and we need to look at those things. However, I also think there is a fundamental issue of respect. We need to encourage respect very broadly in society, not just in sport. If we respect each other when we enter the playing field, whether it is a hockey arena or a football field or wherever that happens to be, then we really go out and compete, but ultimately, there is no intent to injure each other and no malice toward fellow members competing in sport.

That is the beauty of sport. We saw that during the Winter Paralympics and Olympic Games in Vancouver. We saw the power of sport, how it could ignite the human spirit and unite people.

We also see some of the incidents that have occurred, as alluded to by the member, which I think really concern folks. A lot of that comes back to the fundamental issue of respect. We really need to encourage that throughout society and in all factions of society. If we respect each other, then we simply will not do that to each other.

•(1835)

Mr. Glenn Thibeault: Mr. Speaker, in following my hon. colleague's words and respect, I would also like to show him respect and congratulate him for his efforts with the Canadian Lacrosse team last week. It is great to show our support for that great sport, as also a player, a coach and a ref in that league.

The things my hon. colleague has talked about in relation to some of the things that have been happening now are all on the reactive side of violence in sport. We monitor it when it has already happened.

What we are talking about in violence in sport, in calling on this royal commission, is looking at how we can be proactive, how we can nip this in the bud so we do not see the head shots in hockey, or some of the other violence in other sport. A royal commission allows us to talk with psychologists, look at social trends and all the things that bring violence into sport. It is a way that we can do this in a non-partisan fashion, where we can respect one another and work together to try to end violence in sport.

Mr. Dean Del Mastro: Mr. Speaker, we know the NHL general managers met recently. They came out very strongly and put forward a motion to their board of governors to crack down on hits to the head with very significant penalties. I believe they will do this.

The International Ice Hockey Federation and the Canadian Hockey League are organizing an open ice summit in Toronto in August. They are bringing together constituents in leadership roles responsible for all aspects of the game with the potential to impact hockey at the grassroots level. That is what they are doing to address violence in their sport. They know they have some issues there, and we want to support them in that. We want to ensure that people feel they can participate in sport, and in doing so, they are not subjecting themselves to violence.

•(1840)

The Acting Speaker (Mr. Barry Devolin): The motion to adjourn the House is now deemed to have been adopted. Accordingly this House stands adjourned until tomorrow at 2 p.m. pursuant to Standing Order 24(1).

(The House adjourned at 6:40 p.m.)

CONTENTS

Tuesday, March 23, 2010

ROUTINE PROCEEDINGS

Government Response to Petitions

Mr. Lukiwski 783

Committees of the House

Citizenship and Immigration

Mr. Tilson 783

Petitions

Air Passengers' Bill of Rights

Mr. Maloway 783

Earthquake in Chile

Mr. Maloway 783

Sockeye Fishery

Mr. Julian 783

Questions on the Order Paper

Mr. Lukiwski 784

GOVERNMENT ORDERS

Business of Supply

Opposition Motion—Maternal and Child Health

Mr. Rae 784

Motion 784

Mr. Hawn 786

Mr. Davies (Vancouver Kingsway) 787

Mr. Del Mastro 787

Mr. Martin (Esquimalt—Juan de Fuca) 788

Ms. Oda 788

Mr. Martin (Esquimalt—Juan de Fuca) 789

Mr. Davies (Vancouver Kingsway) 789

Mr. Lake 790

Mr. Martin (Esquimalt—Juan de Fuca) 791

Mr. Maloway 792

Ms. Deschamps 792

Mr. Davies (Vancouver Kingsway) 795

Ms. Demers 795

Mr. Bruinooge 795

Mr. Julian 796

Ms. Mathysen 796

Mr. Davies (Vancouver Kingsway) 797

Mr. Martin (Sault Ste. Marie) 798

Mr. Dewar 798

Mr. Davies (Vancouver Kingsway) 799

Mr. Julian 800

Ms. Folco 800

Mr. Maloway 802

Ms. Hoepfner 802

Ms. Minna 802

Mr. Lunn 803

Mr. Davies (Vancouver Kingsway) 804

Mr. Hawn 804

Ms. Hoepfner 804

Mr. Martin (Esquimalt—Juan de Fuca) 805

Mr. Maloway 806

Mrs. McLeod 806

Mr. Dykstra 806

Mr. Martin (Esquimalt—Juan de Fuca) 808

Mr. Davies (Vancouver Kingsway) 808

Mr. Brown (Leeds—Grenville) 808

Ms. Duncan (Etobicoke North) 809

Mrs. McLeod 810

Mr. Davies (Vancouver Kingsway) 810

Mr. Shipley 810

Ms. Fry 811

Mr. Weston (West Vancouver—Sunshine Coast—Sea to Sky Country) 812

Mr. Maloway 812

Mr. Szabo 813

Ms. Demers 813

Mr. Blaney 814

Ms. Folco 814

Mr. Julian 814

Ms. Lalonde 814

STATEMENTS BY MEMBERS

Don Laverty

Mr. Tilson 815

Atlantic Coastal Action Program

Ms. Coady 816

Val-d'Or

Mr. Lévesque 816

Children's Rights

Mr. Atamanenko 816

World Tuberculosis Day

Mr. Hiebert 816

Automotive Centre of Excellence

Mr. Holland 816

Trinity Western University

Mr. Warawa 817

Athletes of the Vancouver Paralympic Games

Mr. Paillé (Louis-Hébert) 817

Aerospace Industry

Mr. Armstrong 817

India

Mr. Rae 817

Aerospace Industry

Mr. Généreux 817

Ahavas Yisroel Viznitz Synagogue

Mr. Mulcair 818

Leader of the Bloc Québécois

Mr. Blaney 818

World Water Day	
Ms. Brunelle	818
Air Security Tax	
Mr. Volpe	818
Leader of the Liberal Party of Canada	
Mr. Hoback	819

ORAL QUESTIONS

International Cooperation

Mr. Ignatieff	819
Mr. Harper	819
Mr. Ignatieff	819
Mr. Harper	819
Mr. Ignatieff	819
Mr. Harper	819

Aboriginal Affairs

Mr. Russell	819
Mr. Strahl	820
Mr. Russell	820
Mr. Strahl	820

Tax Harmonization

Mr. Duceppe	820
Mr. Harper	820
Mr. Duceppe	820
Mr. Harper	820

Post-secondary Education

Mr. Dufour	820
Mr. Flaherty	820
Mr. Dufour	820
Mr. Flaherty	821

Broadcasting Industry

Mr. Layton	821
Mr. Harper	821
Mr. Layton	821
Mr. Harper	821
Mr. Layton	821
Mr. Harper	821

Afghanistan

Ms. Foote	821
Mr. Nicholson	821
Ms. Foote	821
Mr. Nicholson	821

Broadcasting Industry

Mr. Rodriguez	822
Mr. Moore (Port Moody—Westwood—Port Coquitlam)	822
Mr. Rodriguez	822
Mr. Moore (Port Moody—Westwood—Port Coquitlam)	822

Justice

Mr. Ménard	822
Mr. Nicholson	822
Mr. Ménard	822
Mr. Nicholson	822

Quebec City Armoury

Mr. Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	822
Ms. Verner	823
Mr. Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	823
Ms. Verner	823

The Environment

Mrs. Mendes	823
Mr. Prentice	823
Mrs. Mendes	823
Mr. Prentice	823

Taxation

Mr. Garneau	823
Mr. Flaherty	823
Mr. Garneau	824
Mr. Flaherty	824

Employment

Mr. Chong	824
Mr. Baird	824

Haiti

Mr. Dewar	824
Ms. Ambrose	824
Mr. Dewar	824
Ms. Ambrose	824

International Cooperation

Ms. Deschamps	824
Ms. Oda	825
Ms. Deschamps	825
Ms. Oda	825

Human Resources and Skills Development

Mr. Savage	825
Mr. Komarnicki	825
Mr. Savage	825
Mr. Komarnicki	825

Immigration

Ms. Chow	825
Mr. Kenney	825
Ms. Chow	826
Mr. Kenney	826

National Defence

Mr. Lauzon	826
Ms. Ambrose	826

The Environment

Mr. Regan	826
Mr. Prentice	826

Pharmaceutical Industry

Mr. Malo	826
Mr. Clement	826

Mining Industry

Mr. Gravelle	827
Mr. Clement	827

Families	
Mrs. Block	827
Mr. Komarnicki	827

Business of the House	
Mr. O'Connor	827
Motion	827
(Motion agreed to)	827

Points of Order	
Royal Recommendation and Ways and Means Motions	
Mr. Paquette	827

GOVERNMENT ORDERS

Business of Supply	
Opposition Motion—Maternal and Child Health	
Motion	828
Mr. Martin (Esquimalt—Juan de Fuca)	828
Mr. Bruinooge	830
Mr. Maloway	831
Ms. Fry	831
Mr. Blaney	832
Mr. Martin (Esquimalt—Juan de Fuca)	833
Mr. Maloway	833
Mr. Vellacott	833
Mr. Saxton	834
Mr. Simms	835
Mr. Maloway	835
Mr. Sorenson	835
Ms. Bennett	836

ROUTINE PROCEEDINGS

Committees of the House	
Justice and Human Rights	
Mr. O'Connor	839
Motion	839
(Motion agreed to)	839
Motion	839
(Motion agreed to)	839
Veterans Affairs	
Mr. O'Connor	839
Motion	839
(Motion agreed to)	839
National Defence	
Mr. O'Connor	839
Motion	839
(Motion agreed to)	839

GOVERNMENT ORDERS

Business of Supply	
Opposition Motion—Maternal and Child Health	
Motion	839
Mr. Fast	839
Mrs. Zarac	839
Ms. Demers	839
Mr. Maloway	840
Mrs. McLeod	840

Mr. Bruinooge	840
Ms. Leslie	840
Mr. Sorenson	842
Mr. Maloway	842
Ms. Davies (Vancouver East)	842

Business of the House	
Mr. Guimond (Montmorency—Charlevoix—Haute-Côte-Nord)	844
Motion	844
(Motion agreed to)	844

Business of Supply	
Opposition Motion—Maternal and Child Health	
Motion	844
Mr. Bruinooge	844
Ms. Davies (Vancouver East)	844
Mr. Maloway	844
Mr. Van Kesteren	844
Motion negatived	847

SUPPLEMENTARY ESTIMATES (C), 2009-10	
Mr. Day	847
Motion	847
Motion agreed to	848
Mr. Day	848
Motion	848
(Motion deemed adopted and bill read the first time)	848
Second reading	848
Motion agreed to	849
(Bill read the second time and the House went into committee of the whole thereon, Mr. Scheer in the chair)	849
(On clause 2)	849
Ms. Coady	849
Mr. Day	849
(Clause 2 agreed to)	849
(Clause 3 agreed to)	850
(Clause 4 agreed to)	850
(Clause 5 agreed to)	850
(Clause 6 agreed to)	850
(Clause 7 agreed to)	850
(Schedule 1 agreed to)	850
(Schedule 2 agreed to)	850
(Clause 1 agreed to)	850
(Preamble agreed to)	850
(Title agreed to)	850
(Bill agreed to)	850
(Bill reported)	850
Motion for concurrence	850
Motion agreed to	851
Mr. Day	851
Third reading	851
(Bill read the third time and passed)	852

Interim Supply	
Mr. Day	852
Motion for concurrence	852
Motion agreed to	854
Mr. Day	854
Bill C-7. First reading	854

(Motion deemed adopted and bill read the first time)....	854
Mr. Day.....	854
Bill C-7. Second reading.....	854
(Motion agreed to, bill read the second time and the House went into committee thereon, Mr. Scheer in the chair)	855
Ms. Coady.....	855
(On clause 2)	855
Mr. Day.....	855
(Clause 2 agreed to).....	855
(Clause 3 agreed to).....	855
(Clause 4 agreed to).....	855
(Clause 5 agreed to).....	856
(Clause 6 agreed to).....	856
(Clause 7 agreed to).....	856
(Schedule 1.1 agreed to).....	856
(Schedule 1.2 agreed to).....	856
(Schedule 1.3 agreed to).....	856
(Schedule 1.4 agreed to).....	856
(Schedule 1.5 agreed to).....	856
(Schedule 2 agreed to).....	856
(Clause 1 agreed to).....	856
(Preamble agreed to).....	856
(Title agreed to).....	856
(Bill agreed to).....	856
(Bill reported).....	856
Mr. Day.....	856

Motion for concurrence.....	856
Motion agreed to.....	857
Bill C-7. Third reading.....	857
(Bill read the third time and passed).....	858

SPEECH FROM THE THRONE

Resumption of Debate on Address in Reply

Amendment to the amendment negatived	860
--	-----

PRIVATE MEMBERS' BUSINESS

Employment Insurance Act

Bill C-241. Report stage	860
Mr. Ouellet	860
Motion for concurrence	860
Division on motion deferred	860

ADJOURNMENT PROCEEDINGS

Access to Information

Ms. Coady.....	860
Mr. Saxton.....	861

Violence in Sports

Mr. Thibeault.....	862
Mr. Del Mastro.....	862

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