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(HANSARD)

Tuesday, October 21, 2014

Speaker: The Honourable Andrew Scheer

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HOUSE OF COMMONS

Tuesday, October 21, 2014

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1005)
[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 five petitions.

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COMMITTEES OF THE HOUSE

HEALTH

Mr. Ben Lobb (Huron—Bruce, CPC): Mr. Speaker, I have the honour to present, in both official languages, the sixth report of the Standing Committee on Health entitled "Marijuana's Health Risks and Harms".

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

ABORIGINAL AFFAIRS AND NORTHERN DEVELOPMENT

Ms. Jean Crowder (Nanaimo—Cowichan, NDP) moved:

That the Fourth Report of the Standing Committee on Aboriginal Affairs and Northern Development, presented on Wednesday, March 26, 2014, be concurred in.

The Deputy Speaker: Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: On division.
(Motion agreed to)

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PETITIONS

ABORTION

Mr. Earl Dreeshen (Red Deer, CPC): Mr. Speaker, it is my pleasure to rise today to present two separate petitions on behalf of more than 200 central Albertans.

The first petition asks that Parliament enact legislation that restricts abortion.

FETAL ALCOHOL SPECTRUM DISORDER

Mr. Earl Dreeshen (Red Deer, CPC): Mr. Speaker, the second petition requests that Parliament support Bill C-583 on fetal alcohol spectrum disorder.

AGRICULTURE

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, I am proud today to rise to present this petition signed by many people in the Kirkland Lake, Virginiatown, and Larder Lake region. The petitioners are concerned over the right of Canadian farmers to save, reuse, select, and exchange seeds. This is something that has been a right of farmers going back to the very beginning of agriculture, and there is a very real concern among people who have been involved in agriculture that their ability to maintain this tradition be protected under the proposed changes we are seeing, particularly with Bill C-18 and the plant breeders' rights.

I would like to present these concerns to the House.

IMPAIRED DRIVING

Mr. Mark Warawa (Langley, CPC): Mr. Speaker, I am honoured to present a petition representing thousands of people from British Columbia. The petition highlights that, sadly, 22-year-old Kassandra Kaulius was killed by a drunk driver. A group of people who have also lost loved ones to impaired drivers, called Families for Justice, believe that the current impaired-driving laws are much too lenient. They are calling for new mandatory minimum sentencing for people who have been convicted of impaired driving causing death.

AGRICULTURE

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, I have three petitions, all dealing with the right to save seeds.

In this petition, the citizens of Canada recognize the inherent rights of farmers, derived from thousands of years of custom and tradition, to save, reuse, select, exchange, and sell seeds. Current and newly proposed restrictions on farmers' traditional practices, resulting from commercial contracts, identity preservation systems, and/or legislation, criminalize these ancient practices and harm farmers, citizens, and society in general.

Routine Proceedings

The petitioners are calling on Parliament to refrain from making any changes to the Seeds Act or to the Plant Breeders' Rights Act through Bill C-18, and they are also calling for actions that would not further restrict farmers' rights or add to farmers' costs.

SEX SELECTION

Mr. Leon Benoit (Vegreville—Wainwright, CPC): Mr. Speaker, I would like to present two petitions.

In the first, the petitioners call upon members of Parliament to condemn discrimination against girls occurring through gender-selective pregnancy termination. They note that 92% of Canadians support this condemnation.

IMPAIRED DRIVING

Mr. Leon Benoit (Vegreville—Wainwright, CPC): Mr. Speaker, in the second petition, the petitioners feel that impaired driving laws are too lenient and they call for two things. They want new mandatory sentences for persons convicted of impaired driving causing death, and they want the Criminal Code of Canada to be changed to redefine impaired driving causing death as vehicular manslaughter.

FALUN GONG

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I rise today to present two petitions.

The first petition is from literally hundreds of Canadians primarily from the Greater Toronto Area calling on the government to recognize that there is an ongoing and deeply disturbing number of reports of organ harvesting from Falun Gong prisoners, and they call for Canada to publicly request that the Chinese government authorize an independent investigation of this, among other demands.

• (1010)

ANIMAL WELFARE

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, the second petition is primarily from residents of Ottawa calling for amendments to the Criminal Code to take crimes against animals out of the property section, close the loopholes, and further ensure that the Criminal Code punishes those who cause harm and suffering to animals.

[*Translation*]

CANADA POST

Mr. Jonathan Genest-Jourdain (Manicouagan, NDP): Mr. Speaker, I would like to draw the attention of the House to the petition I am presenting. It has been signed by the people of Manicouagan, who are saying that door-to-door mail delivery needs to continue, as it is an essential public service.

[*English*]

Ms. Linda Duncan (Edmonton—Strathcona, NDP): Mr. Speaker, I have four petitions.

In the first petition, Canadians are calling for an end to the cuts to the postal service.

HEALTH CARE

Ms. Linda Duncan (Edmonton—Strathcona, NDP): Mr. Speaker, in the second petition, Canadians are calling for greater federal leadership and investment in a pan-Canadian prescription drug strategy, a pan-Canadian strategy on primary care, and improved conditions for aboriginal peoples.

PENSIONS

Ms. Linda Duncan (Edmonton—Strathcona, NDP): Mr. Speaker, the last two petitions are calling on the House of Commons to increase the Canada pension and Quebec pension plans.

[*Translation*]

CAP-DES-ROSIERS LIGHTHOUSE

Mr. Philip Toone (Gaspésie—Îles-de-la-Madeleine, NDP): Mr. Speaker, today I would like to present a petition that has been signed by hundreds of people in my riding. It is about the Cap-des-Rosiers lighthouse, the tallest in Canada, which was designated as a historic site in 1971. Unfortunately, three years ago the government decided it was no longer needed. Now the government wants to sell it off to the private sector. People are calling on the federal government to preserve this lighthouse.

[*English*]

CANADA POST

Mr. Andrew Cash (Davenport, NDP): Mr. Speaker, I have three petitions to present on behalf of the good people of Davenport in the great city of Toronto.

The first petition concerns the cuts to Canada Post. This is signed by many seniors in my community, who live on streets like Dufferin, Gladstone, Havelock, and Lansdowne. They are concerned about the cuts, and they call on the government to reverse these devastating cuts, particularly with respect to door-to-door mail delivery.

EMPLOYMENT

Mr. Andrew Cash (Davenport, NDP): Mr. Speaker, there is a general crisis among youth in terms of employment in the GTA. Right now, about 50% of all workers in the GTA cannot access full-time jobs. They do not have access to benefits, a pension, or any job security. The second petition is signed by many in my community calling on the government to support a national urban worker strategy.

NATURAL RESOURCES

Mr. Andrew Cash (Davenport, NDP): Finally, Mr. Speaker, notwithstanding the decision on Line 9, many in my community are very concerned about the way in which public engagement happened with the decision around Line 9, and particularly about the company that is building, managing, and maintaining Line 9. In the third petition, the petitioners are calling on the government to intervene immediately to stop the development of the Sarnia-Montreal Line 9 pipeline.

RAIL TRANSPORTATION

Mrs. Carol Hughes (Algoma—Manitoulin—Kapuskaing, NDP): Mr. Speaker, I rise in the House to table a petition with respect to the Algoma Central Railway passenger rail. The petitioners are from Sault Ste. Marie and Goulais River, in the riding of Sault Ste. Marie. The petitioners would like to ensure that their voices are heard in the House with respect to the cuts that the federal government made to the funding for the Algoma Central Railway passenger train. They note the impact this will have on the economy, health, and safety. We know that the government reinstated funding for one more year, but they will likely need some more assistance. We need to recognize the importance of passenger rail.

CITIZENSHIP AND IMMIGRATION

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, I have two petitions. The first is in regard to a tragedy that happened in London, Ontario, almost a year ago. It involved a family that felt there was no recourse but to end their lives.

The petitioners are calling on the Government of Canada to reverse the cuts to public service jobs that created a workload that made it impossible for those at citizenship and immigration to help this family.

They want the Government of Canada to ensure that the Department of Citizenship and Immigration is properly staffed and resourced to reach decisions on applications in a fair and timely manner, and that immigration officers consider all factors regarding an application, including humanitarian and compassionate grounds.

•(1015)

IRAQ

Ms. Irene Mathyssen (London—Fanshawe, NDP): Mr. Speaker, the second petition is from Londoners of both the Christian and Muslim communities who are profoundly upset about what has happened to their families and friends in Iraq as a result of the Islamic State of Iraq and Syria and its attacks on communities.

The petitioners are calling on the Government of Canada to highlight the plight of Iraqi Christians and use all diplomatic and humanitarian efforts to assist them in their plight. They also ask the government to assist other like-minded governments and organizations that are engaged in the effort to stop the suffering of Iraqi Christians, and work with all governments and organizations currently engaged in humanitarian and diplomatic assistance.

NEONICOTINOIDS

Mr. Bruce Hyer (Thunder Bay—Superior North, GP): Mr. Speaker, it gives me particular pleasure this morning to present these petitions on neonicotinoids from hundreds of people from across Canada.

One reason is that many years ago I played a key role as a regulator in banning DDT in the United States. The other reason is that our Senate is holding hearings on this tonight at five o'clock.

The petitioners are calling for a ban or at least a moratorium on neonicotinoids, as Europe has done, until we know more about whether they are as bad as they seem.

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, once again, I ask that the remaining questions be allowed to stand.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—EBOLA

Hon. Hedy Fry (Vancouver Centre, Lib.) moved:

That the House recognize the devastation that Ebola is wreaking in Western Africa and the serious threat to public health that the virus could pose to Canada; and call on the Minister of Health, the Chief Public Health Officer of Canada, and the Minister of Public Safety to appear before the Standing Committee on Health twice monthly to report on Canada's efforts at home and abroad to ensure that the outbreak does not pose a threat to the health and safety of Canadians.

She said: Mr. Speaker, this motion is a timely one. We see that fear, news broadcasts and listening to things going on around the world can create panic and fear in certain parts of the world, including Canada.

We want to ensure that the balance is kept with good information going out to the public and to Parliament, and via Parliament to the public, so that people will not begin to panic. They will be aware of the fact that the risks are indeed not very high of Ebola spreading to Canada in the way that it has in West Africa, and that everyone is on top of their game. That is really why we want to do this.

In the past, the minister and the Chief Public Health Officer have not been forthcoming with actual details of what they have been doing. We want to ensure this is not a partisan issue. Where the health and safety of Canadians are concerned, we put aside partisanship. This House has to decide what is best for Canadians and how to communicate with them in an appropriate manner. This has nothing to do with partisanship.

We are concerned about a few things and that is why we have proposed this motion. The first one is that recent cases of Ebola have emerged in North America and some recent cases have emerged in Europe. We know that Ebola is not completely contained in West Africa and this is important to remember.

We are concerned that cuts to the Public Health Agency of Canada over the last five years may have compromised its ability to respond to public health crises, period. We note that the minister and Chief Public Health Officer on Friday last week and yesterday have begun to communicate to the public and that the Chief Public Health Officer is letting the public know about the complete national plan of action in order to inform the public.

Business of Supply

However, we want to be assured that this level of communication becomes continuous, that it does not happen just on Friday and Monday, and then we no longer hear from anyone. It is really important, in the best interests of creating good information and therefore not creating panic and confusion, that we continue to ensure that there are regular updates.

That is the reason why we are asking the minister, the Chief Public Health Officer and any other appropriate ministers to report to the parliamentary all-party committee on health twice a month, and of course, if we see any virulence increasing in Ebola, or we see any other cases that are closer to home, that the reporting be ratcheted up to get information weekly as the situation changes. This is something that is in the best interests not only of Canadians but of keeping up-to-date information regarding this disease, so that Canadians do not panic.

We also want to be assured that Canadians are informed. We want to ensure that up-to-date public health protocols to contain the disease are evidence-based and are not politically-based, and are not done in response to political correctness or in response to public panic. These must be evidence-based and they must be absolutely based on public health protocols.

It is imperative that the federal government takes every step necessary to protect the public from the spread of dangerous diseases, not just like Ebola but all dangerous diseases because as the world becomes a smaller place and as travel becomes more frequent from every corner of the globe, the risks of pandemics and epidemics spreading unwittingly have become higher and higher.

We need to think about how to not only protect Canadians but also to take every step as Canadians to move into the region of the world where the particular illness has begun and begin to do the kinds of things we need to do to contain it. We know that the only way to stop the spread of Ebola is to contain the disease within the region where it is currently rampant.

• (1020)

It is interesting to note that Nigeria, which was one of the most affected countries, is considered to be, and I use the term guardedly, Ebola free, because for 42 days there have been no new cases.

Nigeria is a good example of how an African nation, a developing nation, has actually worked on a plan that it stuck to. Everyone in Nigeria was on the same page of that plan, every health care professional, every region, rural and urban, and even non-health-care professionals who were brought in, and the plan was clear.

This is an important thing to remember. The plan must be clear, everyone must understand it. We must ensure that everyone is working out of the same textbook. Nigeria is a good example because it uses evidence-based protocols.

Canadians need information in an open and transparent way, which is what we are asking for, openness and transparency by the Minister of Health and the Chief Public Health Officer, in order to reduce confusion and to reassure against panic.

The Public Health Agency of Canada has to begin to co-ordinate, and we do not know if it has which is another reason why we are asking for transparency, regular meetings of the professional health

organizations, like the Canadian Public Health Association, the Canadian Medical Association, the Canadian Nurses Association, and the Association of Medical Microbiology and Infectious Diseases Canada because the nurses have said that they are concerned.

Again, this concern may translate to Canadians that things are not right, and that may not be so; however, everybody needs to be informed, so that they can ensure they do not create a panic by suggesting that something is amiss.

The government must ensure that the Public Health Agency of Canada continues to work with the provinces and territories. We must have dedicated regional hospitals in every province with the highest levels of isolation protocols and treatment units. We must have one plan that every province and territory is actually following. It must be the same plan and everyone must be on the same page. Again, I point to Nigeria which has actually done that exact thing, one plan, and it has worked very well.

However, we also need to be aware that Ebola is a disease where it is not good enough to say that we do not have any direct flights from the affected regions. As we well know, somebody can go from an affected region to some other place then transfer to Canada via a different route to any one of our airports.

We also know that the disease takes 21 days to actually show itself. Somebody could be well, go into the hospital, then go off to some small rural community and during the 21-day incubation period begin to show symptoms of the disease. Therefore, rural and urban areas, even though they are not in large centres, must know some very basic things. They must know what the symptoms look like. Every single small hospital must have some personal protective equipment. The reason why the spread occurred in Spain and Texas was because people did not have the right equipment.

The federal government must ensure that, if necessary, it provides financial assistance to small provinces and small areas that may not have the money to buy some personal protective equipment. Not only should the equipment be there but there must be ways that people learn and be trained on how to put them on and how to take them off. Once the equipment has been contaminated, taking it off correctly is very essential. One of the ways the Minister of Health and the Public Health Officer can do this is to put webinars on the PHAC website, so that people can learn by watching someone doing it and can be assured that they are doing the right things.

Border personnel and emergency room personnel across the country should be aware of early signs and symptoms of Ebola. They should also know how to use their personal protective equipment.

Business of Supply

•(1025)

The Canadian government must ensure that travellers who received a health assessment by the PHAC quarantine officer at the airport have no signs of infection. We must also have the means to inform persons, who fear they have been in an affected area or may have been exposed, on how to self-isolate during the 21 days, how to look for signs and symptoms, and what they must do immediately. We are talking about giving people the basic information that they need.

We are also concerned about reports that there used to be public health equipment to be sent to countries at risk for diseases which was sold off, one for \$1.5 million recently. In fact, it was auctioned off at a fraction of its real value. Now, we do not have some of that equipment to send and we are depending on other countries to send MASH units because we know that the ability in the affected regions to have any kind of public health system is very compromised. Therefore, they need small clinics in some of the villages and the isolated areas, so they can go to these clinics and receive the kind of care they need.

More than anything we know that the mortality rate for Ebola is now moving to 70%. What we also know is that with good hydration and good care that could drop significantly to about 20% to 30%. When we have a country with absolutely no health infrastructure whatsoever and no electricity to see when it is pitch black at night to put in and take out IVs, these are the kinds of basic practical things that need to happen in the region that is most affected. If we can contain the disease in West Africa, we would be able to stop the spread to the rest of the world.

We need to have some other questions answered. We know that in September PHAC pledged \$35 million to the World Health Organization to go to Doctors Without Borders and to some of these affected areas. We also saw last week that a new \$30 million was pledged. That brings it to \$65 million in all, yet we only know that \$4.3 million has been committed. Where is the other \$61 million? Why is it not getting there when timeliness is very important in containing any kind of epidemic? Getting things done right away is really important.

We also want to know why the 800 vaccines, that were committed to the World Health Organization, did not get there until Monday? What stopped it? What were the problems? When these vaccines could have been there a long time ago, why were they not? We would like to know. Nobody is blaming the Public Health Agency of Canada. No one is blaming anyone. We just want to know why it took so long.

What are the challenges that we are facing in getting money to the affected region and getting vaccines to the World Health Organization? As we heard, the World Health Organization has fallen down on the job at a particular point in time when it could have responded earlier. That may be the simple answer to it. However, we want to know why all of these things have been happening.

We have heard that vaccine trials are set to begin in Switzerland, Germany, Gabon and Kenya. Are there vaccines for trials in North America? Should we have trials in the United States and Canada? We would like to know the answer to that.

The \$30 million that was pledged on October 17 was a new pledge. We want to know what that money would be directed to. Would it be to directly fulfill the requests by the World Health Organization and Médecins Sans Frontières to supply personal protective equipment, rehydration equipment, training and personnel? As we have heard, hydration is one of the serious things that leads to death.

The World Health Organization has said repeatedly that it needs personnel, yet today, we heard from the Minister of Health that Canada will not send more personnel. Canada has only sent 13 health care personnel so far, but will not send more until it is sure of an exit strategy. Who is devising the exit strategy? Is the minister working on an exit strategy right now? We need to know.

These are the questions that keep coming up and we need answers. Again, this is not about blaming; rather, it is about wanting to be informed, to be open and transparent in terms of what is going on.

•(1030)

I just want to speak a little about Nigeria. Nigeria has now been 42 days free of a new case of Ebola, which means that it seems to be Ebola-free. Since Ebola has a 21-day incubation period, Nigeria has had two full incubation periods without any new disease.

One of the things Nigeria had to deal with, the same thing we see in Sierra Leone and the other regions, was struggling against a backdrop of a weak health system, although Nigeria has a stronger health system than most. There are significant deficits in capacity, personnel, trained people, and protective equipment.

There is also fear and there are cultural practices. I am referring to the disease in West Africa right now, because we know that to stop the spread to the rest of the world, we have to end the disease or contain the disease in West Africa.

What Nigeria did was really important. We know that there is a great deal of fear among people who live in the villages. They have a cultural practice of bathing their dead, and this increases the risk of being exposed to blood and bodily fluids. Education was necessary. What Nigeria did, apparently, was bring together religious leaders, local people, and local community leaders and have them knock on everyone's door, go to everyone's place, to tell them that they had to stop doing that. They told them that this was not something someone gave them maliciously but that it was a virus, and these were the things they had to do and the practices they had to change. Having people from local communities and leaders from religious communities speak to them made a difference. That dealt with some of the fear.

According to the World Health Organization, there have been about 9,000 cases of Ebola as of October 12. This is an underestimation, according to the World Health Organization, because we still do not know if there are cases people are hiding or if people had someone with Ebola who died and they buried the person without letting anyone know, because of fear, again. We know that almost 4,500 deaths have been reported in Guinea, Liberia, Sierra Leone, and up until now, Nigeria. There have been additional deaths recorded in Spain and the United States.

Business of Supply

The Public Health Agency of Canada has, as far as we know, based on the last discussion with Canadians, done some really important things. It has actually been talking to the provinces and territories. It has been moving on a plan. It has done some training sessions to ensure, as in Nova Scotia, the ability to put on the protective equipment. That is a great start. However, it is really important that the public health officer of Canada ensure that everyone is working with the same plan, that every province and territory is working with the same plan, and that they have what they need to ensure that the plan is operative. That means meeting and talking much more regularly than is happening.

Something I want to repeat is that webinars are good things. People in rural and isolated areas in Canada are able to go online and see how to put on personal protective equipment and how to take it off.

Some of the work has been done, such as having travel notices to advise Canadians of the risk of travelling to countries with Ebola, additional scrutiny of passengers who have been in affected countries, and automatic referral for screening by a PHAC quarantine officer at the point of entry into Canada of someone from an affected country. These are all important. PHAC has been supportive of some of the control systems already in Canadian hospitals. We see that Ontario has actually done an extraordinary job of creating a solid plan, which it is moving on.

What I am trying to say about the Public Health Agency of Canada is that it is not good enough to support. It is very important to ensure that it is done. We need to know that this is happening on an ongoing basis. As parliamentarians, we would like to be informed, twice a week, through the parliamentary health committee, by the minister, the Chief Public Health Officer, or the appropriate officials so that we will be able to reassure our constituents and Canadians across the country that everything is moving according to clear, evidence-based public health protocols.

• (1035)

Mr. Bruce Hyer (Thunder Bay—Superior North, GP): Mr. Speaker, I wonder if the hon. member, who knows a lot about medicine, and apparently about Ebola as well, would like to comment on what I saw on the media. I do not know the facts, but apparently the Conservative government, which loves to privatize everything in sight and sell off important Canadian assets, has sold Ebola protective gear, which we could really use now in this Ebola fight, worth well over a million dollars, for a few tens of thousands of dollars. I wonder if she is familiar with this issue and would like to comment further.

Hon. Hedy Fry: Mr. Speaker, I mentioned that in my speech. It is a pity that we took steps to do this kind of thing. We now know that pandemics will occur more frequently in a world that has absolutely open borders and travel. People of every class and of every age are travelling around the world.

This is going to be important, so we need to take some steps now. We need to ensure that Canada has what it needs to help any country in which an epidemic has begun and to do so swiftly.

The Public Health Agency of Canada has been cut severely over the last five years, and its ability to respond may be compromised

even now. I would like to know whether the cuts have done anything to create a delayed response by the Public Health Agency of Canada.

I would like to ensure that after this Ebola epidemic is contained, we do not wait for another epidemic. I would like to ensure that the countries of the world sit together and talk about building, in the interim, strong, clear, and solid health systems in the developing world so that they can respond themselves in a timely and effective manner when something like this happens.

[Translation]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, the member knows as well as I do that when ministers show up at committee, just like when they show up at question period, they do not answer questions. They avoid the question or read from notes given to them by the PMO.

How will this motion change that, given that this has been happening since I was elected, if not longer? What will the member do to ensure that the minister actually responds to important questions about protecting Canadians from this terrible disease?

• (1040)

[English]

Hon. Hedy Fry: Mr. Speaker, we have seen this happen over and over at committee, but this is something different. There is a huge risk to Canadians if this disease ever gets to Canada. This is about public safety and public security. If we put aside partisanship and let the minister and the Chief Public Health Officer know that all members of the House are prepared to work together to ensure that evidence-based protocols are put in place, that might go a long way, because we will not be as critical. We may ask questions. We may look at creative and positive ways to work together to find the right answers.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, the best way to stop this disease is to stop it at its source. An upward epidemic trend continues in Sierra Leone and in Liberia. The situation in Guinea appears to be more stable. However, the context of Ebola is still a grave concern.

The World Health Organization recommended that within 60 days of October 1, 70% of all those infected should be in hospital and 70% of the victims buried safely if the outbreak is to be successfully arrested. Otherwise, the Ebola numbers risk rising dramatically.

Does the member think the World Health Organization has enough diagnostic laboratories, transport support, and funding to help with operation logistics? If there was one thing the member could ask of the government today to help the people of West Africa, beyond this motion, what would it be?

Hon. Hedy Fry: Mr. Speaker, my colleague has been concerned about this issue ever since Ebola first began to show epidemic proportions in West Africa.

Business of Supply

Perhaps one of the things I would ask, other than that the government report to Parliament and let Canadians know what is going on, is that the money that has been promised gets to the region as soon as possible and that there is a timely response. We cannot keep dragging our feet. This has been going on since April. We have spent only \$4.3 million. There is still \$61 million that has not been spent.

The second thing I would ask is that we send personnel. The World Health Organization has asked over and over for personnel. Other countries, like the United States, have sent their armed forces personnel and MASH units. Small countries like Cuba have sent more personnel than we have sent.

We can do this. The minister said that she would like to have a safe exit strategy. I would like to know that she has one now so that it can be ready to roll within 24 hours.

Mr. Jasbir Sandhu (Surrey North, NDP): Mr. Speaker, I have had a number of members in my constituency whose relatives are in the Ebola-affected area of Liberia. They are very concerned about their relatives and friends who are in that country.

We have seen the foot-dragging that has taken place by the government in responding to this disease that all the world is putting in effort to combat. The Conservative government has actually failed to take leadership on these issues. It has failed to take a leadership role at the international level, and this is an opportunity for it to do that.

We have lost a seat on the UN Security Council. Would this sort of humanitarian effort actually help us get back that seat?

Hon. Hedy Fry: That is a very interesting question, Mr. Speaker. I had not quite thought of the Ebola epidemic in terms of whether it would give us some kind of goodwill down the road. I do not think that is what it is about. It is about ensuring that we end an epidemic in a part of the world where people are dying and that we prevent the spread to the rest of the world and the creation of a pandemic.

I do think there has not been an answer as to why it is taking so long for the money we have said we are giving to get there. We started off with \$35 million. Only \$4.5 million has actually gotten to the right places.

Why did the vaccines take so long to get to the World Health Organization? There are some real questions we have to answer. I think we want to put this on an open and transparent footing. I do not want to keep going back in time and saying that we should have, could have, would have. We know now that we should have, could have, would have as a country.

Let us move forward. Let us all work together to get moving on making the right decisions in a timely manner. Let us get the stuff to the people who need it, and let us talk after this epidemic about building strong health systems in the developing world.

• (1045)

Ms. Eve Adams (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, in fact, Canada is at the forefront of responding to the Ebola crisis in West Africa.

Does the member opposite think that when Canada's Chief Public Health Officer made himself available for fulsome briefings to all

members of the opposition and made himself again available to all parliamentarians to answer any and all questions that it was not sufficient?

Does the member opposite think that regular, almost daily, press conferences by either the Minister of Health or Canada's Chief Public Health Officer are not sufficient?

Does the member think that regular daily responses here in question period by our Prime Minister, by me, and by members of this House are not sufficient?

Hon. Hedy Fry: Mr. Speaker, I gather the member must not have been listening when I made my speech.

No, it is not enough. That is why we brought this motion forward. We need to get regular briefings. I would like to point out to the member that these public press conferences that occurred only occurred last Friday and this Monday. It is kind of late in the game to have these happening, but nothing is ever too late, so I thank the minister and the Chief Public Health Officer for doing that.

It is important that as this disease continues to progress or not progress we get regular, updated briefings on what is going on. Of course it is not good enough. We do not want Canadians to be panicking. We do not want parliamentarians not knowing what to tell their constituents when they ask questions.

As soon as they started in Ontario, the Minister of Health and the Chief Medical Officer of Health of Ontario immediately went out and did it. I am just saying that it is not enough. No, it is not.

Ms. Eve Adams (Parliamentary Secretary to the Minister of Health, CPC): Mr. Speaker, I am grateful for the opportunity to speak to the House about the serious outbreak of Ebola in West Africa. Our government is taking steps to ensure that Canadians here at home remain safe and protected.

There is no question that the Ebola situation in West Africa is tragic. I think that I speak for all members of the House when I say that our thoughts are with those who are affected, their families, all of the surrounding communities, and the international community.

The government is closely monitoring the Ebola outbreak in West Africa, and it is working with its international partners to support the response and help those who are suffering. The current outbreak has been ongoing since December 2013. As of October 17 of this year, the total number of reported cases was 9,216, including, tragically, 4,555 deaths in those affected regions.

With the exception of cases in the United States and one in Spain, the current outbreak continues to be confined to West Africa. Much recent media attention has been focused on the situation in Texas, and while there have not been any cases of Ebola in Canada, we must be prepared for a case to come here. Provincial and local health authorities and officials are the lead of any Ebola case in Canada, but the Public Health Agency of Canada continues to assist.

Ebola spreads in a community through direct contact with infected body fluids. The scientific evidence shows that Ebola is not airborne and cannot be transmitted through casual contact. The Ebola virus does not spread like the common cold or influenza, or even like SARS.

Business of Supply

I should note that I will be splitting my time today here in the House with the member for Pickering—Scarborough East.

As I said, Ebola cannot be spread from a person who is not showing any symptoms.

Secondly, the situational and environmental contexts in West Africa are radically different from those here in Canada. Our hospitals in Canada have sophisticated infection control systems and procedures in place that are designed to limit the spread of infection, protect health care workers, and provide the best care possible for patients.

In contrast, the West African countries that are affected tragically have limited resources to respond to prolonged outbreaks, especially in rural areas. The health care infrastructure there, again very unfortunately, varies greatly in the countries and communities affected, and there is a lack of appropriate personal protective equipment. Tragically, despite some progress, outbreak control strategies continue to be met with distrust, due to fear and misinformation.

Despite the fact that the risk to Canadians is low, the Government of Canada remains vigilant and is taking concerted action to ensure that Canadians continue to be protected against the Ebola virus. This includes maintaining our preparedness to detect, investigate and prepare for people with the Ebola virus in the unlikely event that a case were to appear in Canada.

We are well prepared. The Public Health Agency of Canada has recommended that Canadians avoid all non-essential travel to Guinea, Liberia and Sierra Leone, due to the outbreak. Additionally, public health notices have been issued for Nigeria and Senegal, recommending that travellers take special precautions.

The government is making sure that Canada and Canadian travellers know how to protect themselves, and what they need to do if they begin to experience symptoms of illness. It is recommended that those travelling to affected countries monitor their health carefully and seek immediate medical attention if they develop symptoms that could be associated with Ebola within three weeks of returning.

Canada is well prepared to identify and manage ill travellers. The Quarantine Act is administered by the Public Health Agency of Canada 24 hours a day, seven days a week, at all points of entry into Canada. Technical guidance and protocols have been shared with provinces and territories and with the transportation sector to detect and manage suspected cases of Ebola infection. Front-line staff have been trained to screen international travellers arriving in Canada for communicable diseases, and to refer any travellers suspected of being ill to quarantine officers.

• (1050)

We also have five Ebola response teams in place. These include specific scientists, lab expertise to quickly confirm diagnoses and emergency supplies from our national strategic stockpiles, such as masks, gloves and gowns. These rapid response teams would support the provincial and territorial authorities in their response should a case of Ebola occur.

Under the Quarantine Act, officers have the authority to implement the appropriate public health measures to ensure public safety. From there, a strong network of laboratories stand at the ready to detect and respond quickly in the event a case of Ebola arrives in Canada.

While there have been no cases in Canada, each suspected case to date has tested our response capability and demonstrated to Canadians that we are ready to respond and that our systems are working. In every case, the individual suspected of being infected with the Ebola virus was identified, isolated, investigated by health authorities and tested for the Ebola virus by the Public Health Agency of Canada's National Microbiology Laboratory in Winnipeg.

We have learned from our experiences with SARS and with the H1N1 influenza pandemic. We are applying this learning to how we prepare for future outbreaks.

Canada should be proud of our world-class researchers and science capacity. It was our very own scientists at the Public Health Agency's National Microbiology Laboratory in Winnipeg who developed an experimental vaccine for the Ebola virus. It is the result of years of hard work and innovation by Canadian scientists to better global public health and security.

The Government of Canada has offered a donation of up to 1,000 vials of the experimental vaccine to the World Health Organization. The vials represent two-thirds of the total vials of the experimental vaccine currently in the possession of the Public Health Agency of Canada. I think we can all concur that this is a rather generous donation.

Canada will keep a small supply of the experiential vaccine to conduct research and clinical trials on safety and efficacy. We will also keep some vials in the unlikely event that they are needed here at home in Canada.

Already these vials offered for donation are on their way to the World Health Organization in Geneva. The first shipment left yesterday. The vaccine vials are being sent in three separate shipments as a precautionary measure due to the challenges in moving a vaccine that must be kept at a very low temperature at all times, and in the event that there is some sort of unfortunate accident during shipment.

The World Health Organization has determined that there are some important safety and ethical considerations that it needs to resolve before the vaccine vials can be given to people. The global community, under the leadership of the World Health Organization, is making progress addressing these issues. There are also logistical challenges.

Canada stands ready to support the World Health Organization and we expect to see our donated experimental vaccine deployed as quickly, ethically and safely as possible. We are committed to supporting the efforts of our international partners to control the Ebola outbreak and we hope that the experimental vaccine will help address this global crisis.

Canadians should be proud of our humanitarian support to address the spread of Ebola in West Africa, including significant funding and the deployment of Canadian experts to assist on the ground.

Business of Supply

On October 4, our government announced the deployment of a second mobile lab and team to West Africa to assist in the Ebola outbreak. The lab and three additional scientists from the Public Health Agency of Canada have joined the agency's existing team in the field.

One mobile lab team will continue to provide rapid diagnostic support to help local health care workers quickly diagnose new cases of Ebola. The second mobile lab team has been working with Médecins Sans Frontières to monitor the effectiveness of infection prevention procedures, such as hand-washing stations, face masks, disposal sites, in preventing the further spread of Ebola.

Once their work with Médecins Sans Frontières is completed, the team members will be deployed to other locations to support diagnostic needs as required. On-site laboratory support produces results in only a few hours, which in turn allows for faster isolation of Ebola cases and patient care. It is pivotal to an effective response in this affected region.

• (1055)

I would end my remarks by saying that while the motion before the House is admirable in recognizing the devastation wrought by this Ebola outbreak, it is imperative that we as parliamentarians allow our public health officials and ministers the flexibility necessary to focus their efforts on addressing the outbreak.

I would like to close by extending my heartfelt condolences to those affected by this ravaging disease in West Africa, and to encourage Canadians to support international relief organizations working in this area.

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, I would first like to make a brief comment about the fact that of course we are all proud of our scientists, and it is time to stop muzzling them.

[*Translation*]

That said, I would like to ask my colleague two questions. As I have already heard her say, does she believe that Canadians have enough information about the spread of Ebola and what should be done, or does she agree with us that it is absolutely critical that the minister and officials from the Public Health Agency of Canada provide regular, candid updates to Canadians about the problems connected with this disease?

I would also like to ask if she agrees with us that the best way to prevent Ebola from spreading to Canada is to prevent its spread in West Africa and that Canada could be doing much more. The assistance we are providing is really just a drop in the bucket.

• (1100)

[*English*]

Ms. Eve Adams: Mr. Speaker, an independent scientist, Canada's Chief Public Health Officer has been available regularly. He has been communicating at press conferences, taking questions from the media, and regularly sharing his expertise and his information on the spread of Ebola.

This is a disease that unfortunately the world has now known for the better part of four or five decades. How Ebola is transmitted is well documented. It is not as transmittable as the common cold. One

needs to come in contact with actual fluids. No one who has sat on a plane or in a train has developed Ebola from someone else who was a passenger.

This type of information has been made regularly available to the Canadian public and to the international public. One need only to tune to CNN, CBC or CTV to hear this type of information being shared. The Chief Public Health Officer has also made himself available regularly to provide these types of answers and to provide this type of independent information to all Canadians. Additionally, the Minister of Health has made herself available to provide this type of information. The Prime Minister has provided this type of information. Humbly, I would suggest that I have provided this type of information here and in media panels regularly.

This information is being communicated to Canadians. It is critical that Canadians continue to remain vigilant. It is not the time to make partisan games out of this.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I have two questions I would like to ask the hon. parliamentary secretary to the Minister of Health.

In April, the Ebola epidemic began to show that it was the beginning of an epidemic. In June, the honorary consul for Sierra Leone got a letter from Washington asking for protective equipment. However, since he sent that message to the ministry, the minister of the Public Health Agency of Canada auctioned off 1.3 million masks and more than 209,000 gloves for the price of \$50.

Can the hon. parliamentary secretary tell me why the government did not send that instead, on request, to West Africa? Why was it just auctioned off?

Secondly, I would like to know what took the generous 800 to 1,000 vaccines so long to get there? It only got there yesterday. Why did it take so long, since April and June, to get these things done?

Ms. Eve Adams: Mr. Speaker, in fact these are two completely unrelated issues.

When it comes to personal protective equipment, the member opposite is a bit off on her dates. The Ebola outbreak actually began in West Africa in December 2013, not April 2014. As members of the House may be aware, there have been some Ebola outbreaks in the last four or five decades and, unfortunately, a few thousand deaths up until this recent outbreak. This recent outbreak is truly different in that thousands of individuals have now passed away from this disease.

As soon as the World Health Organization contacted Canadian officials in September, the auction of personal protective equipment was halted. Canadians ought to feel rather proud about our contribution. We are donating millions of pieces of personal protective equipment, including 1.2 million gowns, 1.5 million gloves, and over 2 million face masks.

Mr. Corneliu Chisu (Pickering—Scarborough East, CPC): Mr. Speaker, I am pleased to rise in the House today to speak on the ongoing outbreak of Ebola in West Africa. I would like to focus my remarks on highlighting the work done by our scientists in developing the Canadian experimental Ebola vaccine.

Business of Supply

As my colleagues will know, on August 12, the Minister of Health announced that we would be donating up to 1,000 vials of this experimental Ebola vaccine to the World Health Organization. This vaccine was created in Canada by researchers at the Public Health Agency of Canada's National Microbiology Laboratory. This vaccine has never been tested in humans, but has shown strong promise in animal research. It is a result of years of hard work and innovation by Canadian scientists to improve global public health and security.

The Public Health Agency of Canada has been prepared to send the experimental vaccine for some time now. I am very pleased to hear that the World Health Organization finally signalled that it was ready to receive it, and vials began being shipped yesterday to Geneva. The WHO, in consultation with partners, including the health authorities from affected countries, will determine how the vaccine will be distributed and used.

I would like to share some information on the development of the Ebola vaccine at the Public Health Agency's National Microbiology Laboratory.

The agency's National Microbiology Laboratory officially opened in 1999. It is one of the few facilities in the world and the only one in Canada that has the capacity to accommodate and research the most basic to the most deadly infectious organisms at the highest level of biocontainment. It is a world-class laboratory with a mission to advance human health through laboratory leadership, scientific excellence, and public health innovation.

Before the opening of the facility, not a single researcher in Canada had the ability to work on hemorrhagic fever viruses such as Ebola. A potential case of Ebola in a patient could not even be diagnosed in Canada prior to 1999. Canada was entirely reliant on the Centers for Disease Control in the United States. It speaks to Canadian innovation that within three short years of the facility's opening its doors, researchers at the National Microbiology Laboratory had already developed the foundation of what would become the experimental Ebola vaccine.

Through continuous research and experiments that spanned a decade, scientists at the facility perfected a vaccine that has been effective in protecting non-human primates from the deadly Ebola virus. The particular species of Ebola for which the vaccine was developed, Zaire Ebola virus, is considered one of the most aggressive infectious agents, capable of causing death in up to 90% of humans and non-human primates.

For over a decade, at a time when Ebola outbreaks were only sporadic and quickly controlled, Canadian researchers continued their important work to find ways to fight and protect against this virus, knowing the potential for this deadly disease to spread. They recognized that although Ebola is not indigenous to Canada, international travel provided the opportunity for the transport and introduction of this disease into countries outside Africa through an infected individual.

They also realized the potential for the Ebola virus to be used as a biological weapon and worked closely with other government departments to ensure that Canada was prepared.

Their research also had a much broader goal. They believed that the novel technologies and methods used to create treatments and

vaccines against aggressive viruses such as Ebola could potentially be applied to less intimidating pathogens. This belief still holds true today. The cascading effects of Ebola research at the agency's National Microbiology Laboratory may soon lead to a universal flu vaccine, may help Canada stop the next pandemic, and could directly contribute to and help shape the future development of better therapeutics to fight a range of new and emerging pathogens.

This is the reality of the important work being done in Canada. It truly exemplifies the world-class research conducted by agency scientists.

The Ebola vaccine was a Canadian discovery, with ongoing support from the Government of Canada over the last 15 years. Through considerable funding for this cutting-edge and innovative special pathogens research program, Canada can now, more than ever, stand proud as an international leader in the field of infectious disease research. Since 2007, well over \$5 million has been specifically invested to help agency researchers find vaccines and treatments against Ebola as well as some other very dangerous organisms.

• (1105)

I am proud to say that thanks to this funding, Canada has developed vaccines and treatments for a range of hemorrhagic fever viruses. In addition to this promising vaccine, Canada created and tested the ZMapp Ebola treatment. This post-exposure treatment has a very good survival rate in non-human primates. The treatment uses a unique regimen of multiple doses of antibodies designed and engineered to find, attach to, and effectively cut the Ebola virus, preventing the virus from reproducing and multiplying in the body. It has no side effects.

It is believed that the ZMapp treatment was directly responsible for saving the lives of some front-line workers who became infected with the Ebola virus in West Africa. This is an important example of work being done in Government of Canada laboratories that has led to the saving of lives. It is a proud moment for all Canadians.

In addition to the Ebola vaccine and treatment, the agency's National Microbiology Laboratory has developed vaccines that have been shown to be 100% effective at protecting against the Marburg virus and the Lassa virus. These viruses can be deadly and have no known cure.

The threat of these viruses entering the country is real. It is because of the hard work and dedication of so many, through innovation, vision, and scientific tenacity, that I can proudly say that our country is prepared and ready should a hemorrhagic fever virus enter Canada.

There are no confirmed cases of Ebola in Canada, but Canada must be prepared for a case to come here. While provincial and local health officials are the lead on any Ebola case in Canada, the Public Health Agency of Canada stands ready to assist.

Business of Supply

The work to develop a vaccine or treatment is not done in isolation. Discoveries of this magnitude require collaboration throughout government departments, investment by private industry, and, importantly, international partnerships. This vaccine is an example of what can go right when scientific knowledge is shared across borders, when important additional funding is made available through a variety of specialized grants, and when private industry is brought up to help further the work of Canadian scientists.

While multiple organizations assisted in some aspects of the development of the vaccines, I would like to highlight that the intellectual property rights for this vaccine belong to the Government of Canada. I can assure the House that the Public Health Agency is in regular contact with the licensee of the vaccine and with multiple international partners, including the WHO, to provide guidance and advice on ways to advance the clinical trials and facilitate the production of Ebola therapeutics.

Phase I clinical trials for these vaccines were launched on October 13 at the Walter Reed Army Institute in Silver Spring, Maryland. Canada has supplied 20 vials of the experimental vaccine for use in these trials. We have confidence in this vaccine, but we must remember that it is an experimental vaccine and that phase I clinical trials are important to assess the overall safety of the vaccine in humans and to determine the appropriate dosage. Outcomes of these phase I trials are expected in December.

Canada is an important contributor to the fight against Ebola in West Africa. This is in no small part due to the researchers at the agency's National Microbiology Laboratory, who have devoted their work to find cures and treatments for those who so desperately need it.

I would end my remarks by echoing the parliamentary secretary's remarks that while the motion before the House is commendable in recognizing the devastation wrought by this Ebola outbreak, it is imperative that we as parliamentarians allow our public health officials and ministers the flexibility necessary to focus their efforts on addressing this outbreak.

To that end, I move, seconded by the member for Don Valley West, that the motion be amended by replacing the words "appear before" with the words "report either in writing or in person to".

• (1110)

The Deputy Speaker: It is my duty to inform hon. members that an amendment to an opposition motion may be moved only with the consent of the sponsor of the motion. Therefore, I ask the hon. member for Vancouver Centre if she consents to this amendment being moved.

Hon. Hedy Fry: No, Mr. Speaker.

The Deputy Speaker: There is no consent. Pursuant to Standing Order 85, the amendment cannot be moved at this time.

Questions and comments, the hon. member for Etobicoke North.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, yesterday we learned that \$1.5 million worth of stockpiled Public Health Agency of Canada medical supplies were auctioned for just a fraction of that figure. This has raised questions about the true value of Canada's contribution to the global fight against Ebola.

Why did the government not respond to the ambassador's June request for gloves and masks? Why did the government not make a donation of personal protective equipment on its own, knowing that the Ebola outbreak was unprecedented? How could the government auction off 1.3 million masks and more than 209,000 gloves after the June request? What is the true value of the personal protective equipment?

• (1115)

Mr. Corneliu Chisu: Mr. Speaker, referring to the process of auctioning of the equipment, this routine process was stopped once the WHO request was made.

The government offered to donate 1.5 million gloves, 2 million masks, and 1.2 million isolation gowns. The first two shipments, including 128,000 face shields, is already delivered in part by our RCAF Hercules aircraft. With the remaining equipment, which will be delivered in the coming days and weeks, priority is being given to what the World Health Organization is requesting.

[Translation]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, I would like to remind my colleague that Sierra Leone's honorary consul requested these supplies, but the request was ignored by the office of the Minister of International Development.

My colleague went on at length about vaccines. Of course, we are all very proud of the vaccine that was developed in Canada, that our own scientists developed. However, we would sure like this government to let them do their work without constantly being muzzled.

That said, does my colleague realize that it will take months for this vaccine to be usable in the field? In the meantime, we are being told that in a few weeks, there could be as many as 10,000 new cases of Ebola per week in West Africa.

Should this government not be doing a little more on this front than it has so far?

[English]

Mr. Corneliu Chisu: Mr. Speaker, when an honorary consul is asking something, if it is not coming from a government official, there may not be an answer.

Second, when we talk about the experiments with the vaccine, which are taking months, we demonstrated that we sent the vaccines at the request of the World Health Organization as soon as it requested them. There are 800 vials in the WHO's possession. It will be an issue that will depend on the World Health Organization.

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I think it can be safely said that all of us in the House are united in our concern about this dreadful tragedy and we see that we must keep proportionality. The greater threat is clearly in African nations, and we must not create panic here in North America.

Business of Supply

I would like to ask my hon. friend how he sees that balance between protecting Canadian lives at home and the importance of saving lives in Liberia and the African region that is affected.

Mr. Corneliu Chisu: Mr. Speaker, we demonstrated a very quick international response to the Ebola outbreak. Domestically, we are quite prepared to face an eventual outbreak of Ebola.

At the border, Canada has adopted additional scrutiny for passengers who have been in affected countries in Africa. All international points of entry into Canada are routinely monitored 24-7. Travellers from affected countries are referred to quarantine officers. Health assessments and temperature checks can implement measures under the Quarantine Act. There are no direct flights from affected countries in Africa.

The Public Health Agency and the department of foreign affairs recommend against all non-essential travel to Guinea, Liberia, and Sierra Leone. Canadians in affected countries should consider leaving while commercial flights remain available.

• (1120)

[*Translation*]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, I will share my time with the hon. member for Vancouver East.

Right now, we are facing an enormous crisis, one that the United Nations considers a threat to global peace and security. This crisis does not affect only the countries of West Africa; it affects us all. The worst thing is that the crisis we are talking about so much could well become an even bigger catastrophe if we do not do everything in our power to contain it now.

To date, there have been approximately 10,000 cases since the epidemic began a few months ago. The World Health Organization is now telling us that the number of cases could rise to 10,000 per week by December.

How are we going to cope with potentially hundreds of thousands of cases just a few weeks from now if we cannot cope with 10,000 cases now?

Let us not forget that the worse the crisis gets in Africa, the more likely it is to spread here. We absolutely have to contain the disease in West Africa now. To make that happen, we have to do everything in our power, but unfortunately, that is not happening.

Canada's response so far has been too little, too late. Weeks passed before Canada made its first substantial contribution. When the crisis was raging and people on the ground were desperately appealing for equipment, the Public Health Agency of Canada continued selling that equipment at rock-bottom prices to people who turned around a few days or weeks later and sold it to the World Health Organization at a huge profit. This continued even though the office of the Minister of International Development had been notified of the situation.

[*English*]

The Canadian response to the Ebola crisis is a bit like me having a fire in my livingroom. I decide to put three drops of water on it, but it grows. I then decide to pour a teaspoon of water on it, but the fire

keeps on growing. I finally decide to put two or three cups of water on it. Some people would even say that I should just close the door.

Even when we are starting to get a bit more serious, much too late, it seems we cannot do it right or properly.

[*Translation*]

Canada has promised \$65 million in total, but only \$5 million has made it to the front lines so far. Does the government realize that in a crisis where cases are multiplying so quickly, time is absolutely crucial and a few days can make all the difference?

Canada promised vaccines. However, it took a ridiculous amount of time for the vaccines to be delivered, and still, they cannot be used for another few months. Canada also promised equipment, but only a little of that equipment has arrived on site.

[*English*]

We see in this case the same mismanagement and failure to act swiftly that we have seen, unfortunately, in too many humanitarian crises—for example, Syria, where we are still not receiving the refugees we promised to welcome to Canada; or when urgent calls for equipment for the winter are answered in the spring; or in South Sudan and the Central African Republic, where the Canadian response has been lacklustre to say the least; and to Ebola, where it is too little, too late, as always.

• (1125)

[*Translation*]

What should Canada do? It should follow the example of other countries, such as the United States, that have decided to take the bull by the horns. The U.S. has sent 3,000 soldiers, medical personnel and 11 field hospitals.

We must do more in response to the calls by the World Health Organization. Again, this is urgent. We cannot afford to say that we will give a little more and then follow through weeks later. Now is the time to act.

We must also support our other partners on the ground in a more significant way. I am thinking about Doctors Without Borders. I just want to acknowledge the work that is done by those doctors and their president, Dr. Joanne Liu. Dr. Liu is from Montreal and studied at McGill University. There is also the Canadian Red Cross and all the partners in the Humanitarian Coalition, which recently launched an appeal to which I hope we will all respond.

We must support the people who work on the ground, and that includes listening to them in order to find out what they need.

One thing those on the ground are looking for is the deployment of our Disaster Assistance Response Team. DART is available to deal with biological risks and to provide medical care. It can count on the armed forces for logistical support. According to the Prime Minister, deploying DART is not appropriate in this situation. Nonetheless, those on the ground fighting Ebola beg to differ. I tend to have faith in what they have to say.

[English]

We also need to think long term. We need to think about building the health systems in those countries. We need to think about building resilience to threats in those countries, whether disease, climate change, or other things. This includes good governance and the promotion of democracy. I know it may sound far away, but here is a good example. I lived in Senegal for years. It is a relatively stable country with good governance and strong institutions. It had a case of Ebola, and it was able to control it. When we compare it to other countries, such as Liberia, which have just emerged from years of civil war and do not have the infrastructure, we see the results. I am not blaming the Liberian authorities. We need to help those countries rebuild. We need to be active in peace building. We have a responsibility to reconstruct. Even if it seems as if we are acting a bit like boy scouts, in the long run we will win and help avoid this type of crisis. We can see that clearly now with what is happening in West Africa.

We can beat Ebola. We must beat Ebola. It is a matter of our safety, of our humanity, and of world stability.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, my hon. colleague and I have worked together on the Central African Republic and South Sudan. I enjoy working with her. At least 3,700 children in Guinea, Liberia, and Sierra Leone have lost one or both parents to Ebola since the start of the outbreak in West Africa, and many are being rejected by their surviving relatives for fear of infection. As the death toll from Ebola continues to rise, preliminary reports suggest that the number of children orphaned by Ebola has spiked in the past few weeks and is likely to double around now.

UNICEF appealed for \$200 million to provide emergency assistance to children and families affected by the Ebola outbreak across the region, including protection activities. So far, UNICEF has received about 20% of the amount.

I am wondering what my colleague would like to see the government do to help provide children with the physical and emotional healing they need.

• (1130)

[Translation]

Ms. Hélène Laverdière: Mr. Speaker, I thank my colleague for her very relevant question. We cannot forget that we are talking about the Ebola crisis, but this goes beyond the people who are suffering or dying from Ebola.

About 75% of the people who die from Ebola are women, since they are most often the ones who take care of the ill. These are mothers who are being lost, which creates orphans. Furthermore, this has consequences for these countries' health care systems. They are completely falling apart. Even more common illnesses cannot be treated at this time, which only makes the ostracism worse.

Business of Supply

This brings me to two points. First, in these countries, we are trying to do more work on awareness to try to prevent that ostracism. It makes me very concerned to hear the Parliamentary Secretary to the Minister of Health say that people get enough information by watching reports on television. The Government of Canada could do more. We obviously need to support UNICEF, which has received just 20% of what it is asking for.

Mrs. Carol Hughes (Algoma—Manitoulin—Kapusksing, NDP): Mr. Speaker, I really appreciated my colleague's speech. She works very hard with the international community and brings her extensive experience to the House.

Yesterday, a press release from professor Amir Attaran, from the University of Ottawa, said that if the vaccine had been developed and sent on time, more people could have been saved.

We have had a lot of hope about this vaccine since 2005, but we had to wait until 2013 for it to be created. Could my colleague talk about the fact that it is important for the government to take swift action in response to these kinds of crises? Ebola is nothing new and we knew that a crisis was imminent. The government promised to give about \$65 million, but only \$5 million has been delivered.

Could the member talk about the importance of sending the vaccine and the money as quickly as possible?

Ms. Hélène Laverdière: Mr. Speaker, unfortunately, we often take too long to develop vaccines or drugs to treat diseases that seem far removed from us.

What is more, in this case, the government was slow in sending the vaccines to the World Health Organization. As I was saying earlier, every day and every week counts because, in the meantime, the problem keeps growing.

It is the same thing when it comes to funding. We need to take action now, not a month or two from now, when we have an even bigger crisis on our hands.

[English]

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I am very pleased to participate in the debate today as the health critic for the NDP. I would like to thank my colleague for bringing forward this motion in the House today.

Obviously we will be supporting the motion. We see it as a very minimal demand to the government to ask the Minister of Health, the Chief Public Health Officer and the Minister of Public Safety to appear before the Standing Committee on Health twice monthly to report and account on what Canada is doing around Ebola, both in Canada and internationally. It is a very minimal demand, and obviously we need to go a lot further and do a lot more. Certainly, as far as the motion goes, we support it and thank our colleague for bringing it forward today.

Business of Supply

I want to focus my comments today on what it is that has been completely lacking in Canada's response. Of course we do know that Canada has committed \$65 million internationally. Just to put that in context, for example, the U.K. has committed \$205 million. Germany, for example, has committed \$127 million. There has been just recently very generous contributions made by private individuals.

We are obviously glad that Canada has made the commitment of \$65 million, but what is really concerning and we should be focusing on is that at this point less than 10%, only about \$5 million of the \$65 million has been delivered in goods and services in terms of what needs to be done. That is very concerning.

All of us are very concerned about what is taking place in West Africa. We are watching the evolution and the development of this crisis, and the international response is so critical, not only in terms of the vaccine but also in ensuring that medical supplies, protective gear and so on, as well as health care professionals, are there on the ground. That is the most important point I want to make today.

This is not unlike what we have seen with the AIDS crisis. I note the article that came out in *The Lancet* magazine yesterday also made the point that the critical issue is containment within the countries that are now infected and to ensure that they have the capacity, the support and the resources, including a vaccine, to deal with their situation on the ground. This is about trying to ensure that we are not seeing an increase in transmissions to other countries, whether it be in other African countries, in Europe or in North America.

It is very concerning to us that we are many weeks into this crisis and Canada has fallen so far behind in its ability or willingness, whatever the impediment is, to deliver on the commitments it has made. I have come to the conclusion that unfortunately what we are seeing unroll in Canada is more of a public relations exercise.

I have been on a number of panels with the parliamentary secretary. We have heard the minister in the House when we have asked questions. We are told every time that Canada is a world leader, we are doing this and we are doing that, the vaccine was donated and it has been made available, yet nothing is actually getting done, or very little. It was only yesterday that some of the vaccine actually moved out of Canada.

We even heard the Prime Minister basically blame the WHO for that, when in actual fact, Canada itself sold the licensing rights to a company for \$205,000, a very valuable health product, the vaccine that was developed in Canada, and basically did nothing to expedite the development of the clinical trials and the need to get this vaccine to where it needs to go. In the U.S. they have been working on the clinical trials for a month already.

There are so many questions as to why the Canadian government has made these pronouncements publicly but has not followed through and remained vigilant in terms of delivering on the commitments that Canada has made.

• (1135)

Yesterday or maybe at the end of last week, we learned the shocking situation that back in June the honorary Canadian consul for Sierra Leone was urgently sending messages to Canada saying

that they needed protective gear. Canada was auctioning off those same items for cents on the dollar. It seems unbelievable.

It was not until September that those discounted auctions were actually stopped. There was a delay from June until September. There was information on the ground that was coming back to Canada, saying they desperately need assistance and need to get protective gear over to Sierra Leone, and Canada was selling off the needed equipment at incredibly discounted prices. We have now learned that it is being resold elsewhere at inflated prices.

This raises a whole question about the plan and whether or not there is oversight on the plan that Canada has developed and that we have been told exists. We certainly do appreciate the briefings that have been given by officials at the Public Health Agency of Canada. We appreciate the information they have provided.

However, I do have concerns. We know the budget of the Public Health Agency of Canada has been cut by \$60 million over the last three years. We have to question whether or not, even within our own environment here politically, within Health Canada, within PHAC, if there is the capacity to deliver on the plan that is being developed.

We have been asking, consistently, in the House and in other venues, and in writing to the minister—I think we have now done two letters—very specific questions about what it is that Canada is doing and why it is that we are falling so far behind. I have to say that we are not getting the answers we need.

It is not like this is an issue where we can say, “Oh well, all in good time”. This is a critical urgency. It is an emergency today. There are people who are dying. The rate of infection is averaging 1,000 new infections per week.

Every day, every week there is a lag or delay it is affecting the lives of many people who we could be helping. This is a very critical issue.

I want to mention the letter we wrote recently to the Minister of Health. We asked some very pointed questions. We asked which minister was responsible for ensuring quarantine and treatment protocols in Canadian hospitals and clinics. That is a very basic question.

We know that PHAC has been developing national guidelines. We know that yesterday the Canadian Federation of Nurses Unions, a very major organization in this country, representing front-line health care workers, expressed a lot of concern about the fact that front-line health care workers are not prepared in this country. They do not have the protective gear. In fact, provinces are apparently developing different protocols and different levels of safety equipment. What is happening in Ontario may be different than what is happening in Saskatchewan or in British Columbia.

It does raise some very serious questions as to who exactly is responsible for not just developing guidelines but ensuring quarantine and treatment protocols. Who is responsible for ensuring that hospitals and medical practitioners have the appropriate equipment? These are questions that we have not yet had answers to.

Business of Supply

Today, I want to say that in supporting this motion, it is important that the officials come before the health committee, that we be able to hold them to account and to provide these questions. We will certainly be doing that in the House. I have been very glad that the Leader of the Opposition, the member for Outremont has been raising these questions in the House on a very regular basis, as have I and my colleague, the member for LaSalle—Émard.

We will continue to do so because we are very concerned that this not just be a public relations exercise by Canada, but that it be a full commitment, not just in the short term but in the long term, to help people in West Africa who are affected and to ensure that there are the proper protocols and treatments in place should there be a case in Canada, which of course we hope will never happen. However, we have to be prepared, particularly given what we have seen in the United States and some of the protocols that were broken there.

• (1140)

We support the motion and we will be doing a lot more on this file to hold the government to account.

• (1145)

Ms. Elizabeth May (Saanich—Gulf Islands, GP): Mr. Speaker, I want to compliment and thank my hon. colleague, the member for Vancouver East, for consistently putting health matters first. On the Ebola crisis, I second all of her concerns with regard to the over-promising and underdelivering from Canada in the face of a crisis. We know that there is still much more we can do.

I was personally struck by Secretary-General Ban Ki-moon's statement that of the \$20 million or \$30 million promised, apparently he has access to only \$100,000 to confront this crisis. Does my hon. friend know if that remains the situation at the United Nations? How quickly are the promised Canadian funds moving into the region?

Ms. Libby Davies: Mr. Speaker, I would like to thank the member for Saanich—Gulf Islands for her very appropriate and pointed question, because the issue of timing and what is moving quickly or slowly is a very critical matter.

As I pointed out in my comments, we do know that as of this date, less than 10% of the funds committed by Canada have actually been delivered. That implies that we are a long way from where we should be in ensuring that Canada's commitment is actually getting to the people who need it.

Overall, the same is true internationally. This does have to be an international effort. It is very concerning to see the estimates made by the World Bank, the United Nations, and others that this is about the long game. It is about a sustained effort. It is about ensuring basic health care capacity in the affected regions. That is a very important question to deal with. We saw that with HIV/AIDS. Even if treatments are available, if there are no local clinics, no trained personnel, no delivery system, then what needs to be done is completely missing.

We have to focus on the short term in terms of a vaccine and protective gear, but we also have to make a long-term commitment to make sure this funding continues.

Mr. Andrew Cash (Davenport, NDP): Mr. Speaker, I would like to thank my colleague from Vancouver East for the work she has done on this issue. She underlines the fact that in many instances the

government will make grand announcements and then either not follow through or else be incredibly slow under dire circumstances. Its commitments around Syrian refugees is another example.

I want to double back to the letter that my hon. colleague sent to the government, because Canadians watching this debate want to know parliamentarians' level of engagement on this issue and the importance we place on moving these issues forward in a non-partisan way to get the job done and fulfill our commitments internationally.

One of the questions that was asked in the letter was as follows:

Is there a plan to rapidly increase production of the vaccine in the unfortunate advent of worst case scenarios as outlined by the World Health Organization?

I wonder when we might expect an answer on this issue. There are a number of very detailed questions, but they are very clear and they are questions Canadians want answers to. Could the hon. member enlighten us as to when we are expecting a response?

Ms. Libby Davies: Mr. Speaker, that is a very good question. Unfortunately, I wish I knew the answer as to when we would get a response from the government. This is precisely why we need to have officials come before the committee: so that we can keep pressing on these questions.

We have asked if there is a plan to rapidly increase production of the vaccine in the unfortunate event of worst-case scenarios, as outlined by the WHO. We have not had a response on that question. We do not know what efforts are currently under way to produce more of the vaccine. We do not know what percentage of the existing supply will be used for clinical trials.

There are a ton of questions that we have to keep pressing. I can tell the member that we will absolutely do that. It is our responsibility and duty to do that until we get answers.

• (1150)

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, I am grateful for the opportunity to rise today to speak about our Liberal motion that first recognizes the terrible devastation that Ebola is wreaking in West Africa and that will require the Minister of Health, the Minister of Public Safety and Emergency Preparedness, and Canada's Chief Public Health Officer to appear monthly to report on Canada's efforts at home and abroad to ensure that the outbreak does not pose a threat to the health and safety of Canadians.

My colleague from Vancouver Centre and I began formally raising Ebola on the national agenda on August 3 by writing an open letter to the Minister of International Development regarding what Canada had specifically contributed to the Ebola response. We asked how many specialists Canada had sent to the World Health Organization to help out, and in what disciplines. We asked that the minister work with colleagues in relevant departments here in Canada in areas of air transport, border services, and protection of health care workers. We asked the government as well to give more funding. While the government responded with a donation of \$5 million, the amount was tiny in the face of the overwhelming need and the generosity of other nations.

Business of Supply

We wrote the letter because Canada had a moral responsibility to do more to help combat what was then an unprecedented outbreak of Ebola. We also understood that the best way to stop this devastating disease was to stop it at its source, before it spread more widely and became even more difficult to contain. We understood that if we want to protect Canadians from Ebola here at home, we had to end the suffering in West Africa.

During the emergency debate on Ebola on September 15, I asked the following:

...how is Canada working with other countries, particularly through the Global Health Security Action Group and the global health security agenda? How is the government working across departments and what specific departments are involved in each of preparedness, response and recovery, and what is the lead agency for each? What specific actions are each of the departments undertaking?

What is the government doing to ensure the safety of Canadians travelling to West Africa to undertake humanitarian work, commerce and trade, and to safeguard the well-being of those who are there now in areas where Ebola is spreading? What guidance is being provided to Canadians before they leave and while in areas in which Ebola has been reported? If they think they have symptoms compatible with Ebola, what should they do upon their return to Canada?

How specifically was the April 18 funding of \$1,285,000 used to address the outbreak? How many specialists and in what disciplines did Canada send to work with the World Health Organization and/or to West Africa to help? How specifically was the August 8 funding of \$5 million to address the outbreak spent?...

Although the risk is low, is Canada ready to isolate and care for someone if affected? Does the Public Health Agency of Canada have a public awareness plan to help Canadians understand the prevention, transmission, and signs and symptoms of the disease?

Does the government accept that the Ebola outbreak in West Africa has become a real risk to the stability and security of society in the region? Does the government accept that Guinea, Liberia, and Sierra Leone need more doctors, nurses, beds, and equipment?

Does the government accept that the international response has been inadequate and that we need to scale up international response?... In light of the United Nation's international rescue call, will Canada do more to help?

We followed up the August 3 open letter with another open letter on September 17, yet again calling on the Canadian government to do more to help West Africa, specifically to provide more money, more personnel, and more materials.

On September 24 I published an article entitled "Will Canada Do More to Help Combat Ebola?" Specifically, I asked:

Will our Government do more to help, beyond the most recently announced \$7.5 million? Will the acting Chief Public Health Officer of Canada speak directly to Canadians to communicate the global impact of Ebola, and coordinate and support health workers who wish to assist efforts in West Africa?...

Will the Government explain to Canadians how it will facilitate the delivery of assistance, including qualified, specialized and trained personnel and supplies to the affected countries?

• (1155)

We asked as well if the government would offer much-needed field hospitals and other equipment, and more health care specialists, and whether the government would call on non-traditional partners to contribute in the areas of communications, health, information, and transport.

Because we lacked answers, my colleague from St. Paul's and I wrote to the Minister of Health to ask for a briefing for all parliamentarians on Ebola, as we needed answers on these important questions. We would like to thank the Minister of Health for granting our request, but Parliament needs to be updated on a regular, ongoing basis.

After the first patient suffering with Ebola arrived in the United States on September 20, the Government of Canada made two separate pledges, each for \$30 million. Why did we not see the same pledge and the same sense of urgency to help in West Africa before North America's first case?

The government had two responsibilities when Ebola began spreading unchecked in West Africa: first, to join with the international community in trying to stop it; second, to be prepared should a case to be identified in Canada.

When the World Health Organization asked for \$600 million in July, the government gave only \$5 million. Why a sluggish response to what was identified then as an unprecedented outbreak?

For the longest time, the government largely made announcements. It announced vaccines, with a delay of three months between the announcement and sending them to the World Health Organization.

The government announced personal protective equipment, or PPE. On October 3, I asked in question period:

With Ebola patients and deaths tripling since August, West Africa needs personal protective equipment urgently, but Canada has failed to fulfill its September pledge.

I will ask again: what is the minister doing to ensure that the promised supplies get to where they are needed now?

Prior to this, Canada's only response was to auction off personal protective equipment until September, months after the alarm was sounded and after the Sierra Leone ambassador to the United States and aid organizations made a plea for personal protective support, and months after the World Health Organization said the same.

Shockingly, we learned just yesterday that only two shipments have been sent to the World Health Organization—with others to follow "in the coming months", according to the assistant deputy minister of public health—and it is unclear whether the first shipments have in fact even been dispatched to affected areas.

The government has announced funding. Of the \$35 million initially pledged, only \$4.3 million for showing up as committed funding on the UN Office for the Coordination of Humanitarian Affairs' financial tracking website, suggesting no legal agreements have yet been drafted concerning the remaining funds.

Business of Supply

As of October 19, Canada's actual financial contribution for the international response to combat the disease came in 17th place. The United States, with \$206 million in committed funding, remains by far the largest donor.

Mere announcements cannot fight Ebola. Only commitments on the ground in West Africa can counter the epidemic. Canada's lack of commitment to short-term results is unacceptable with Ebola cases doubling every 25 days.

Yesterday we learned that Canada would not be sending any more medical personnel without a guarantee that they can be medically evacuated if they get sick. Of course we always want to ensure the health and safety of Canadians, but why does Canada not have this capability? When will a plan be in place? Has the minister met with anyone yet on this? When, and who?

The World Health Organization has been calling for urgent international support in sending doctors and nurses to the worst-affected countries.

Dr. Margaret Chan of the WHO has been clear:

But the thing we need most is people, health care workers. The right people. The right specialists. And specialists who are appropriately trained, and know how to keep themselves safe.

● (1200)

My contacts on the ground in Africa echo her call for more personnel. My contacts were, in fact, hoping that an announcement would be coming from Canada very soon regarding how it would coordinate those who wish to go and work in West Africa. Despite my asking repeatedly during the emergency debate on Ebola, we still do not even know how many Canadians are involved in the response in West Africa.

As the international development critic for our party, let me now focus attention on the needs of West Africa, and let me begin by sending strength, courage, and hope to the people of West Africa—namely, to the people of Guinea, Liberia, and Sierra Leone, who have suffered so much—and to Canadians with families, friends, and loved ones in Africa. Let me also extend my condolences to everyone who has lost someone during the world's worst outbreak of Ebola in history. I want them to know that we feel their pain, that we stand by them, and that we will fight for them.

This past Sunday, I spoke via telephone with Professor Monty Jones, special advisor to the president of Sierra Leone and ambassador at large, who was responsible for overseeing the Ebola response in the country. Our Parliament should know that he was listed as one of the 100 most influential people in the world by *Time* magazine in 2007. His Excellency President Ernest Kororma was briefed that the call was taking place and what transpired, and he gave permission for me to talk about the Ebola outbreak in Sierra Leone and, particularly, the urgent needs of the country and the Canadian Parliament.

Twenty-five hundred people have been infected, 900 have died, and 580 have recovered in Sierra Leone. In the words of the special advisor to the president, the disease remains “very stubborn, despite all the measures taken”. In fact, five of the country's fourteen districts are quarantined, including parts of the capital.

Sierra Leone needs community-based care centres and 1000 more beds. The country needs more health care workers. Special advisor Jones says three to four health care workers are needed for each patient with Ebola. This means the country needs a minimum of 500 more doctors, 2,000 nurses, and 1,000 technicians with various specialties.

Burial remains a challenge in Sierra Leone, as the government wants to give a decent burial to everyone. Custom in Sierra Leone involves crying, mourning, and touching the body, but now there are no ceremonies, no touching, and burials are fast-tracked.

The special advisor to the president explained that a swab is taken from each of the dead, in order to ensure someone has not died of Ebola. The problem is that there are not enough ambulances, not enough laboratories, and not enough technicians to analyze the blood samples. As a result, there is a backlog of samples, which means there is a backlog of bodies to pick up. Sometimes bodies remain in houses for three days. The longer a body remains, the greater the chance that people will want to touch their loved one.

Special advisor Jones says labs currently process 50 to 100 samples per day, but the country needs more labs and more technicians so 500 samples can be analyzed per day.

The special advisor is particularly concerned about possible travel bans and what such bans might mean to the economy and the importation of food and desperately needed health care and medications.

Sierra Leone was one of the fastest growing economies in the world. The World Bank ranked it the sixth-fastest reformer. Economic growth was at 11% and predicted to go to 14%, but has now dropped back to 7%. The special advisor explained that a ban would cripple the economy further and prevent much needed food and medical help from coming in.

He explained that people are thoroughly screened in Sierra Leone airports with thermometers and infrared temperature screening and if there is even a slight increase in temperature, they are turned back, to health care.

Special advisor Jones hopes that the international community will continue to respect the known science with regard to travel bans and not make political decisions that would hurt his country further.

As a final point, the special advisor to the president wants the Canadian Parliament to know that the economy and health care will need help after the Ebola outbreak and that we must not forget the people of Sierra Leone and, indeed, of West Africa.

Business of Supply

•(1205)

Several humanitarian organizations have relayed the same point to me. Health care systems have effectively collapsed and will require substantial support to be rebuilt and strengthened. The government's investment in maternal, newborn, and child health and the gains in MNCH in the region will be reversed if we do not have a place to assist mothers after the outbreak.

I will now discuss the health care needs from people on the ground in West Africa, with whom I am in touch almost daily. However, before I do, I want to acknowledge the tremendous efforts of health care workers, scientists, and humanitarian organizations in incredibly difficult, heartbreaking circumstances.

While there is a real push to create more treatment centres and holding beds, I also hear that there is a tremendous need for training, particularly training for local health workers to use personal protective equipment, PPE, to protect themselves. Even in developed countries, only a small number of health workers have ever used the required level of protection, which sadly was illustrated by the experiences in Spain and in the United States. Training that is taking place overseas involves three days, plus two days in a ward, then regular supervision and mentoring. There are no shortcuts.

The Ebola outbreak ravaging West Africa is the most severe and acute public health emergency in modern times. Never in recent history has such a dangerous pathogen infected so many people so quickly over such a wide geographical area for so long.

It is past time that the Minister of Health, the Minister of Public Safety and Emergency Preparedness and the Chief Public Health Officer appeared in front of the health committee to update parliamentarians and Canadians on whether Canada is actually fulfilling its pledges on Ebola; that equipment and money is actually getting to the people who need it most in West Africa; and that parliamentarians have an opportunity to ask ministers and officials about Canada's state of preparedness. Parliamentarians will want to ask about preparedness of Canada's ports of entry, health care facilities, and other institutions to identify, diagnose, isolate, and treat Ebola patients in a safe and appropriate manner.

We have said from the very beginning that this is a non-partisan issue, and so in the spirit of compromise, I move to amend the motion as follows:

by replacing the words "the Minister of Health, the Chief Public Health Officer of Canada, and the Minister of Public Safety to appear before the Standing Committee on Health twice monthly" with the words "the relevant minister or ministers to appear twice monthly and the Chief Public Health Officer of Canada to appear monthly before the Standing Committee on Health".

I call on all members of this House to support this motion to protect the people of West Africa so that we can protect the health and safety of Canadians here.

•(1210)

The Acting Speaker (Mr. Barry Devolin): The amendment is in order.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, we are learning now that HIV first appeared in the 1920s in Kinshasa. It circled around, it died out, it morphed, it came back, and

it formed again until it reached a point where it became the virulent killer of the latter part of the 20th century.

No one should be surprised about what is happening with Ebola. It has appeared a number of times. The World Health Organization has been aware of it. However, this latest outbreak has carried on with absolutely no awareness or no interest, it seems, from western powers because it was in poor African countries like Sierra Leone and others. Now we are facing potentially 10,000 new cases a week. We can make many incriminations looking back, but this was staring us in the face: the need for an international response to prevent this pathogen from getting to the point where it is now.

What does my hon. colleague think we need to do to learn lessons from this and to make sure that we hopefully will not see 10,000 deaths a week? We seem condemned to learn these lessons again and again, as governments do not pay attention to the importance of public health. What does my hon. colleague think?

Ms. Kirsty Duncan: Mr. Speaker, Ebola really started to increase in the spring. At that time, \$100 million was asked for to stem the outbreak. In July that increased to \$600 million. There was a real cry for more help from governments around the world. Through a letter at that time I asked the government for more funding and it came through with \$5 million, a very small amount. In the fall that number was increased to \$1 billion. As of last week, that fund is only 25% funded.

I have been saying since the fall that the international community and Canada must step up their response. West Africa needs more hospital units, more beds, more transportation, more labs, and more personnel.

Mr. Sean Casey (Charlottetown, Lib.): Mr. Speaker, my colleague has a real passion for this topic and for many other topics involving the developing world, health in particular.

At the end of the member's speech she proposed an amendment to the motion, and that is the second amendment that has been proposed today. I would like to invite her to speak to both of them. The first amendment came from the government side and was put forward by the member for Pickering—Scarborough East. He did not get consent from the mover. His amendment would have allowed for the ministers who are being called before committee to make written submissions rather than appear before committee. I would invite my colleague's comments on why that amendment did not receive the consent of the mover and why it is unacceptable.

Could she also speak further to the amendment that she just put forward in terms of how she expects it to gain cross-party support?

Ms. Kirsty Duncan: Mr. Speaker, it is the job of government to protect the health and safety of Canadians. We have a major public health crisis, the worst outbreak of Ebola in history. It is also the job of government to communicate with Canadians in an open and transparent manner.

Business of Supply

That is the reason we put forward our motion calling on the Minister of Health, the Minister of Public Safety, and the Chief Public Health Officer of Canada to appear in front of committee every two weeks. We then heard today that the government wants to respond in writing. That is not good enough. Canadians need to hear parliamentarians asking questions. Is the government prepared, should a case ever come to Canada? The government has to be prepared. It is not enough to submit written communications. We have to be able to ask those questions.

I amended the motion in order to hopefully get all-party support.

I had questions on Ebola last week. Families in my riding have families back home, as do many members of the House. We all need to be asking these questions to ensure that the outbreak in West Africa will come to an end and to ensure Canadians' health and safety are protected.

● (1215)

Mr. John Carmichael (Don Valley West, CPC): Mr. Speaker, I welcome the opportunity to address the Ebola crisis in West Africa and to update the House of Commons on our government's actions to date.

I will be sharing my time today with the member for Elmwood—Transcona.

The outbreak continues to be a very serious situation and our thoughts are with those affected by it. Recent statements from West African researchers, scientists, clinicians and health officials underscore the fact that families and entire villages have been shattered.

Canada remains at the forefront of the Ebola response, contributing funds, expertise and equipment to the international efforts to fight the Ebola outbreak. Our government continues to work with domestic and international partners to ensure the most effective response to the Ebola outbreak in West Africa. We also continue to take steps here in Canada to further protect Canadians right here at home.

I will start off by reiterating that there are no confirmed cases of Ebola in Canada. However, Canada must be prepared for a case to come here. Provincial and local health officials are the lead on any Ebola case in Canada, but the Public Health Agency of Canada continues to assist.

The Government of Canada has a number of systems in place in Canada to identify and prevent the spread of infectious diseases like Ebola. It will continue to work with the provinces and territories to ensure that we are prepared to protect Canadians in the unlikely event that a case were to arrive in Canada.

We also has five Ebola rapid response teams in place, which include epidemiologists, lab expertise to quickly confirm diagnosis and emergency supplies from our national strategic stockpiles, such as masks, gloves and gowns. These rapid response teams would support the provincial and territorial authorities in their response should a case of Ebola occur.

Internationally, we are supportive of the leadership role being played by the World Health Organization. We remain committed to working effectively with it and other key partners, including

Médecins Sans Frontières and the Red Cross to respond effectively to this public health emergency.

Canada has been providing financial and in-kind support of humanitarian, security and public health measures since April to address the spread of the Ebola virus disease in the West Africa region. On October 17, the government announced an additional \$30 million to support international efforts led by the United Nations Mission for Ebola Emergency Response, or UNMEER, to help strengthen global efforts to stop the outbreak, treat the infected and prevent the spread of the Ebola virus disease in West Africa.

With this most recent announcement, Canada has committed a total of \$65.4 million to the global efforts to support health, humanitarian and security interventions to address the spread of the disease. The government continues to assess the needs identified by the WHO and to explore what else Canada can do to support global efforts in response to the outbreak.

As members are aware, the agency's National Microbiology Laboratory in Winnipeg is on the cutting edge of global research and testing capabilities for Ebola. The lab recently sent a second mobile laboratory to help provide on-the-ground rapid diagnostics and testing infection control measures.

In response to the World Health Organization's appeal to member states for the donation of personal protective equipment to support the ongoing Ebola virus disease outbreak response in West Africa, the Government of Canada offered the WHO a donation of over \$2.5 million in personal protective equipment, including gowns, masks, respirators and gloves. The government has already delivered two shipments to West Africa, in part by Royal Canadian Air Force Hercules aircraft. This personal equipment will make a difference on the ground in helping to reduce the risk of transmission and infection.

The Government of Canada is also donating up to 1,000 vials of an experimental Ebola vaccine, developed by the Public Health Agency of Canada, to the WHO to support the response to the ongoing Ebola outbreak in West Africa.

● (1220)

The Government of Canada owns the intellectual property of this vaccine. It is the product of more than 10 years of scientific research and innovation by the Public Health Agency of Canada scientists at the National Microbiology Laboratory and could be an important tool in curbing the outbreak.

The experimental Ebola vaccine has never been tested in humans but has shown great promise in animal research. This donation represents up to two-thirds of the total vials of this experimental vaccine currently in the possession of the Public Health Agency of Canada. The remainder will be kept in Canada for further research and in the unlikely event that it is needed for compassionate use.

Business of Supply

The Government of Canada has begun to ship 800 of these donated vials of its experimental Ebola vaccine to the WHO. The first shipment left yesterday by air from Winnipeg to the University Hospital of Geneva. The vaccine vials are being sent in three separate shipments as a precautionary measure due to the challenges of moving a vaccine that must be kept at a very low temperature at all times. The vaccine must be packed in dry ice and kept at -80°C, which is similar to the conditions required for transplanting human organs.

The Public Health Agency of Canada is supplying the vaccine to the WHO in its role as the international co-ordinating body for the Ebola outbreak in the hopes that the vaccine can be made available as an international resource.

The Government of Canada views this experimental Ebola vaccine as a global resource. In the interest of global public health, we are sharing it with our international partners to help address the outbreak. The WHO, in consultation with partners including health authorities from the affected countries, will guide and facilitate how the vaccine is distributed and used. There are both ethical and logistical challenges with the use of experimental vaccines and treatments in humans. The WHO will need to consider those carefully before using this vaccine in this outbreak.

We are mindful that the vaccine is experimental. There have only been a handful of people in the world who have received it to date. It has not yet been tested in humans for safety or effectiveness. We expect the WHO to deploy these doses as ethically, quickly and safely as possible.

To this end, the WHO organized an expert consultation in late September to assess the status of work to test and eventually licence this Ebola vaccine along with another that was developed in the United States. More than 70 experts, including many from affected and neighbouring countries in West Africa as well as Canada, attended this event. Participants had varied backgrounds and were able to provide expertise ranging from the virology of emerging infections to regulatory requirements, medical ethics, public health and infectious diseases. Some participants came with more than three decades of experience working in Africa on other infectious diseases.

In order to clarify the safety of the vaccines, the WHO, these experts and other partners have helped to facilitate the expedited evaluation of the two vaccine candidates in order to generate phase one safety and dosage data for decision-making. A series of co-ordinated phase one trials is currently under way and others will soon be initiated with international partners at more than 10 sites in Africa, Europe and North America.

These trials, which are being conducted in healthy volunteers, will provide critical information about the safety of the vaccine and the appropriate dosage required to stimulate a person's immune system to produce Ebola antibodies. Results from the clinical trial are expected in December 2014.

Our government is committed to supporting the efforts of our international partners to control the Ebola outbreak and hopes that the experimental vaccine will be able to address this global crisis.

In conclusion, we recognize that the Ebola outbreak currently ravaging parts of West Africa is the most severe acute public health emergency in modern times. Canada, with its partners, is well-prepared and ready to support international efforts in West Africa.

• (1225)

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, I listened with great interest to my colleague. I am very interested in this important vaccine. We do not know how effective it will be, but this could be a lifesaver for tens of thousands of people.

I would like to ask the member about the decision to sell the vaccine to NewLink Genetics for \$200,000. That seems to be an absurdly low figure. We are also hearing questions raised about the ability of this company to deliver the vaccine. In fact, some international health organizations are calling on Canada to withdraw that agreement, which we have the right to do apparently.

Can my hon. colleague confirm whether that right exists to withdraw the rights by which this company was able to get the vaccine for such an outrageously low price, so we can get it to a larger company that can actually deliver the vaccine in a timely manner because we are potentially facing 10,000 new cases a week appearing in Africa?

Mr. John Carmichael: Mr. Speaker, as I stated in my speech, the intellectual property of the vaccine remains the property of the Canadian government and of public health. Clearly, it is important that this vaccine be tested quickly and put to work in West Africa where it can curb the tide of this devastating disease. This is the worst public health crisis we have seen in modern times. We must be able to find a solution that will bring an end to the spread of this terrible disease.

The biology labs in Winnipeg have demonstrated the development over 10 years of this remarkable product. By bringing it to market after testing, and hopefully with the final test results in December, it will bring an end to the spread of this disease.

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, I would like to know if the government accepts that mere announcements cannot help the people of West Africa and right now that is largely what we have.

With respect to the personal protective equipment, the government auctioned gloves and masks for a fraction of what they were worth. Only two shipments of personal protective equipment have gone to the World Health Organization. The government is not even sure if that equipment has reached those who need it most in West Africa.

I want to point out that the \$65 million pledged was pledged after the first case had come to North America. Why did we not have that kind of commitment before then? Of the \$65 million pledged, only \$4.3 million is actually committed funding. Canada's actual financial contributions come in at 17th place.

Does the government accept that commitments are not enough and we actually have to get the money, personnel and supplies to the people in West Africa who need it the most?

Business of Supply

Mr. John Carmichael: Mr. Speaker, I thank my colleague for her passion on this issue and for her question.

Clearly, statements do not deliver results. To that end, our government has committed \$65 million, but as the hon. member knows, there are processes and protocols to ensuring that the money gets to the place where it is intended to be used.

Our government has been working with the WHO and related partners to ensure that those moneys that are committed are delivered, as are the additional resources delivered to the place where they are going to be best utilized, and to the benefit of those who are suffering from this tremendous health crisis.

• (1230)

Mr. Lawrence Toet (Elmwood—Transcona, CPC): Mr. Speaker, I am pleased to have this opportunity today to take part in this important discussion on the outbreak of Ebola in West Africa and our response both at home and abroad.

I would first like to highlight that there are no confirmed cases of Ebola in Canada, but Canada must be prepared for a case to come here. Provincial and local health officials are the lead on any Ebola case in Canada, but the Public Health Agency of Canada continues to assist them to ensure that they remain prepared.

We have five Ebola rapid response teams in place, which include lab expertise that can quickly confirm a diagnosis, and emergency supplies from our national strategic stockpile, such as masks, gloves, and gowns. These rapid response teams would support the provincial and territorial authorities in their response should a case of Ebola occur.

Technical guidance and protocols to detect and manage suspected cases of Ebola infection have also been shared with provinces and territories and with the transportation sector. Front-line staff have been trained to screen international travellers arriving in Canada for communicable diseases and to refer any travellers suspected of being ill to quarantine officers.

However, I would like to focus my remarks today on the ability of vaccines to prevent and combat Ebola, and more specifically, on the government's role in the regulation of vaccines.

A safe and effective vaccine would be an extremely important public health tool to help prevent Ebola and contain future outbreaks. Indeed, Canadian scientists at the Public Health Agency National Microbiology Laboratory in Winnipeg invented an experimental Ebola vaccine that has shown great promise. I am very pleased to see that Canada is making up to 1,000 vials of this vaccine available to the World Health Organization, as they are best suited to determining how and where they can be deployed as safely, quickly, and ethically as possible.

On the home front, I would like to talk about Health Canada's role as a regulator of vaccines. I would like to talk about what it does, how co-operation with our international partners is beneficial and vital, and most importantly, how the process would work should some of this experimental Canadian vaccine need to be used on compassionate grounds within Canada.

Canada, like many other countries worldwide, exercises tight regulatory oversight of all vaccines, because they are usually given

to very large numbers of healthy individuals to help prevent disease. All vaccines made available to Canadians are subject to a strict approval process, which is conducted by Health Canada. Health Canada is the national authority responsible for evaluating the quality, safety, and efficacy of vaccines for human use in Canada.

Prior to the approval of a new vaccine, the manufacturer must file a submission with scientific and clinical evidence that demonstrates that the vaccine's health benefits outweigh the risks and that the vaccine is effective and of suitable quality for Canadians. Clinical trials that take place in Canada must also be approved by Health Canada prior to their commencement.

However, it is not necessary for trials to be conducted in Canada for a vaccine to eventually be authorized here. Adherence to the internationally accepted standards of good clinical practice helps ensure that clinical trials conducted in other countries meet the high standards of evidence needed to support authorization in Canada. With clinical trials, the issue is the quality of the science, not where the science is done. This is especially important in the context of the current Ebola outbreak, as supplies of investigational products are extremely limited.

Furthermore, as part of the overall approval process, Health Canada conducts an evaluation of the manufacturer's facilities to assess the quality of the vaccine manufacturing process and to determine that the manufacturer is able to carry out the necessary quality controls for the vaccine. The manufacturer must also provide samples of the vaccine for testing in Health Canada laboratories.

After Health Canada's evaluation, if the conclusion is that the benefits of the vaccine outweigh any potential risks, the vaccine is granted market authorization and can be sold in Canada.

After approval, Health Canada continues its regulatory oversight by conducting a lot-release program and regular inspections of the manufacturer's facilities to make sure that best practices for drug manufacturing are being followed.

• (1235)

Potential adverse events associated with the vaccine are monitored by Health Canada and the Public Health Agency of Canada through active and passive surveillance systems.

The Ebola outbreak in West Africa is a global issue that requires a collaborative international response. Health Canada and the Public Health Agency of Canada are working in close collaboration with other national regulatory and public health authorities to respond.

Ebola vaccines under consideration are at an early investigational stage of development. There are no approved interventions available at this time. Vaccines for the prevention of Ebola are only now starting to be evaluated for safety or efficacy in human trials. In addition, supplies are currently extremely limited.

Business of Supply

As I mentioned earlier, Canada has donated doses of our experimental Ebola vaccine, originally developed by the Public Health Agency of Canada, to the World Health Organization to help respond to the outbreak.

While many of the potential vaccines and therapies for Ebola have shown promising results in animal studies, evaluation in humans is necessary to confirm that these benefits are also seen in humans and that the benefits outweigh the risks. This is a critical component of product development and approval.

Accelerating the development and approval of Ebola vaccines requires a concerted effort by many different players, including product manufacturers, regulatory authorities, and the World Health Organization. There should also be a balance between the need to provide access to an Ebola vaccine in a timely manner and the need to gather as much information as we can on vaccine quality, safety, and effectiveness.

Health Canada is a member of the International Coalition of Medicines Regulatory Authorities. In September, the members of this coalition jointly released a statement on international regulatory co-operation regarding Ebola. Participating regulatory authorities pledged to join their expertise and to enhance collaboration to help accelerate access to investigational products.

Some of the challenges that regulatory authorities worldwide are dealing with include how to help accelerate the development and regulatory approval of Ebola vaccines and therapies, how to facilitate access for those most in need in the affected countries, and how to ensure that data on the quality, safety, and effectiveness of the vaccines is available as quickly as possible for decision-making.

All of this should be done without compromising the regulatory system in place to protect the health and safety of vaccine recipients. These efforts are being led by the WHO, to which we have donated a significant portion of our vaccine stockpile.

In addition, Health Canada is collaborating specifically with other national regulatory authorities to harmonize the data requirements on the quality, safety, and efficacy of the vaccines that would be required for approval. This work is of benefit to decision-makers in the affected countries in Africa as well as to Canadians.

Most important, there is a global commitment among regulatory authorities to share clinical and safety data on candidate Ebola vaccines in real time. This will enable countries to maximize the amount of data available to support vaccine assessment and approval and to rapidly share any information on potential adverse events following immunization. This has already started happening and is expected to help inform vaccine policy decisions worldwide.

Health Canada is also a member of the African Vaccine Regulatory Forum, which is a World Health Organization initiative aimed at strengthening the vaccine regulatory capacity of national regulatory authorities in Africa. Representatives from 19 African countries constitute the membership. Health Canada is using this network to provide assistance and regulatory advice to regulatory authorities in the affected African countries.

Canada is also preparing in the event that a Canadian needs access to treatment or a vaccine for Ebola. Health Canada has regulatory options available that will accelerate the approval process, if needed, to ensure the health and safety of Canadians.

Let me conclude by saying that the health and safety of Canadians is paramount. Health Canada, as a regulator, is working collaboratively with its national and international partners and the World Health Organization to support product development and to facilitate the regulatory evaluation of an Ebola vaccine.

● (1240)

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, the UN mission responsible for the Ebola response, UNMEER, says the number of infected are growing exponentially each day and that new caseloads of approximately 10,000 per week are possible by December 1, meaning that they need 7,000 beds for treatment. Unfortunately, the UN mission is expected to have only 4,300 beds in treatment centres by that date. More difficult still, there is no staff to operate them under current plans.

The World Health Organization has been calling for more health care workers in West Africa. Canadians on the ground are calling for more personnel.

Canada would obviously have a duty to ensure the proper medical evacuation of any of its citizens. Is the government considering more personnel, and what exploration is the government doing with respect to evacuation?

Mr. Lawrence Toet: Mr. Speaker, of course, the safety of Canadians is paramount. We talk about the safety of Canadians here in Canada should the Ebola crisis come to Canada, which, fortunately, it has not at this time. We also must be aware of the safety of Canadians, as my colleague has mentioned, who would be deployed to Africa and make sure that we have ways of getting them out of the area if they contract the Ebola virus. We need to be able to get them out of the area and have the proper safety measures in place as they do their work there.

Those are things we will continue to work on as a government. The protection of Canadians citizens working in West Africa is paramount, as is the safety of Canadians on Canadian soil.

Mr. Arnold Chan (Scarborough—Agincourt, Lib.): Mr. Speaker, I am very pleased to rise today to speak in favour of the motion on Ebola that was moved by my colleague, the member for Vancouver Centre.

This is a motion that is very simple, and frankly, should be supported by all members on all sides of the House for two basic reasons. First, this is about public accountability and awareness. Second, this pandemic raises the critical importance of investments in public health, including investments in global public health.

Let me start my thesis on the first point with respect to public awareness and accountability. As I indicated, there is a basic reason for supporting the motion because the public needs to know about the acute risks attached to the Ebola virus. The public basically needs to know the following. First, what is this disease? Second, what are the steps necessary to prevent the spread of this disease? Third, what steps are public officials taking to contain it?

Business of Supply

We have seen this crisis grow quickly in West Africa and despite the fact that Ebola has existed for some period of time, this is the first time we have faced a significant situation where Ebola has reached a large urban population in an area that has a highly eroded system of public infrastructure and public services, namely Liberia, and where, unfortunately, this disease can spread very quickly to epidemic proportions. As a result, we have a collective responsibility to address this challenge quickly and aggressively because a failure to do so could lead to much wider global implications. Frankly, it could lead to global widespread panic and concern. In fact, as we have heard and seen in the past few weeks, cases have started to emerge in the west, including a case of a nurse in Spain being affected and the three cases in Texas.

Even here in Canada we are not immune to the potential risks of this particular Ebola virus. In Canada, we have had situations arise where patients have been isolated in communities, such as Brampton, Toronto, Ottawa and Belleville, just to name a few, with possible symptoms of Ebola. Thankfully, so far, we have determined through testing that they had not contracted this horrible disease. However, we have seen as a result the importance of our public health system and investing in it to make sure we have the necessary tools so that we can identify quickly the potential that Ebola may exist on our shores.

We have also seen in the United States, the director of the Centers for Disease Control testify before the house committee about the possible impacts of an Ebola outbreak in the United States. This is particularly important because the government in the United States has made public pronouncements. Making sure that the public is aware of the potential consequences is an important part of its overall communication effort.

Here in Canada, certainly as the disease was breaking out, unfortunately the government seemed to be tight-lipped about the possible consequences of the deadly disease. I do want to give credit where credit is due. I certainly observed in the last few days that the Minister of Health and her officials have been much more forthright and open in giving out public briefings, including the public briefing we saw on the weekend and yesterday.

I think the reason my colleague from Vancouver Centre has moved this important motion before the House is that we need to have more constant public communications from our public officials who are in charge of pandemic responses. They need to communicate necessary information to the public in a clear and calm fashion so that it can have confidence in our health care system, and more importantly, confidence in our health care response, should an unfortunate case of Ebola emerge here in Canada.

● (1245)

This is certainly something that we have been seeing around the world and again, the real rationale behind this motion is to encourage much clearer communication coming from those who are in the know about the situation on the ground.

As members heard in the questions and comments of my colleague from Etobicoke North, we are talking about a disease that has a very high mortality rate. Experts have been providing possible projections that by the end of December we could be seeing as many as 10,000 new cases emerging per week if we do not take a

much more aggressive, interventionist response globally to what is occurring in West Africa.

Should this unfortunate circumstance arise, where we end up with a situation where the levels of proliferation of disease hit these types of proportions, unfortunately that also consequently means that we are facing a situation that increases the risk of this pandemic of Ebola reaching us here in western countries. Notwithstanding the fact that we probably have far superior health care systems to manage an Ebola outbreak here in the west, it does have profound public health and economic implications.

I am an individual who, like many Torontonians, had the misfortune of dealing with another pandemic crisis that came up in 2003 and of course, I am talking about the SARS crisis. I can remember from that experience the profound effects that a pandemic can have on a city such as Toronto and on its economy.

At the time that this crisis took place, I happened to be working at Queen's Park, so I had basically a front row seat when this crisis arose. It had profound consequences to Toronto at the time. For example, I recall that when the World Health Organization imposed a travel ban on the city of Toronto, after the disease came to our shores from Asia, it had a tremendous impact on tourism as well as things like hotel stays within the city of Toronto.

We have recently seen that particular impact taking place in the airline sector, for example, and the impact on the Dallas economy that has occurred as a result of the more recent outbreak of Ebola that is taking place there.

However, what we learned on the local front from the SARS crisis was the importance of conveying clear information, frankly, to stop public hysteria. During the SARS crisis, health and government officials held daily briefings. They kept the public up to speed with the latest developments that occurred in the SARS crisis.

In fact, if I recall correctly, at that time the current President of the Treasury Board was serving as Ontario's health minister. For Canadians, it was a particularly challenging time that we were facing. As a result, we have the benefit of the experience we faced in Ontario, particularly in the city of Toronto, and the expertise and protocols that were developed by the then minister of health and now President of the Treasury Board, along with his public officials, that help inform us today about how we should manage the Ebola crisis should we ultimately be faced with a situation here in Canada.

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●(1250)

Some of the things we have heard, particularly from health care workers, from doctors and so forth, are best practices that we need to share with our provincial and territorial colleagues across the country. In fact, this morning I was watching Linda Silas, the president of the Canadian Federation of Nurses Unions, talk about the fact that she felt the Government of Ontario and Ontario had probably the best practices, particularly as they relate to the protocols surrounding protective equipment, and that they needed to be shared around this country and with public officials from the other 12 provincial and territorial systems that exist in Canada. The federal government ultimately bears an important responsibility in coordinating that effort so that we have a unified set of protocols and systems in place, should we face an outbreak somewhere within Canada.

However, in addition to the issue of the protocols, I also want to stress the tremendous difference that we learned from the SARS crisis, which was the importance of public communications, particularly by our public health officials. I think of individuals like the late Dr. Sheela Basrur who was at that time the City of Toronto's chief medical officer of health and later subsequently became the province's chief medical officer of health. I think of the late Dr. Donald Low, a microbiologist from Mount Sinai Hospital, and of Dr. Colin D'Cunha who at that time was serving as our chief medical officer of health for Ontario.

They gave those daily briefings, but what was critical and absolutely important was the fact that they communicated that information in a calm manner that was easily understood by the public. That is what I strongly want to encourage the government to do. That is what is the basis for this particular motion, to educate the public, help them understand what this disease is and what steps we need to take to prevent it.

Instead of focusing on simple photo-ops and announcements for political advantage, these public health officials conveyed a critical sense of calm, presented the facts and gave the information to the public so that people could understand how to respond to the SARS crisis. These are important learnings that we need to take in respect to the situation on Ebola here today.

What we are urging on this side of the House is that the Minister of Health, the Minister of Public Safety and the chief medical officer for Canada, Dr. Gregory Taylor, provide to Canadians information necessary to take appropriate steps and precautions. In so doing, we will avoid widespread hysteria about this pandemic. That is the first issue: good public communications.

The second point in support of this particular motion is the importance of investing in public health and in particular in global public health. Investments now in stopping this pandemic ultimately may save us a lot more lives and lead to a lot fewer significant consequences if we make investments in global public health a priority. Unfortunately, our western democracies probably did not adequately invest in the World Health Organization, and when faced with a challenge in terms of managing its budget, it focused more on the delivery of primary health care than on its response for pandemics.

●(1255)

As a result of gutting those particular services, we are now faced, potentially, with the situation that we have today. Had the World Health Organization not made some of those choices, we might be in a better situation to cope with Ebola in West Africa today.

In Canada, the government likes to laud its investments in public health. Again, I want to challenge it to think clearly about what is actually sometimes happening. For example, the government chose not to renew the 10-year health accord which was part of the Canada health transfer that had been brought in under Prime Minister Martin in 2004. It has also made certain other decisions, such as the elimination or the amalgamation of the Canadian International Development Agency and folding that into the Department of Foreign Affairs, Trade and Development.

It makes me wonder whether in fact some of these choices have impacted the effectiveness of our country in delivering foreign aid since the elimination or the folding of this particular agency into DFAIT.

We have heard the government make announcements designed to show that it is taking action; for example, its commitment for \$2.5 million of protective equipment getting to hard hit West Africa. Sadly, it took unfortunately nearly a month to get that equipment over to that region.

We have also heard in this House, for example, the same thing applied to the new experimental Ebola vaccine that was developed by our national microbiology lab in Winnipeg. While this is a significant Canadian achievement, unfortunately, those vaccines could not be shipped until recently to Africa because we could not find a plane to get the vaccines over there.

I contrast that to something I raised in question period, that the current government however managed to find an Airbus on short notice to fly EU delegates to Brussels as a result of celebrating its Canada-EU free trade agreement. To some degree, I question the government's priorities in terms of dealing with this pandemic crisis that is taking place in West Africa.

Let me summarize by highlighting the two really important considerations that I think are necessary in support of this particular motion.

First, is the importance for clarity and a need for clear public communications; second, we need to rethink our position and our importance in investing in public health, including investing in global public health.

We need to reassure Canadians that we are doing all that needs to be done, and this can only be done through clear and consistent communications.

Finally, we need to understand that there are clear consequences for eroding our public health capacity and leaving our public institutions unable to meet their fiscal challenges, including meeting our obligations under a national public health system.

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It is very much like taking an annual physical checkup. It is better to spend a little money on preventive health measures to avoid costly treatment down the line.

We are now facing and witnessing today a crisis of global proportions. We, in Canada, need to do our part because either we invest now or we pay later, when the price will be much more dear.

We have learned much from our SARS crisis in 2003. I strongly urge the government to take that experience forward as we address this particular issue here today.

● (1300)

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, what is frustrating with the debate we are having today is that there is nothing surprising with regard to the way Ebola hit in the way that it did. We saw numerous patterns of this disease, starting and stopping in Central Africa.

The World Health Organization has been aware of this and yet, when we saw the latest outbreak begin, there seemed to have been a lack of political will or interest from the larger western powers who could have brought aid at the very beginning. Now we are in a situation where we are facing the possibility of 10,000 new cases a week in West Africa. I am certainly hoping that we do not reach that number.

I would like to ask my hon. colleague about the need for a coherent international health strategy. This has been known for decades. We have seen this with outbreak after outbreak. We have seen the consequences of the failure of governments to act. This could certainly be another wake-up call for us.

What does my hon. colleague think is at the root of the fact that it seems western governments have dropped the ball? They are not paying attention to the preventative work. Spending the money in the short-term may seem costly, but it would be much cheaper and much more beneficial for humanity if we spend it in prevention rather than scrambling, as we are now, at the 11th hour and dealing with an outbreak that has really gotten out of hand.

Mr. Arnold Chan: Mr. Speaker, I cannot agree more.

To address the member's question, many western democracies, our government included, have to some degree lost a significant amount of faith in our international organizations like the United Nations and the WHO.

As a result, they have been somewhat more parsimonious in terms of their willingness to contribute funds and invest in global public health than might have taken place in the past. We are beginning to see the consequences of that. I certainly highlighted in my speech, such things as what happened in the World Health Organization with its pandemic response. Capacity has been significantly eroded because of the budgetary challenges it is facing.

It gets down to a fundamental choice that governments need to make. Are we going to make those investments now or are we simply going to pay the price later?

● (1305)

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, my colleague has laid out the problems very clearly.

This epidemic started in September with outbreaks of Ebola. The World Health Organization did not pay attention, then it worsened in December, and it was not until April that our Canadian government began to pay attention and gave about \$1.2 million to start. This situation has come to the place where it is now because people have dragged their feet.

We talk about SARS. We did not learn anything from SARS, obviously. Timeliness of response in a public health crisis in any epidemic is key. There was no timely response here from our government.

Yes, I commend the Minister of Health and the Chief Public Health Officer for standing up on Friday and Monday of this week to inform us, but it is kind of too little, too late. The problem is that we need to contain the situation as soon as it begins to happen.

Does the hon. member think this particular motion, that we brought today, is out of line or is it brought forward because we have seen everyone drop the ball over the last few years and we have begun to realize that we need to have some clarity and transparency around public health?

Mr. Arnold Chan: Mr. Speaker, I want to thank my hon. colleague from Vancouver Centre for bringing this motion before the House today for consideration, for her leadership in advancing public health, and for her role as a physician.

I have a brother who practises in the area of global public health, although right now he serves as a pediatrician in St. John's, Newfoundland. He is the clinical chief there. He spent a significant part of his career in places like Africa. He focused on trying to get to the root of childhood health by dealing with the very basic infrastructure investments necessary to avoid the outbreak of these kinds of global pandemics.

As I said, we either make the investments now or we pay the price later. Small, simple investments made now in basic public health infrastructure, such as clean water, and a basic capacity of health care systems can avoid the potential of a greater emergence of these types of issues today.

[Translation]

Ms. Marjolaine Boutin-Sweet (Hochelaga, NDP): Mr. Speaker, my colleague from Vancouver East sent the minister a letter asking her all kinds of questions. For example, she asked the minister who was responsible for ensuring quarantine and treatment protocols in Canadian hospitals and clinics and who was responsible for ensuring that the hospitals and medical practitioners have the appropriate equipment. She also asked questions about the screening protocols at Canadian ports of entry. All of these questions need to be answered.

I listened to a program on CBC this morning where a doctor was talking about the wave of panic in Canada.

[English]

There is an article here entitled "Ebola Panic Goes Viral: Is media coverage of the outbreak causing undue fear and panic?"

Business of Supply

[Translation]

I think that my colleague would agree with me that, despite what the parliamentary secretary is saying, we do not have enough information and that we need a lot more information so that Canadians are at least sure that they are protected from this virus.

• (1310)

[English]

Mr. Arnold Chan: Mr. Speaker, the motion before the House today is a fairly modest motion. We are simply asking for the Minister of Health, the Minister of Public Safety and Emergency Preparedness and the Chief Public Health Officer to come once every two weeks to inform parliamentarians.

The member has hit it on the nose. The government has the broader obligation to inform Canadians about the seriousness of this disease and, first and foremost, to convey clear information, clear steps for prevention, what we would do should there ultimately be an outbreak here, and how our health care system would handle it. It is starting to take some of those steps. However, the point the member raised is absolutely correct. It needs to do it more frequently.

Mr. Leon Benoit (Vegreville—Wainwright, CPC): Mr. Speaker, I am very pleased to have this opportunity today to address the Ebola crisis in West Africa and to talk a bit about our government's response to it to date.

I will note at the start that I will be splitting my time with the hon. member for Mississauga East—Cooksville.

I will start today by expressing heartfelt sympathy to all of those affected by the Ebola situation in West Africa. Although the outbreak is taking place beyond our borders, Canada is committed to playing an important and valuable role in the global response and to engaging in extensive preparedness measures at home to protect Canadians.

There are no confirmed cases of Ebola in Canada. It is important to stress that, but it is also important to stress that we must be prepared in case we have an Ebola situation in Canada. Provincial and local health officials are the lead on any Ebola case in Canada, but the Public Health Agency of Canada continues to assist them to ensure that they remain prepared.

On August 8, 2014, the World Health Organization declared the recent outbreak of Ebola in West Africa a public health emergency of international concern. The World Health Organization also determined that a coordinated response by the international community is required to prevent further spread of the disease. An effective response and management of this emergency requires rapid diagnosis, good infection control practices, and tight coordination among partners, and Canada is a very important one.

From the outset, our government has been at the forefront of the international response to this Ebola outbreak. Canada is working with other countries and international organizations, including the World Health Organization, to assist in the overall response to this public health emergency. Canada should be proud of its support in addressing the spread of Ebola in West Africa. Canada has contributed more than \$65 million in support of humanitarian, security, and public health interventions to address the disease in

West Africa. This funding is being used to improve prevention efforts across the affected regions, including social mobilization and health education to prevent the disease from spreading further. This is very important work indeed.

Canada has been on the front line of the response effort since June. It has been providing world-leading laboratory expertise to help in West Africa. The Public Health Agency of Canada recently deployed a second mobile lab team to West Africa to assist in the Ebola outbreak. The lab and the three additional scientists from the agency are joining the agency's existing team in the field in Kailahun. One mobile lab team will continue to provide rapid diagnostic support to help local health care workers quickly diagnose Ebola. The second mobile lab team will work with Doctors Without Borders to take samples in the health care environment to help determine how Ebola continues to spread. There is a lot to learn about this disease still. This information will be invaluable to helping end the outbreak.

Both teams have the capacity to quickly deploy to other areas, in and out of the country, to provide support if required. On-site laboratory support produces results in only a few hours, which in turn allows for faster isolation of Ebola cases and patient care. It is pivotal to an effective response.

We know that some health care workers have become infected. This is a key reason for the work of the second mobile laboratory sent from Canada. Scientists are looking for explanations relating to the working environments of all those trying desperately to help in difficult conditions. We are very proud of the efforts of the agency's employees, and of course, we want to ensure their safety as much as possible. Employees on the ground have been well trained in preventive and protective measures. Nevertheless, if there is any doubt as to their safety, we will take every measure to evacuate them, on medical grounds, in a timely manner.

• (1315)

Protective equipment is absolutely vital for helping to prevent the spread of Ebola. In response to the World Health Organization's appeal to member states for the donation of personal protective equipment to support the ongoing outbreak response in West Africa, the government recently made available for donation more than \$2.5 million in personal protective equipment. This included gowns, respirator masks, face shields, and gloves. They are greatly needed in the affected areas.

These efforts offer much-needed assistance to workers on the front lines and ensure the health and safety of workers. We are proud to support our international partners to help stop the spread of this disease.

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On the testing front, the agency's National Microbiology Laboratory has also been very active. Laboratory diagnostic materials to support testing have been provided to African countries such as Nigeria, Sierra Leone, Senegal, Liberia, Cameroon, the Central African Republic, the Côte d'Ivoire, Gabon, Ghana, Guinea, Kenya, Madagascar, Algeria, and Uganda. The NML has also shared its expertise and materials with the Caribbean Public Health Agency in Trinidad. Chile is also part of the worldwide effort.

Here at home, the health and safety of Canadians has always been, and continues to be, a top priority. While there has never been a case of Ebola in Canada, the government remains vigilant and is taking concerted action at home to ensure that Canadians are protected against the Ebola virus in the event that a case appears here in Canada.

The Public Health Agency of Canada was created in response to SARS to enhance Canada's preparedness to respond to situations just like the one before us today. As a result, Canada is more prepared to address infectious disease risks today than ever before, in spite of what many opposition members have been incorrectly saying. The agency works in close collaboration with the provinces and territories, which are the lead in any response, and with all interested parties to address infectious disease risks.

Canada's health care system and front-line medical staff are well prepared to deal with the identification and treatment of diseases. In Canada, hospitals have sophisticated infection control systems in place that are designed to limit the spread of infection, protect health care workers, and provide state-of-the-art care for Canadians right across the country.

The agency's National Microbiology Laboratory has been working with provincial and territorial labs to increase its capacity to test for infectious diseases, particularly, recently, the Ebola virus. This will further improve Canada's ability to identify Ebola quickly so that the right steps can be taken to protect patients and the community.

Canada has the capacity to respond to and manage ill travellers. The Quarantine Act, which was introduced to prevent the introduction of infectious or contagious diseases to Canada, is administered 24 hours a day, seven days a week, 365 days a year. Canada requires travellers to report to a Canada Border Services Agency agent if they are ill upon arrival in Canada. Front-line staff at the Canada Border Services Agency and Transport Canada are also trained to screen arriving international travellers for signs and symptoms of infectious diseases. Any traveller showing symptoms is referred to quarantine officers from the Public Health Agency of Canada for follow-up. Canada is well prepared.

In conclusion, our Conservative government has taken steps to assist the people of West Africa and will continue to monitor the situation closely. It has also taken action to prepare for and to protect Canadians from infectious disease threats. The government has been on top of this from the start, and Canadians should take pride in the way this has been handled. Again, I remind Canadians that there has not been a single Ebola case in Canada to date.

• (1320)

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, what we are hearing is what we already know. This is what we heard from the Minister of Health and the Chief Public Health Officer on Friday,

with an update on Monday. The gist of this motion is not about that. It is to ensure that we get some questions answered about some really important problems.

The government put in only a little over \$1 million in April, and that was well after Ebola had been going on for quite a while. We have to admit that the World Health Organization dropped the ball and did not take it seriously either, but we came on in April.

We have now been told by the government that it has put \$65 million in all into helping the regions affected, yet we see that only \$4.3 million of that money has actually been spent or has actually been sent or has actually been given or committed. Where is the rest of the money? Timeliness is important.

I would like to get some answers about the foot-dragging.

Mr. Leon Benoit: Mr. Speaker, I see two fundamental differences between this member and members of the Conservative Party. First, although the member has said that she would not make this issue a partisan issue, all day, from members of the opposition in both parties, I have heard partisan comments. That is shocking in a situation like this.

The second fundamental difference is that the government will not spend money until it knows that the money is going to be spent effectively. That is different from what past governments did.

All of the money has not been spent, because, simply put, all the different conditions that have to be put in place to make sure it is actually going to do some good are not there yet. As time moves on, as the situation changes, as international agencies do their job better, our government will provide what is needed to make sure that we deal with this situation and spend the rest of the money in an effective way.

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, I hear my colleague saying that Canada has taken steps to help the people in West Africa. Unfortunately, it is baby steps. What we need now are leaps and bounds.

Given the latest comments about waiting to make sure before providing the necessary resources to well-known and recognized organizations, such as Médecins Sans Frontières, the International Red Cross, the Canadian Red Cross, and the World Health Organization, does the member realize that with every day we wait, the cost, in terms of human life and in terms of money, is increasing exponentially? By waiting to spend \$10, we will be faced with a bill for \$100. Does the member realize that?

Mr. Leon Benoit: Mr. Speaker, if the member had listened to my speech and to the speeches before mine, she would know that Canada, in fact, was on top of this from the start. We provided protective equipment to those who need this protective equipment in Africa. We provided laboratory results and laboratory expertise. We provided vaccines to try to help prevent new cases from developing. We have done a lot of things.

Business of Supply

We have committed \$65 million. We are a world leader in that regard. That money will be spent, but not just quickly so that we can say we spent the money. It is really important that it is spent to actually do the job of helping to deal with the terrible situation in West Africa and of preventing the spread of the disease to Canada and elsewhere around the world as much as possible.

We believe in spending money wisely.

• (1325)

Mr. Wladyslaw Lizon (Mississauga East—Cooksville, CPC): Mr. Speaker, I welcome the opportunity to speak about the motion from the Liberal party on the outbreak of the Ebola virus. I will be using my time to talk about what our government is doing to keep Canadians safe, specifically in our ports of entry.

While there are no confirmed cases of Ebola in Canada, Canada must be prepared for a case to come here. Provincial and local health officials are the lead on any Ebola case in Canada, but the Public Health Agency of Canada continues to assist them to ensure that they remain prepared.

We all have taken notice of the advance of Ebola in West Africa and have followed its spread in that part of the world with great concern. We understand the toll this has taken in the affected countries and we offer our support to the victims of the disease, their families, and the health care workers who are on the scene dealing with this horrible situation.

To date, Canada has committed over \$65 million to the global effort to address the spread of the disease in West Africa. In addition, we have financed the deployment of humanitarian and medical experts in support of the International Federation of Red Cross and Red Crescent Societies as well as United Nations humanitarian operations. These are just some of the actions we are taking to address this outbreak.

We take the potential spread of the disease very seriously, and we must rely on the advice provided to us by public health officials who have told us that the virus does not spread easily from person to person. It is not spread through casual contact. It is spread through direct contact with an individual with symptoms.

It is worth underscoring that Canada is well prepared should an Ebola case arise here, though I must stress that there have been no cases of Ebola in Canada to date. That being said, our government is taking all appropriate precautions to keep Canadians safe and to prevent Ebola from reaching our shores.

The Public Health Agency of Canada is the lead government agency responsible for monitoring and screening travellers for the Ebola virus. In doing so, PHAC is working closely with the Canada Border Services Agency to identify travellers arriving in Canada with symptoms of the Ebola virus, or any communicable disease for that matter.

It is a part of CBSA's responsibilities to provide a full suite of border services that support public security and safety priorities. CBSA officers who work at our ports of entry are designated as screening officers under the Quarantine Act. As such, they have received training on how to respond to a traveller displaying the symptoms of illness.

With respect to the current outbreak, CBSA officers, at the recommendation of the Public Health Agency of Canada, are directing all travellers arriving in Canada whose travel itinerary included Liberia, Guinea, or Sierra Leone to secondary examinations for more detailed questioning

CBSA officers are also talking to all travellers entering Canada if they have travelled to one of the affected West African countries or been in contact with someone who has. They also ask travellers if they have been exposed to someone suspected of being infected with the Ebola virus. However, once they have answered these questions, all travellers from these regions will be automatically referred to a quarantine officer for further questioning and examination. This is how the CBSA is working collaboratively with the Public Health Agency in enforcing the Quarantine Act to ensure the safety of Canadians.

In cases where a referral for health reasons coincides with a referral on an immigration or customs matter, the referral to the quarantine officer takes precedence. After clearance by the quarantine officer, any other potential reason for secondary questioning will be taken at that time. The health concern is the number one concern for these travellers.

In addition to this specific questioning of travellers, CBSA officers are acting on their usual health screening protocols with even greater care and vigilance. As part of the regular screening, officers are looking for travellers with signs of illness as they approach the primary inspection lane. CBSA officers are referring any travellers displaying disease symptoms to the Public Health Agency quarantine officers, as per usual protocol.

• (1330)

Along with the extra care being taken at our international airports, the CBSA is also monitoring marine vessel traffic from the affected areas. All vessels are required to supply a maritime declaration of health 24 hours prior to arrival in Canada. The CBSA reviews the declaration, and if there is an illness reported on the vessel, the information is conveyed to the Public Health Agency's quarantine officers for their action.

I would like to say again that, while we are monitoring the outbreak of Ebola in West Africa, Canada is well prepared. Canadian hospitals have sophisticated infection control systems and procedures in place that are designed to limit the spread of infection, protect health care workers, and provide the best possible care for our patients.

The Public Health Agency meets regularly with colleagues in the provinces and territories to share information and data and to update and distribute guidance documents on Ebola, including for health care workers to help detect and respond locally.

Examples of these guideline documents include infection prevention and control measures for borders, health care settings, and self-monitoring at home; interim biosafety guidelines for laboratories handling specimens from patients under investigation for Ebola virus disease; and environmental sanitation practices to control the spread of communicable disease in passenger conveyances and terminals.

Business of Supply

To date, there have been several patients with Ebola-like symptoms in Canadian hospitals, but thankfully none have tested positive, and we know that our testing is a global gold standard. We also have five Ebola rapid response teams in place, which include epidemiologists, lab expertise to quickly confirm diagnosis, and emergency supplies from our national strategic stockpile such as masks, gloves, and gowns. These rapid response teams would support the provincial and territorial health authorities in their response should a case of Ebola occur.

I would also point out that the Public Health Agency and the Department of Foreign Affairs and International Trade have noted in travel advisories that Canadians should avoid all non-essential travel to Guinea, Sierra Leone, and Liberia.

The Minister of Health also highlighted that the Department of Foreign Affairs is advising that Canadians in these countries should return home immediately while commercial options remain available to them.

Even so, we are taking additional precautions at our ports of entry to help ensure that this terrible disease does not reach our shores. The Public Health Agency of Canada and the Canada Border Services Agency are taking proactive measures to help keep Canadians safe. The CBSA's border operations centre is providing officers with the latest information through regularly updated bulletins so that they can act accordingly. CBSA officers are working 24-7 to protect the border against this threat. For over 10 years, the CBSA has been on Canada's front line, keeping our country safe from threats.

The men and women of the CBSA are dedicated, well-trained professionals who exercise their responsibilities with utmost care. Yes, the outbreak of Ebola in West Africa is a cause for concern, but with the efforts being taken by the Public Health Agency of Canada, the Canada Border Services Agency, and other government departments and agencies, we have the people in place ready to detect and respond quickly, if necessary.

The situation abroad is serious, but it is in hand here at home. Whatever our political affiliations are, I think we can all applaud the work of the Canada Border Services Agency and the Public Health Agency of Canada, who work on the front lines to keep us and all Canadians safe.

• (1335)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, it is a pleasure to rise today to talk about what I believe is a very important issue. It is an issue the Liberal Party has had the opportunity to raise on numerous occasions since this session began. We brought forward the motion believing the government would be open to the need to have better communications with all Canadians by having two meetings every month.

Canadians want to have a better understanding of what is taking place and what the government of the day is doing to deal with this particular virus. It is important that we recognize that the Ebola virus is severe and far too often leads to death. If we put it in the perspective of time, it started back in September 2013, really, when we first started to see some cases coming to light. By the time we rolled into December 2013, the world started to recognize that this was a very serious, growing issue.

Even though there were a lot of signals for the need for Canada to get more engaged, the Government of Canada actually acknowledged its involvement and interest in the issue back in April of 2014. At the time, as the critic for the Liberal Party said, the government invested just over a million dollars, I believe, on this particular file. We need to recognize where it originates and the costs as a direct result, from West Africa.

The motion we have today is exceptionally good timing. I am encouraged that the government seems to be receptive to voting in favour of what the amendment is proposing to do. If in fact government members do end up voting in favour, I would compliment them on recognizing what we have been calling for. That is, ultimately, more of a sense of accountability and, most importantly, a more timely display of information for Canadians to get a better understanding of the impact Ebola is having, not only here in Canada as a potential threat but around the world and particularly in West Africa, in a number of specific countries, where many thousands of people have actually died of this virus.

I will read what the motion actually states. I am going to start with the amendment because it captures the essence of our motion. It was amended by replacing the words "...Minister of Health, the Chief Public Health Officer of Canada, and the Minister of Public Safety to appear before the Standing Committee on Health twice monthly" with the words "...the relevant minister or ministers to appear twice monthly and the Chief Public Health Officer of Canada to appear monthly before the Standing Committee on Health".

I believe in good faith. The Liberal Party has worked in cooperation with the Conservative government to try to come up with a motion that, in essence, captures the principle of what the Liberal Party wants to see, ultimately coming up with an amendment that we could support and endorse. I will wait and see how things transpire at the vote, but I do expect the motion will pass. It makes a very strong statement about what it is and how it is that members of the House, from my perspective within the Liberal Party caucus, have been approaching this issue. We very much want to put the party politics to the side. We showed that by working with the government to come up with something it could ultimately support.

• (1340)

With this motion, we have been pushing to ensure that the Minister of Health and the Minister of Public Safety and Emergency Preparedness will appear before a standing committee to make a report twice a month, along with the Chief Public Health Officer of Canada. Other stakeholders within the different ministries might also want to participate, but at the very least we recognize those two ministries.

We are calling for the standing committee to provide the opportunity for the ministers and the staff in question to appear before the committee over a number of hours twice a month to provide an update on what is taking place, what Canada is doing currently, and what we hope to contribute to the fighting of this brutal and deadly virus.

That is ultimately what we want to see, and it would appear there is a very good chance it is what we will get. We look forward to a vote in the committee to designate some days for these first meetings.

Business of Supply

We talked about West Africa. There has been a lot of discussion. Members have commented on West Africa at great length. It is where the virus came into being. The number of people infected by the virus in this area has been estimated at somewhere in the neighbourhood 10,000. There have been 4,000 fatalities, which clearly shows how deadly the virus can be.

Different nations in West Africa have different approaches. I have heard a lot about health care infrastructure, and we need to recognize that there is a substantial difference between health care infrastructure in Canada and that of countries in West Africa, where we have seen this virus grow and become a deadly force.

A lot of discussion has been on the infrastructure of health care resources. Those issues are as simple as providing health care professionals and volunteers with some of the basics, such as gloves, and I have heard comments about running water. These are things virtually every health care clinic across Canada has. They are an absolute given, but in many third world countries it is a given that is just not there. They do not have the gloves and the running water.

What about isolation rooms, facilities in areas where even the lighting is not adequate to allow people to deal with the disease? There are also issues surrounding needles. The list of needs is lengthy. In many of these third world countries that are so harshly affected by this particular virus, there are huge shortages, and the demand is truly amazing for what needs to take place for many of these countries to deal with this outbreak.

There have been some successes. My colleague from Vancouver, the Liberal Party health critic, made reference to Nigeria. Nigeria had a plan, and it would appear to be working. She mentioned it has been 42 days since a case has been detected. It is important to recognize that there is reason for us to have hope, even in countries where health care infrastructure is in great need. Nigeria has demonstrated fairly clearly that we can, in fact, have hope if we can develop a plan. A plan is of the utmost importance.

● (1345)

I suspect that if we take a look at what went well in Nigeria, we would find that the government, with the assistance of other organizations, was very successful at communication and education. It made sure that the public had an understanding of what was actually taking place, what the Ebola virus was, what sort of symptoms are seen if someone catches the virus or is infected by the virus. People could be infected with the virus today and two weeks later have no idea they were actually infested with it. It could take 21 days before they would start to see some symptoms.

We need to recognize that the world is in fact a small place. I have heard comments that people cannot get a direct flight to Canada from some of these countries in question, but a direct flight is not required. Someone coming from a country where there is a higher risk or where there are already infections could very easily transfer from one plane to another and end up in Canada.

That is not to say that Canadians have to be overly fearful. We are not suggesting that at all. We do not want the Canadian population to get panicked over the issue. However, we want the government to start talking a lot more about what its plan is. This is the real challenge for the government.

Throughout Canada we have provinces, we have territories, we have first nations. A great deal of coordination needs to take place. It is not a question of “if” these types of viruses will at some point arrive in Canada; it is a question of when. Hopefully, we will be able to avoid the Ebola virus. That would be a wonderful thing. I do not think that there is anyone inside the House of Commons today who would disagree.

Canada does have a role to play in terms of world health, but we also have to ensure that Canada itself, as a nation, is ready and is capable of fending off a virus of this nature. We have some of the very best scientists in the world. In fact, in Winnipeg, we have the high-tech lab on Arlington, just south of Winnipeg North, the riding I represent. That is our National Microbiology Laboratory. It is responsible for the identification, control, and prevention of infectious diseases and has played a very important role in terms of the Ebola virus in Africa by helping to save lives.

We have some brilliant minds in Canada. Different departments in different provinces have done some amazing work. We have some great stakeholders' associations that have also done some amazing work, organizations such as Doctors Without Borders.

The role for the federal government is that of leadership. By “leadership”, I mean that at the end of the day it needs to recognize that we have all this expertise throughout our country—and in certain ways, outside our national borders—and it has to take note of that expertise and ultimately act upon it where it can.

● (1350)

That is what leadership is, and it is why, in good part, we believe that having the minister come before a standing committee where we can get more questions and answers related to the Ebola crisis is a positive thing.

For example, I would like to know from the government to what degree it has been in contact with provincial ministries of health. A number of years ago, I had the opportunity to have in camera discussions with the provincial minister of health related to a health care crisis in Manitoba. I know Manitoba itself has a protocol. I heard other members talk about the province of Ontario and how progressively that government is moving forward in doing what it can to protect its population. There is little doubt that some provinces have likely done a bit more, and it could be simply because of treasury boards, meaning the size of purse they have, or the type of scientific work being done within that province currently.

There is no doubt a huge need for the ministry of health to be working nationally with the provincial entities so that there is one protocol for all of us. Yes, there will be some uniquely provincial situations, but establishing a protocol is very important.

I had the opportunity to talk about protocols in the past when I was an MLA, and we need to understand that certain people in society are put at a greater risk than others by viruses of this nature. Here are a few examples.

In any given province, we have a hospital facility. What would happen to nurses and doctors if something were to break out in Canada?

Business of Supply

I made reference to aircraft travel. We have border control officers at our borders and our airports. They are wonderful individuals. What sort of protections are being put into place for them?

The point is that there is a litany of questions that opposition members and even government backbenchers might have that affect their own communities, their own capital infrastructures. Those questions can often be put in the forum of a standing committee. More importantly, the Minister of Health, our Chief Public Health Officer, and other ministers could come before the committee and through the committee explain to all Canadians in a very public and open way what is actually happening on the Ebola front and how Canada is contributing to the betterment of world health.

Canada does have a role to play. We all know that, and there is a huge expectation that we will demonstrate strong leadership. That is what the Liberal Party wants to see: strong leadership coming from the government to show that we truly do care about this virus and the thousands of people that it is affecting throughout the world.

We also need to hear from the Minister of Health and the Minister of Public Safety and Emergency Preparedness on how Canadians are being protected and on the issue of the vaccine. We need to hear that if something does come to Canada, Canadians do not have to fear, because the Canadian government is doing what it needs to do.

This is why I believe this motion should receive the support of all members of this House, and I look forward to the government's vote.

• (1355)

Hon. Ron Cannan (Kelowna—Lake Country, CPC): Mr. Speaker, I thank my colleague across the way for his comments on this very important issue. Like the member and all Canadians, we are very concerned about the Ebola outbreak in Africa. We have the assurance of the public health officer of the Public Health Agency of Canada that they are working very closely with our provincial and territorial ministers and the World Health Organization. We have been at the leading front. I know the Minister of Health, the Minister of Public Safety, the Minister of Foreign Affairs and other officials have been working closely as well with their colleagues to ensure that we do everything we can to help contain the outbreak of this disease as quickly as possible.

My question for my colleague across the way is this. Does he think it is the best use of our public health officials' time to be forced to come to listen to these public meetings and spend time on Parliament Hill when they should be focusing on working on a resolution, helping Canadians, disseminating the information through national press conferences and working with our provincial and territorial partners? Does he think that is the best use of their time?

Mr. Kevin Lamoureux: Absolutely, Mr. Speaker. This is something they should be mandated to do. It is all about communication. The government has a role to play. Allowing standing committees to meet and having the Minister of Health present her case as to what it is that the government is doing in this situation provides the opportunity for opposition members to bring forward their ideas and thoughts. There are ways in which we can co-operate together to make our communities safer places to be, not only here in Canada but also in the world.

I have experience in terms of my home province of Manitoba. I would welcome that opportunity. I know there would be a high demand after we were only given one spot on that particular committee, but I think that there are members of the House of Commons who have a lot to contribute and that the Minister of Health and others would benefit from that contribution. The Minister of Health would also benefit by being able to explain things to the public through the committee.

Mr. Charlie Angus (Timmins—James Bay, NDP): Mr. Speaker, the question in terms of how we got here is this. We know how quickly the international community responded when we had H1N1 appear. In Africa we have seen the Marburg virus and HIV, which apparently had been in Kinshasa since the 1920s. We are looking at Ebola, the lack of international response, and the fact that there were only 51 doctors in Liberia, most of whom have died from Ebola. There has to be an awareness. Just because it is in Sierra Leone and Liberia does not mean that it will not affect us. If we do not have the investments in international health, if we do not have international development and we do not have a strong WHO involved with all of the western powers to support medical teams in Africa these kinds of crises will continue.

Are we in this Parliament willing to look at the big picture and the failure of the west to deal with the incubation of these pathogens in Africa and provide the kind of support—

The Acting Speaker (Mr. Barry Devolin): Order, please. The hon. member for Winnipeg North.

Mr. Kevin Lamoureux: Mr. Speaker, the reason we are having this debate today is that we—I would like to think collectively but I can assure you those of us within the Liberal Party—really believe that Canada has a leadership role to play in fighting this virus. There is a moral obligation. We have some of the brightest minds and very best laboratories in the world that can help fight this virus. They have done a phenomenal job. We should be proud of the way in which Canada can play a leading role in preventing this virus from spreading. That is what this motion is all about. Let us start the dialogue, a part of which should occur at the standing committee where the Minister of Health, the Minister of Public Safety and others can contribute to assuring the minds of Canadians that we are dealing with our world obligations and that we are also dealing with the safety of Canadians throughout.

• (1400)

The Acting Speaker (Mr. Barry Devolin): The time for government orders has expired. The hon. member for Winnipeg North will have five minutes remaining in questions and comments when this matter returns before the House following question period.

*Statements by Members***STATEMENTS BY MEMBERS***[English]***MEDALS OF BRAVERY**

Mr. Dean Del Mastro (Peterborough, Cons. Ind.): Mr. Speaker, today at Rideau Hall, the Governor General recognized a special group of Canadians for acts of bravery. During the ceremony, His Excellency the Right Hon. David Johnston remarked that those recognized had shown extraordinary courage when called upon by circumstance to act and that their actions represented the most extreme examples of philanthropy, which literally translates as “love of mankind”.

On May 2, 2011, Hailey Menard and paramedics Mark Cameron and Gregory Landon rescued Hailey’s younger sister, whose foot had become trapped in a piece of farm machinery near Havelock, Ontario. Hailey jumped into a gutter filled with animal waste to prevent her three-year-old sister from drowning while waiting for help to arrive. After an hour of struggling in a most difficult situation, which put their own health at risk, paramedics Cameron and Landon were able to loosen the conveyer’s mechanism and free the child.

On behalf of all the residents of the Peterborough riding, I salute each of them for their bravery and thank them for inspiring each and every Canadian with their incredible courage.

* * *

OIL AND GAS INDUSTRY

Mr. Bryan Hayes (Sault Ste. Marie, CPC): Mr. Speaker, proposed major oil and gas pipeline projects need approval if the Canadian economy and the manufacturing sector in my riding of Sault Ste. Marie are to prosper.

Steel pipes produced by Tenaris Algoma Tubes, which employs 650 people and contributes 14% of Sault Ste. Marie's GDP, are sold to Canadian and U.S. customers for a variety of oil and gas drilling applications, including oil and gas pipelines. However, with the American demand for oil and gas being increasingly satisfied by American production, there is no denying that Canada needs alternate markets such as Asia. Developing pipelines for the oil and gas needed by China, South Korea and Japan creates demand for the manufactured products that deliver the oil and gas, which creates demand for the pipes we develop in Sault Ste. Marie.

The approval of pipeline projects is vital to the economy of my riding. According to Tenaris' David McHattie, “Asia is our opportunity”.

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CANADA POST

Mr. Mike Sullivan (York South—Weston, NDP): Mr. Speaker, residents in my riding of York South—Weston and across Canada continue to express their opposition to the government's ill-thought-out plan to end Canada Post's home mail delivery.

Yesterday, 11 communities across Canada from Fort McMurray to Calgary, to Winnipeg, to here in Ottawa, lost their home mail delivery. Other communities are to follow in the months ahead.

For a person with MS, like my brother Chris who lives in nearby Kanata, our winter means that from November to April, he will not be able to access his mail. He will become more dependent on others. Canada Post says that for those who can prove their disability and show that they have no one else to rely on, it may deliver their mail once a week.

This loss of mail service further isolates and discriminates against the disabled. Every day, my office receives letters, cards and petitions opposing the government's plan, as do other MPs. Hundreds of thousands of Canadians have expressed their wish to keep door-to-door mail delivery.

Why will the government not listen to what Canadians are saying, and provide the service they are asking for?

* * *

MEDALS OF BRAVERY

Mrs. Cathy McLeod (Kamloops—Thompson—Cariboo, CPC): Mr. Speaker, earlier today, I had the honour of attending a ceremony at Rideau Hall in which 45 medals of bravery were bestowed upon deserving Canadians by the Governor General of Canada, the Right Hon. David Johnston. Decorations for bravery recognize people who risked their lives to try to save or protect the lives of others. The medal of bravery recognizes acts of bravery in hazardous circumstances.

One of these 45 admirable recipients was Tyler Allan Fowler of Valemount, British Columbia. On April 27, 2012, Tyler Fowler, along with co-recipients Eli Day and Dion Lefebvre, pulled four people from their burning vehicles following a violent head-on collision near Wandering River, Alberta. The rescuers managed to extricate the victims, despite the rapidly spreading fire. Sadly, several occupants of both vehicles did not survive.

Tyler's courage and willingness to risk his own life to save another is both admirable and extraordinary. His actions inspire our nation and command our deepest gratitude.

* * *

● (1405)

*[Translation]***JOEY LEBLANC**

Hon. Dominic LeBlanc (Beauséjour, Lib.): Mr. Speaker, earlier today, the Governor General awarded the Medal of Bravery to Joey Leblanc, a young student from MacDougall Settlement, New Brunswick, who attends the Clément-Cormier high school in Bouctouche.

[English]

On February 2, 2013, Joey risked his own life to help a woman trapped in a burning car. The car was surrounded by flames and the smoke was thick, but when it came to saving someone else's life, this young man did not hesitate at all. His bravery allows this 37-year-old woman to be alive today.

Statements by Members

[Translation]

Joey's heroism also shows the community spirit that exists in New Brunswick. We are lucky to have among us so many brave people like Joey, whose actions inspire us all to be better neighbours and to help people in need.

[English]

On behalf of this House, I want to congratulate Joey Leblanc. Our country is stronger because of brave young men like him.

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PERSONS CASE

Ms. Joan Crockatt (Calgary Centre, CPC): Mr. Speaker, I stand here in the House today proudly alongside many female colleagues; women who are fully recognized under Canadian law as being equal to men, having the ability to run for any political office in this country.

It is with great pride, as an Albertan as well, that we commemorate the 85th anniversary of the Persons Case.

Nellie McClung, Louise McKinney, Irene Parlby, Henrietta Edwards and Emily Murphy are all fellow Albertans who changed the course of Canadian history for women.

Most recently, our Prime Minister hosted the Saving Every Woman, Every Child: Within Arm's Reach Summit that commits \$3.5 billion to our government's priority of improving maternal and newborn health worldwide.

Our strong Conservative majority has more female members in cabinet than any other in history.

I join with the great Emily Murphy in saying, "We want women leaders today as never before. Leaders who are not afraid to be called names and who are willing to go out and fight. I think women can save civilization. Women are persons".

* * *

MEDALS OF BRAVERY

Mr. Brian Masse (Windsor West, NDP): Mr. Speaker, today two Windsor police officers, Constable Sean Rogan and Constable Charles Sasso, were awarded with Medals of Bravery by.

In September 2011, both of these officers approached a rolled over vehicle which had caught fire. The injured and unconscious driver was saved by these two courageous officers who fought the fire and removed him from the vehicle through the sun roof.

The Governor General's Decorations for Bravery were created in 1972. They recognize people who risk their lives and choose to defy their own instinct of survival to try to save a loved one or a perfect stranger whose life is in immediate danger. The Medal of Bravery recognizes acts of bravery in hazardous circumstances.

On behalf of the constituents of Windsor West, I would like to congratulate these two outstanding officers for their dedication, service and bravery. We are honoured to recognize their heroism and their commitment to protecting our community.

We thank Constables Rogan and Sasso for their unrelenting fearlessness, and a very grateful thanks to the entire Windsor Police Service who do an outstanding job serving and protecting our community of Windsor.

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VOLUNTEERISM

Hon. Laurie Hawn (Edmonton Centre, CPC): Mr. Speaker, I rise today to recognize the winners of the annual Hetman awards in Edmonton and the excellent work done by the Ukrainian Canadian Congress-Alberta Provincial Council, or UCC-APC.

The Hetman awards acknowledge significant volunteer achievements of outstanding Ukrainian Albertans who have chosen to give their time, effort and expertise in order to keep the Ukrainian Canadian community in Alberta strong, vibrant and active.

Three youth, three adult, three senior and one posthumous awards were given out to very deserving people, one of whom is Eileen Yewchuk, who was the first Alberta woman inducted into the Hockey Hall of Fame.

UCC-APC is celebrating 40 years of community service to the Alberta-Ukrainian Community, and today officially represents over 330,000 Albertans of Ukrainian descent. It addresses the needs of the Ukrainian community and co-ordinates its activities; fosters unity and co-operation; preserves Ukrainian heritage, history, culture and language; and encourages participation of youth and newcomers from Ukraine.

I want to thank the UCC-APC as one of the many such organizations that effectively represent the wonderful cultural mosaic that is Canada.

* * *

● (1410)

RESTAURANT INDUSTRY

Mr. Daryl Kramp (Prince Edward—Hastings, CPC): Mr. Speaker, I rise today to congratulate Restaurants Canada for 70 years of service to Canada's food service industry.

Canada's restaurant industry is a cornerstone of our economy and the numbers speak for themselves. With 4% of our country's GDP and an impressive \$68 billion in sales, restaurants stimulate activity in various industries, from tourism to agri-business. Globally, they put our cities on the map as must-see culinary destinations and locally they support our farmers and fishers.

Restaurants also create 1.1 million jobs across the country, and generate 250,000 jobs in diverse industries such as agriculture, manufacturing, wholesale trade, finance and insurance.

As a former restaurant owner and hospitality professional for over 30 years, I believe that a successful and growing restaurant industry is vital for our economic and social well-being.

Statements by Members

Whether an owner, franchise, manager, server or support staff, I am thankful for their dedication to this key Canadian industry. We look forward to many more years of working with Restaurants Canada to help this fine industry grow and prosper.

* * *

[Translation]

REPRESENTATION OF CITIZENS

Mr. Mathieu Ravnat (Pontiac, NDP): Mr. Speaker, when it comes to representing the families and workers abandoned by the Conservatives, no one does it better than the NDP.

We have led the charge against the cuts to Canada Post services. We have stood up for workers and employment insurance.

In terms of the environmental impact of energy projects like the project in Cacouna, the Liberals and Conservatives are certainly not getting the job done. They are prepared to sacrifice the belugas in the name of profit.

In the NDP, we know that by working together, we will replace the Conservative government.

I believe that when we vote in favour of a bill, we should keep our word. I therefore wonder what the word of the member for Repentigny is worth. He supported my bill that would force defectors to resign and run to get re-elected under their new banner.

I invite him to prove that he is a man of principle and to step down right away so that a byelection can be held in Repentigny.

Let the voters decide.

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[English]

NATIONAL SECURITY

Mr. Ted Opitz (Etobicoke Centre, CPC): Mr. Speaker, the current world security situation presents Canada and its allies with very serious challenges. It is therefore incumbent upon us to provide the best possible training for our military leaders.

The National Security Programme at Canadian Forces College in Toronto provides professional military development of selected Canadian officers identified to progress to senior command positions at the global strategic level.

This year the NSP includes members of foreign and allied militaries and senior public servants addressing future strategic responsibilities in a complex global security environment from a whole of government approach.

The NSP is led by retired generals in a mentor role and instructed by some of Canada's leading defence academics. The National Security Programme is visiting Ottawa this week on their annual field study exercise. They visit key federal departments and meet with experts in a variety of fields.

As a former staff member at CFC and a graduate of the joint command and staff programme, I am delighted to advise all Canadians about the Canadian Forces College and let them know that the calibre of their defence institutions is second to none.

[Translation]

COMMUNITY ENGAGEMENT

Mr. Alexandre Boulerice (Rosemont—La Petite-Patrie, NDP): Mr. Speaker, I wish to use my allotted time today to thank the thousands of people in our ridings who get involved in their communities. They have the audacity to believe that we can change the world. They have the energy and conviction needed to get things done.

I would also like to mention the volunteers who work every day in my office. Sylvie, Francine, Josée, Philippe, Falmata, Hélène and Éric-Abel go out and meet with people to raise awareness of important issues like the environment, affordable living, employment insurance and Canada Post.

They speak passionately about the issues that matter to them. They know that it is possible to live in world that is more equitable and more caring. They firmly believe that we can leave a healthy planet and environment to our children.

Like me, they continue to fight for essential services like home mail delivery. I am very pleased to go door to door with them and to watch our team grow.

My friends, let us be loving, hopeful and optimistic; together, we will change the world.

* * *

[English]

SASKATCHEWAN ECONOMIC FORUM

Mrs. Kelly Block (Saskatoon—Rosetown—Biggar, CPC): Mr. Speaker, this week, through the co-ordinated efforts of our Speaker and our federal and provincial governments, senior diplomats from more than 50 countries are in Saskatchewan to attend the largest economic forum ever hosted in Saskatchewan for ambassadors and heads of missions.

These senior diplomats will learn about the many opportunities our province has to offer as well as foster and build positive trade relations.

Indeed, trade is very important to Saskatchewan as we have a resource rich province. We have cattle, grain, oil seeds and pulse crops. We have potash, uranium, oil, coal and forest products. Finally, we have new and exciting innovations and technologies that countries need to grow and prosper.

In referring to my home province of Saskatchewan, an esteemed parliamentarian recently said, "We are an export province in an exporting nation". Who said that? Why it was our very own Speaker and he could not be more correct.

•(1415)

RESTAURANT INDUSTRY

Hon. Scott Brison (Kings—Hants, Lib.): Mr. Speaker, I rise today to celebrate the 70th anniversary of Restaurants Canada, the leading voice of Canada's diverse and dynamic restaurant and food service industry.

Canada's restaurant industry is a key economic driver and job creator. With 89,000 restaurants, bars and caterers across the country, this industry is a leading provider of that all important first job for youth and newcomers to Canada. In fact, 22% of Canadians had their first job in the restaurant business, the highest of any industry.

With 18 million customer visits every day, the restaurant industry is the backbone of communities across the country, feeding Canadians from big cities to remote regions.

In my riding of Kings—Hants, the industry is an important source of jobs and growth. Next month, Wolfville will host the 4th annual Devour! The Food Film Fest, a celebration founded by Chef Michael Howell that will highlight our great restaurants and wineries.

Restaurants Canada has been a powerful advocate for this vital industry. We wish them many more decades of success.

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SMALL BUSINESSES

Mr. Lawrence Toet (Elmwood—Transcona, CPC): Mr. Speaker, small business week is a time to recognize the many successes of our local small businesses in communities from coast to coast to coast.

It is no secret that small businesses are the backbone of our economy and are Canada's job creators. Together, small and medium businesses across the country employ 90% of our workforce and are responsible for generating 39% of our GDP.

Since 2006, our government has been dedicated to creating an environment where our businesses can grow and succeed in the increasingly competitive global economy. Today, Canada has an 11% tax rate for small businesses. According to KPMG, Canada ranks first among G7 countries for our positive environment in which to start a business.

We also took further action to support Canadian small business owners in early September by introducing the small business tax credit which is expected to save small businesses more than \$550 million over the next two years.

We thank all the small business owners across Canada for all their hard work. We wish them a happy small business week.

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[Translation]

EVENTS IN SAINT-JEAN-SUR-RICHELIEU

Mr. Tarik Brahma (Saint-Jean, NDP): Mr. Speaker, the tragic events yesterday in Saint-Jean-sur-Richelieu that cost Warrant Officer Patrice Vincent his life have deeply affected our community, as well as all Quebecers and Canadians across the country. As the member for Saint-Jean, on behalf of my NDP colleagues and, I am

Oral Questions

sure, all members of the House, I would like to extend my condolences to the victim's family and friends. My thoughts are also with the other soldier who is still in hospital. I wish him a speedy recovery. I would also like to acknowledge everyone working in Saint-Jean-sur-Richelieu's military community who has been affected by this tragedy.

[English]

The people of our community and indeed all Canadians stand with the Canadian Forces following this tragic event.

[Translation]

The allegations surrounding yesterday's events are serious. While the police are trying to reconstruct the circumstances of this tragedy, we must remain united in the face of adversity. By working together, we will overcome this ordeal.

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[English]

PENSIONS

Mr. Jay Aspin (Nipissing—Timiskaming, CPC): Mr. Speaker, I am pleased to report that in the 2014 edition of the *Melbourne Mercer Global Pension Index* released today, Canada's retirement income system maintained its top rating for six years in a row.

Indeed, under our Conservative government, Canada has one of the best retirement income systems in the world.

Our government believes that Canadians deserve a secure and dignified retirement. That is why we cut taxes for seniors and pensioners by more than \$2 billion annually, including pension income splitting, introduced the pooled registered pension plan, and introduced the tax-free savings account.

Our government is supporting the Canadians who built this country.

ORAL QUESTIONS

•(1420)

[English]

PUBLIC SAFETY

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, yesterday Canadians saw a tragedy play out in the community of Saint-Jean-sur-Richelieu. This morning that tragedy, of course, was only magnified when we learned that Patrice Vincent, one of the Canadian Forces members who was attacked yesterday, has now died. I know that the thoughts of all members of the House and, indeed, of all Canadians are with the family and friends of Patrice Vincent.

Oral Questions

Can the Prime Minister please update Canadians on the heartbreaking and shocking events yesterday in Saint-Jean-sur-Richelieu?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, Warrant Officer Patrice Vincent was a member of the Canadian Armed Forces, with distinguished service over 28 years. He served all across the country. Obviously, our thoughts and prayers are with his family members, his friends, and his colleagues.

This was a despicable act of violence that strikes against not just this soldier and his colleagues but, frankly, against our very values as a civilized democracy. We will continue to stand with the men and women of the armed forces who defend us against these threats.

[Translation]

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, yesterday, the government took everyone by surprise, including the Sûreté du Québec, by revealing unconfirmed information in the House.

A tragic event like the one in Saint-Jean-sur-Richelieu should be a time for us to move beyond partisan politics.

If this incident is an attack on Canada's national security, when is the government going to provide parliamentarians a full briefing on the situation?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I informed the House of the news as soon as I was notified.

Warrant Officer Patrice Vincent was a member of the Canadian Armed Forces for 28 years, with a record of distinguished service across the country. We still support our armed forces, which defend us against these kinds of threats. We will continue to fight such threats to our armed forces and to our free and democratic society.

* * *

HEALTH

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, according to several reports, documents from the U.S. Securities and Exchange Commission show that the Conservative government sold the commercial rights to the Canadian Ebola vaccine to NewLink Genetics for \$205,000.

Can the Prime Minister confirm that?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, as I have said repeatedly, Canada holds the rights to this vaccine. It was made available to the World Health Organization very early on in the crisis. Clearly, the WHO will determine how it is to be used.

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, actually, he has repeatedly refused to respond.

[English]

Since the Ebola outbreak began, the Minister of Health has sold off \$1.5 million worth of protective gear for just \$30,000. The Conservative government was carelessly getting rid of needed medical supplies for 2¢ on the dollar.

Why was the minister giving this equipment away to private middlemen instead of giving it to the people who need it fighting Ebola in Africa?

Right Hon. Stephen Harper (Prime Minister, CPC): Once again, Mr. Speaker, as I think has been explained to the Leader of the opposition several times, as soon as the World Health Organization requested supplies, the government made any surplus supplies available. We are making available to it 1.5 million gloves, 2 million face shields, and 1.2 million isolation gowns.

Obviously, we will continue not just with vaccine and equipment but with assistance to the World Health Organization and other international organizations as they fight against what is a very dangerous and troubling pandemic for all of us.

• (1425)

Hon. Thomas Mulcair (Leader of the Opposition, NDP): Mr. Speaker, the Minister of Health claims that the WHO did not request protective gear from Canada until September 4, but that was a full month after the WHO had already declared an international public health emergency. How can the Prime Minister explain that it took his minister so long to realize that medical protective gear was actually needed when fighting Ebola?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, I recently met in New York with the director-general of the World Health Organization, who has complimented Canada on coming forward as soon as requested. This is all needed assistance, and I congratulate the Minister of Health, the Minister of International Development, and others for continuing to respond with their international colleagues to this crisis in West Africa.

* * *

[Translation]

PUBLIC SAFETY

Mr. Justin Trudeau (Papineau, Lib.): Mr. Speaker, I would like to offer my deepest condolences to the family and friends of Warrant Officer Patrice Vincent and my best wishes for a speedy recovery to the injured soldier. We thank and support the police forces investigating the case and protecting Canadians. The government said that dozens of Canadians have become radicalized and could pose a threat to the public.

Are they all under surveillance? Can the Prime Minister update us on the next steps?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, as security agencies have said many times, dozens of individuals are under surveillance for possible terrorist activity. The agencies are looking for ways to charge those individuals. The government is examining how we can provide more tools to our organizations to lay charges where possible.

Oral Questions

[English]

HEALTH

Mr. Justin Trudeau (Papineau, Lib.): Mr. Speaker, today the House debates a motion to ensure ministerial transparency and accountability in Canada's response to the Ebola crisis. Will the Prime Minister confirm his party's support for this motion and therefore the regular participation of his ministers at the Standing Committee on Health?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, of course ministers have remained available throughout this particular international pandemic. They have been available not only to the House; they have been available constantly to Canadians. I am sure they will also be available on occasion at committee when required. I would encourage members of the Liberal Party to work with the government on a motion to which we could both agree, but I can certainly assure the House that the Minister of Health, the Minister of International Development, and others who are involved will continue to communicate actively with parliamentarians.

[Translation]

Mr. Justin Trudeau (Papineau, Lib.): Mr. Speaker, the United Nations has said that it still has a \$1 billion shortfall in the fight against the Ebola crisis.

Will this government encourage Canadians to make donations, as it did for Haiti, and will it match the donations?

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, clearly, we always encourage Canadians to make donations to charities under any circumstances. However, it is important to reiterate that the Government of Canada is one of the world's biggest donors in the fight against the Ebola crisis. We will continue to live up to our responsibilities.

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[English]

NATIONAL DEFENCE

Mr. Paul Dewar (Ottawa Centre, NDP): Mr. Speaker, just two weeks ago the Prime Minister announced that Canada's participation in the Iraq war would last six months. Already new details are emerging that defence officials believe the combat mission in Iraq could take up to a year. We have gone from thirty days of non-combat, to six months of air strikes, and now to a year. Is the government looking at a year-long combat mission in Iraq?

● (1430)

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, what the government has done is authorize members of the Royal Canadian Air Force and the Canadian Armed Forces to participate in an international effort to try to halt the spread of a barbaric terrorist regime that is selling women into slavery, that is decapitating outsiders and humanitarian aid workers, that is summarily executing hundreds and thousands of people. We believe that our solution, the air campaign, is one area, as well as providing training, providing heavy lift support. An inclusive government in Baghdad is something that is tremendously important, as well as diplomatic work, humanitarian effort, and the engagement of the Sunni Arab world. All these things will be tremendously important, but Canada is prepared to do its share.

[Translation]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, we have known from the start that the Conservatives' combat mission would turn into a quagmire. In only a few short weeks, we have gone from a support mission to a combat mission.

Some hon. members: Oh, oh!

Ms. Hélène Laverdière: My colleagues across the way might show a little respect for such an important issue.

As the CF-18s are leaving the country, the government is already suggesting that the mission will be extended beyond six months.

Why are the Conservatives again refusing to be open and transparent with Canadians?

[English]

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, the combat mission has not even begun, and yet the NDP is already contemplating a quagmire.

What is important is that it is imperative we act with our allies to halt an ISIL spread and to reduce its capacity. We have authorized, for up to six months, an air campaign to participate with President Obama, with the United Kingdom, with France, and with our allies in the Arab world in this regard. It will be tremendously important that there be diplomatic and political work. The establishment of an inclusive government in Baghdad and the appointment of the last two members in that cabinet are another important step forward.

[Translation]

Ms. Hélène Laverdière (Laurier—Sainte-Marie, NDP): Mr. Speaker, there is a lack of transparency with regard to not only the duration of the combat mission, but also the cost.

Last Friday, we were told that National Defence officials had submitted a cost estimate for the combat mission to the minister. The minister has that information.

Why has that information not been made public yet? Can the minister tell us how much the mission will cost?

[English]

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, the Minister of National Defence is right now in Cold Lake, Alberta, to see off the members of the Canadian Forces who have volunteered to stand up for freedom and liberty against barbarism and against external threats to Canada. We wish him well, as we wish those members of the Canadian Armed Forces well as they undertake this mission.

We will, of course, through ordinary measures, Parliament, accountability, ensure that all the costs come before this House at the appropriate time.

Oral Questions

[Translation]

VETERANS

Ms. Éleine Michaud (Portneuf—Jacques-Cartier, NDP): Mr. Speaker, when Lieutenant Shawna Rogers took her life in 2012, her parents wanted to understand what led her to commit such an act.

After gathering various documents, Rick and Ellen Rogers were asked by the Department of National Defence to turn over that information. What is worse, they are now being taken to court and facing prison time because they refused to do so.

Why is the government trying to punish veterans' families instead of dealing with its troops' mental health problems?

[English]

Mr. James Bezan (Parliamentary Secretary to the Minister of National Defence, CPC): Mr. Speaker, our thoughts and prayers are with all military families who have lost loved ones.

What transpired in this case is not acceptable. As soon as our government learned of this, the Minister of National Defence asked the Department of National Defence to respect the family's wishes and turn over the necessary documents to allow for an inquest by the Alberta government.

The minister will also be meeting with the defence ombudsman this week to discuss how the Department of National Defence can better respect the wishes of families in the board of inquiry's process. The minister has streamlined these boards of inquiry because military families who have lost their loved ones need and deserve closure.

Mr. Jack Harris (St. John's East, NDP): Mr. Speaker, once again, the parents of a soldier who committed suicide are being treated with total disrespect. This time, the government was trying to force them to participate in a secret hearing, with no legal counsel, under the legal threat of a summons.

Thankfully, it backed off when their lawyer filed a court application.

Would the minister apologize to Rick and Ellen Rogers for this abuse of process?

Will the government finally fix this broken military board of inquiry system and have an open and accountable process?

Mr. James Bezan (Parliamentary Secretary to the Minister of National Defence, CPC): Mr. Speaker, as I just said, we found that process was unacceptable. That is why we have interjected and asked the department to turn over all the documents to the Alberta government, so it can respect the family's wishes and so that they can have a proper inquiry.

We will be meeting with the department ombudsman to ensure that the department is respecting the wishes of this family and all families going through the board of inquiry's process. We have streamlined it and expedited the way the boards of inquiry report back to military families.

● (1435)

SCIENCE AND TECHNOLOGY

Mr. Kennedy Stewart (Burnaby—Douglas, NDP): Mr. Speaker, the Conservatives' record on science is, once again, drawing international criticism. More than 800 scientists, from 32 countries, signed a joint letter urging the Conservatives to stop muzzling scientists and to stop cutting public science budgets. They warn that Conservative censorship and cuts hurt our ability to collaborate internationally.

Canada once had a reputation as a science leader, but now we are falling further and further behind.

Would the Conservatives stop the muzzling and start repairing Canada's public science reputation?

Hon. Ed Holder (Minister of State (Science and Technology), CPC): Mr. Speaker, this is a chance again to give facts. Since being elected, our government has made record investments in science, technology and innovation. In fact, Canada is ranked first in the G7 for research and development in our colleges, universities and other research institutes.

That is why our government has invested \$1.5 billion of new money for the creation of the Canada first research excellence fund, which allows institutions to leverage world-class strengths into world-leading research that will create long-term benefits for Canada. Those are the facts.

[Translation]

Ms. Laurin Liu (Rivière-des-Mille-Îles, NDP): Mr. Speaker, the government can no longer deny that its muzzling of scientists and cuts to science are undermining Canada's international reputation.

The NDP is not the only one saying this. In an open letter, a broad coalition of 800 prestigious researchers from 32 different countries have spoken out against the Conservative government's attitude toward its scientists.

When will the Conservative government heed this warning and stop treating its scientists like enemies?

Hon. Ed Holder (Minister of State (Science and Technology), CPC): Mr. Speaker, once again, here are the facts: our government has made record investments in science, technology and innovation.

Canada is ranked first in the G7 for investments in research and development in our colleges, universities and other research institutes.

That is why our government has invested \$1.5 billion in the creation of the Canada first research excellence fund, which allows post-secondary institutions to identify their strengths and conduct world-leading research.

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CANADA REVENUE AGENCY

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Mr. Speaker, we all knew that the Conservatives were conducting a witch hunt against charities whose philosophies are not in line with their own.

Oral Questions

A new report suggests that they are also deliberately ignoring the political activities of right-wing organizations. They are turning a blind eye to the political activities of the Fraser Institute and the Montreal Economic Institute, but they are attacking environmentalists and ornithologists.

Can the minister explain this double standard? Why is the Canada Revenue Agency targeting progressive groups but not bothering the government's ideological allies?

[English]

Hon. Kerry-Lynne D. Findlay (Minister of National Revenue, CPC): Mr. Speaker, the CRA has been fully transparent on this while respecting the strict privacy provisions of the Income Tax Act. In fact, in a recent message to all CRA employees, the commissioner and deputy commissioner said, to be clear,

“the process for identifying which charities will be audited (for any reason) is handled by the Directorate itself”, and like all audit activities, it “is not subject to political direction”.

Further, the director told the media that neither the Prime Minister's Office nor Revenue Minister Kerry-Lynne Findlay's office had any say in the audit—

The Deputy Speaker: Order, please. The minister knows not to use the proper name of the individual, even if it is her own.

Mr. Murray Rankin (Victoria, NDP): Mr. Speaker, what ever happened to ministerial responsibility?

We have seen the Conservatives go after environmentalists, human rights groups, international development groups and yes, even bird-watchers, pretty well anyone who may disagree with them. However, a new report suggests that right-wing charities get a different ride.

Annual filings from 10 right-wing charities showed no political activities on their part; none, in spite of the fact that their websites are full of advocacy. Can the minister explain this double standard?

•(1440)

Hon. Kerry-Lynne D. Findlay (Minister of National Revenue, CPC): Mr. Speaker, the opposition critic for the CRA received the full technical briefing from CRA charity directorate officials, including the director general, on how charities are selected for audit and how these audits are conducted. The director general said publicly:

As I have made clear in the past, the process for identifying which charities will be audited (for any reason) is handled by the Directorate itself and is not subject to political direction.

It is shameful that this member and his party are using their own political agenda on the backs of hard-working public—

The Deputy Speaker: Order, please. The hon. member for Bourassa.

* * *

[Translation]

HEALTH

Mr. Emmanuel Dubourg (Bourassa, Lib.): Mr. Speaker, Canada promised \$60 million to help fight Ebola in West Africa, but just \$4.3 million has been sent.

Why? We are talking about 4,500 deaths and 9,000 cases. Is that not alarming enough?

When will the Conservative government make that money available?

Hon. Christian Paradis (Minister of International Development and Minister for La Francophonie, CPC): Mr. Speaker, since April, we have taken a leadership role in this crisis. We have been leaders and we have worked with the World Health Organization, Doctors Without Borders, the Canadian Red Cross and the International Federation of Red Cross and Red Crescent Societies. Resources are being deployed so we can continue to work with credible organizations, including the World Food Programme and UNICEF.

Canadians can be proud of our contribution, which is one of the most significant in the world. We will be there to respond to this crisis.

[English]

Ms. Kirsty Duncan (Etobicoke North, Lib.): Mr. Speaker, the WHO and UN have called for more medical personnel to fight Ebola in West Africa and the international community has accepted the call. Yesterday the Minister of Health said no Canadian personnel would be sent without an evacuation plan. So far, the United States, European Commission and WHO have engaged contractors to facilitate the emergency transport of medical personnel, if needed.

Who has the minister met with with respect to developing an evacuation plan? What steps has the minister taken to put a plan in place?

Hon. Rona Ambrose (Minister of Health, CPC): Mr. Speaker, I can reassure the member that we have taken many steps and we have evaluated many options, including commercial options, options with the Department of National Defence and with the department of defence in the United States.

We do currently have an agreement with the U.S. with a commercial operator contractor that it uses called Phoenix Air. We appreciate the generosity and access to those planes, but they are very limited and we will not send any more medical personnel unless we have guaranteed medical evacuation.

Mr. Ted Hsu (Kingston and the Islands, Lib.): Mr. Speaker, Bloomberg reports that the Gates Foundation and two U.S. companies want to expand U.S. production of monoclonal antibodies to treat Ebola by using CHO cells, but we have the capacity to manufacture it in Canada as well. Our Public Health Agency of Canada developed Ebola antibodies and our National Research Council owns the CHO cell line. There are Canadian companies that could take these and manufacture a supply.

Should the government mandate that Canada have its own supply of this Ebola treatment?

Oral Questions

Hon. Rona Ambrose (Minister of Health, CPC): Mr. Speaker, I appreciate that the member recognizes the great work that has gone on over the past 10 years by Public Health Agency of Canada researchers and scientists to develop not only the treatments that he is mentioning but also the vaccine. I am happy to inform the member that, yes, we are pursuing all options to make sure that Canada can have a domestic supply. Of course, in doing that we will also look to Canadian companies.

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ABORIGINAL AFFAIRS

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, the Prime Minister promised reconciliation with the 2008 residential schools apology, yet the Conservative government is facing an unprecedented human rights tribunal for systematically discriminating against first nations children on reserve, providing them with 22% less funding for child welfare services than what other children receive.

Its own experts have confirmed this shortfall. How can the Prime Minister justify treating children on reserve as second-class citizens?

Hon. Bernard Valcourt (Minister of Aboriginal Affairs and Northern Development, CPC): Mr. Speaker, that statement by the hon. member is totally false. Protecting women and children, in particular on reserve, is and remains a priority of our government. That is why since 2006 we have introduced a prevention-based approach to delivering child and family services.

I know the opposing party often measures the deed by the size of the investment. Since 2006, we have increased our investment by 40% to over \$400 million for these services.

• (1445)

Ms. Jean Crowder (Nanaimo—Cowichan, NDP): Mr. Speaker, the failure of the government to protect the basic rights of first nations children on reserve is an absolute shame. We have more first nations children removed from their homes and put in foster care than at the height of the residential school era. This is unacceptable in a country as rich as Canada. When will the government stop discriminating against first nations children and start funding child welfare at the same standards and quality as all other services in the country?

Hon. Bernard Valcourt (Minister of Aboriginal Affairs and Northern Development, CPC): Mr. Speaker, the health, safety and well-being of first nations children is a priority. I remember that very party opposing, for example, the matrimonial property legislation introduced to protect women and children on reserve. They ignore the fact that our government invested close to \$630 million in child and family services on reserve, which represents an increase of 40% since 2006. We will continue to take action to ensure that children and families have the support they need.

Ms. Jinny Jogindera Sims (Newton—North Delta, NDP): Mr. Speaker, sadly, it is not just first nations children that the government treats as second-class citizens.

In first nations communities struggling with high unemployment, the government is still allowing employers to bring in temporary foreign workers. Why? Because the government is simply not counting first nations unemployment.

The Conservatives' latest round of program reforms do nothing to address this gaping loophole. What is the minister going to do to ensure that job opportunities in their own communities actually benefit aboriginal Canadians?

Hon. Jason Kenney (Minister of Employment and Social Development and Minister for Multiculturalism, CPC): Mr. Speaker, the preamble to the question was the opposite of the truth. In fact, employers, in applying for labour market impact assessments to invite temporary foreign workers, have to demonstrate first that they have reached out to groups that are under-represented in the Canadian labour force, including persons with disabilities, Canadian youth, recent immigrants, and specifically, aboriginal Canadians.

Consistently, our message to employers is that they must redouble their efforts to hire and train unemployed Canadians, particularly aboriginal and other Canadians, before we will even consider their applications to bring in temporary foreign workers.

[Translation]

Mrs. Sadia Groguhé (Saint-Lambert, NDP): Mr. Speaker, first nations throughout the country are particularly hard hit by unemployment. However, the government acts as though these unemployed Canadians do not even exist, as was pointed out by a researcher at McMaster University.

In some regions, they are not even included when unemployment rates are calculated. These misleading statistics mean that temporary foreign workers are brought in when there are first nations people without work.

Will the government act to resolve this problem and prevent the temporary foreign worker program from increasing the unemployment rate among Canadians?

Hon. Jason Kenney (Minister of Employment and Social Development and Minister for Multiculturalism, CPC): Mr. Speaker, if the NDP were a serious opposition, it would listen to what I am saying.

Every time I talk about the temporary foreign worker program, every time I talk about the so-called labour shortage, I say that we should be hiring, training and bringing together unemployed aboriginal people so that we can connect them with available jobs. It is urgent that we do so, and that is the message we are sending to employers every day. Employers who apply to bring in foreign workers have to make an effort to hire aboriginal workers.

Oral Questions

[English]

NATIONAL DEFENCE

Mr. Brian Storseth (Westlock—St. Paul, CPC): Mr. Speaker, I ask all Canadians to take a moment today to think about the men and women of the Canadian Forces, and particularly 4 Wing Cold Lake, who are currently deploying to combat ISIL.

This terrorist group, ISIL, has been carrying out a murderous rampage across Iraq, seizing territory and killing men, women and children in the most brutal ways imaginable. Make no mistake, if left unchecked, these terrorists represent a threat to Canada and to Canadians.

Canada will do its part in fighting this threat. Can the Parliamentary Secretary to the Minister of National Defence please update the House on Operation Impact and Canada's contribution to fighting ISIL?

• (1450)

Mr. James Bezan (Parliamentary Secretary to the Minister of National Defence, CPC): Mr. Speaker, I want to thank the member for Westlock—St. Paul for his unwavering support for the members of the Canadian Armed Forces.

Preparations for Operation Impact are well under way. Today, a group of CF-18 Hornet fighter jets departed from 4 Wing Cold Lake to be deployed in Kuwait, where combat operations against ISIL will soon begin. Our government has a duty to protect Canadians and to stand firm with our allies in opposition to the unspeakable atrocities being carried out by ISIL against innocent children, women and men.

Our pilots, air crew and serving members are among the best in the world. All Canadians are proud of our men and women in uniform, who are dedicated to providing safety and security whenever they are called upon.

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CONSUMER PROTECTION

Mr. Glenn Thibeault (Sudbury, NDP): Mr. Speaker, CBC's *Marketplace* has identified the dumbest charges that Canadian consumers pay: ATM fees, pay-to-pay fees, airline fees, and touch-tone fees. However, every time we raise the issue, the response is the same. The minister crosses his fingers, hoping for corporate knights in shining armour to ride in with voluntary codes and save the day.

The minister knows, just as Canadians know, that this is not happening. Why the failure to stop companies from charging these dumb fees? When will the government stop the nickel and diming of Canadians?

Hon. Kevin Sorenson (Minister of State (Finance), CPC): Mr. Speaker, Canadian consumers deserve access to credit on fair and transparent terms. That is why we have taken action to protect Canadian consumers by banning unsolicited credit card cheques, requiring clear and simple information, providing timely advance notice of rates and fee changes, limiting anti-consumer business practices, and ensuring that prepaid cards never expire.

Our Conservative government believes that with better information, Canadian consumers can make informed decisions in their best interests.

[Translation]

Ms. Annick Papillon (Québec, NDP): Mr. Speaker, in its throne speech a year ago, the government promised to put an end to this kind of excessive fees, but nothing has been done. Consumers are tired of paying the abusive fees charged by banks and telecom companies. Consumers sometimes even have to pay just to get their bills. Can you imagine? Despite the Conservatives' promises, many companies continue to gouge consumers.

When will the Conservatives take real action and support the NDP's proposals to make life more affordable for Canadians?

Hon. James Moore (Minister of Industry, CPC): Mr. Speaker, that is not at all the case. We have taken action in the past, and we will certainly do so in the future.

[English]

On the specific question on the issue of pay-to-pay billing, it is true that our government is taking action. We made a commitment in the throne speech. This Parliament passed that throne speech with the votes of the government side, and we will be introducing legislation to realize that this week.

If New Democrats are true, and there is lots of noise from the NDP side, I look forward to the NDP actually voting for the Conservative motion that will stand up for Canadian consumers.

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[Translation]

CANADIAN BROADCASTING CORPORATION

Mr. Pierre Dionne Labelle (Rivière-du-Nord, NDP): Mr. Speaker, the ministers responsible for the Francophonie in Quebec and Ontario are speaking out against the Conservative cuts to the CBC. Like us, they are unhappy about how these cuts are reducing French news coverage and threatening the survival of the French fact in Canada.

Nevertheless, the legislation is clear: the public broadcaster's mandate includes helping to promote the vitality of the French language and culture in Canada.

Will the Minister of Canadian Heritage finally recognize that these cuts are preventing the CBC from fulfilling its mandate and helping francophone minority communities?

Hon. Shelly Glover (Minister of Canadian Heritage and Official Languages, CPC): Mr. Speaker, I understand the important role that the CBC plays not only in official language minority communities, but also in remote areas.

Our government and all Canadians expect the CBC to fulfill its mandate to provide quality programming to those communities. However, the Ontario and Quebec ministers should be aware that the CRTC already has the authority to ensure that the CBC carries out its mandate under the law. It is up to the CBC to offer this programming and satisfy its mandate.

Oral Questions

●(1455)

Mr. Pierre Nantel (Longueuil—Pierre-Boucher, NDP): Mr. Speaker, the government has the power to ensure that the CBC has the funding it needs to do that.

The cuts to the CBC are obviously jeopardizing francophone minority communities. Nevertheless, Parliament has given the public broadcaster a clear mandate, and that is to meet the specific needs of both official language communities, including those of both linguistic minorities.

The Minister of Canadian Heritage cannot use the budget to get around the law and the mandate given to the public broadcaster by Parliament.

When will the minister finally recognize that the cuts to the CBC are preventing the public broadcaster from fulfilling its responsibilities to minority language communities? She should know; she lives in Saint-Boniface.

[English]

Hon. Shelly Glover (Minister of Canadian Heritage and Official Languages, CPC): Mr. Speaker, I will repeat what I just said. In fact, CBC has a mandate that it must satisfy. All Canadians, and this government, expect the CBC to satisfy that mandate. In fact, the Official Languages Act and the Broadcasting Act impose that obligation on the CBC.

Listen to what our president of the CBC had to say about satisfying his mandate. He said the following: “Our commitment to the regions is also reflected in our new CRTC conditions of licence”, and, “Our conditions of licence require us to hold consultations with francophone minority communities”.

They will, according to the president, follow that obligation, and we intend to support that.

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CITIZENSHIP AND IMMIGRATION

Hon. John McCallum (Markham—Unionville, Lib.): Mr. Speaker, in the past, all governments have matched the contributions of charity to assist with natural disasters. Given the unprecedented refugee crisis in Syria and Iraq, will the government adopt a similar approach and match the funds raised by organizations that are struggling to bring refugees to Canada?

The government can make taxpayer dollars go a lot further if it matches the private sector. Why will the government not do this to help thousands of desperate refugees?

[Translation]

Hon. Christian Paradis (Minister of International Development and Minister for La Francophonie, CPC): Mr. Speaker, we have played a leadership role, and I would like to remind my colleagues that we are now the fifth-largest contributor of humanitarian aid in Iraq. Just last Friday, we pledged \$8 million to UNICEF to help children in need. That money will help children in areas of conflict continue to go to school and hope for a better life. With Canada now the fifth-largest contributor in the world, all Canadians can be proud of this meaningful action.

[English]

AGRICULTURE AND AGRI-FOOD

Hon. Ralph Goodale (Wascana, Lib.): Mr. Speaker, media speculation is growing in the west about the final disposal of the Canadian Wheat Board. The deadline is not until 2017, but it does appear to be happening more quickly.

Can the minister say how many potential buyers have signed confidentiality agreements to gain access to CWB's detailed data, how many of those buyers are Canadian, how many are foreigners, and how many are farmers? Since all of the assets of the CWB come from farmers' money, not government money, how will the proceeds of any sale be returned to farmers?

Hon. Gerry Ritz (Minister of Agriculture and Agri-Food, CPC): Mr. Speaker, the member opposite answered his own question when he talked about confidentiality agreements. I am not going to talk about that either.

I will say that at the end of the day, the CWB is alive and well, because this government undertook to keep it alive and well. We put forward some \$300 million to make sure that farmers were not bridled or saddled with the costs the CWB was carrying. There were no assets. All of the assets were so heavily leveraged that they had to be paid out by Canadian taxpayer money to give it a fair shot at becoming a viable entity as it moves forward. It will continue to do that.

It is doing extremely well out there in western Canada. It is starting to move across into eastern Canada, with the purchase of Mission Terminal. We look forward to the future success of the CWB.

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[Translation]

CANADA POST

Ms. Isabelle Morin (Notre-Dame-de-Grâce—Lachine, NDP): Mr. Speaker, once again, the government is abandoning people with reduced mobility by eliminating home mail delivery. It is forcing them to go to court to assert their rights.

Will the minister finally recognize that she has obligations under the United Nations Convention on the Rights of Persons with Disabilities and reverse Canada Post's bad decision to end home delivery of our mail?

[English]

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, as the member knows, in 2013 Canada Post delivered 1.2 billion fewer letters than it did in just 2006. She may also know that under that business model, two-thirds of Canadian households already do not receive door-to-door delivery, and under its five-point plan, that will be true for all Canadians. It has a financial responsibility in legislation to not be a burden to taxpayers. Canada Post is taking action and is doing so by communicating with Canadians about what their needs may be during this transition.

Oral Questions

● (1500)

Mr. Mike Sullivan (York South—Weston, NDP): Mr. Speaker, when the government signed the UN charter on the rights of the disabled, it promised to improve things. By ending home mail delivery and telling the disabled that they should be satisfied with weekly delivery, the Conservatives are breaking that promise. It is not right.

Canadians living with disabilities have now joined with others to challenge this decision in the courts. Will the minister agree to delay the end of home delivery until the court rules?

Mr. Jeff Watson (Parliamentary Secretary to the Minister of Transport, CPC): Mr. Speaker, as the member should have heard in the last answer, two-thirds of Canadians currently do not receive home delivery. Canada Post, in order to deal with its financial crisis and the plummeting business case in terms of plummeting rates of individual mail, is taking action under a five-point plan to ensure that daily mail will be preserved in a way that is equitable for all Canadians.

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FISHERIES AND OCEANS

Mrs. Tilly O'Neill Gordon (Miramichi, CPC): Mr. Speaker, the lobster fishery is crucial to Atlantic Canada's economy, specifically in rural and coastal areas. In order to grow this industry, it is essential that measures be taken to ensure its sustainability and to provide access to new markets. Can the Minister of Fisheries and Oceans tell this House what she is doing to foster growth in the lobster fishery and to provide access to new markets?

Hon. Gail Shea (Minister of Fisheries and Oceans, CPC): Mr. Speaker, when we formed government, the lobster fishery was facing a number of challenges. We took action. We worked with the industry, and we invested \$50 million in the Atlantic lobster sustainability program. The results are undeniable. Since 2007, total lobster landings have increased by 93%. Our lobster exports were at a high of \$1.1 billion last year.

Our government, led by my seatmate, has worked to secure trade agreements that will expand markets for Canadian lobster and will create more demand for our delicious Canadian lobster.

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FOREIGN AFFAIRS

Ms. Chrystia Freeland (Toronto Centre, Lib.): Mr. Speaker, today in Dnipropetrovsk, Ukrainian president Petro Poroshenko urgently called for the OSCE mission that is monitoring the ceasefire in eastern Ukraine to be enlarged. Speaking on Friday, Italian foreign minister Federica Mogherini said that Italy, France, and Germany are willing to send drones and military personnel to operate them, but Canada was not on her list.

Why is Canada, with its special relationship with Ukraine, not participating in this essential expansion of the OSCE monitoring mission?

Hon. John Baird (Minister of Foreign Affairs, CPC): Mr. Speaker, I do not think we have drones.

PUBLIC SAFETY

Mrs. Carol Hughes (Algoma—Manitoulin—Kapusksing, NDP): Mr. Speaker, after the deadly collapse of the Algo Centre Mall, the Elliot Lake commission of inquiry concluded that urban search and rescue is critical for saving lives.

Yesterday the Parliamentary Secretary to the Minister of Public Safety said she would convey my question about Conservative cuts to urban search and rescue to the minister. She has had a day now. What is the minister's response? Will he implement the Elliot Lake commission of inquiry's recommendation to restore funding for heavy urban search and rescue to help save lives?

Hon. Steven Blaney (Minister of Public Safety and Emergency Preparedness, CPC): Mr. Speaker, the majority of emergencies in Canada are local in nature and are managed by local or provincial governments. The original objective of the joint emergency preparedness program was met. It was to enhance local emergency preparedness.

We will continue to invest in programs such as the \$200 million to prepare communities to tackle natural disasters.

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SCIENCE AND TECHNOLOGY

Mr. John Carmichael (Don Valley West, CPC): Mr. Speaker, this week is National Science and Technology Week, which gives us the opportunity to recognize the efforts of our highly talented Canadian scientists.

Will the Minister of State for Science and Technology please tell the House what our government is doing to support Canadian scientists whose groundbreaking research impacts the lives of Canadians?

Hon. Ed Holder (Minister of State (Science and Technology), CPC): Mr. Speaker, our government is committed to developing, attracting, and retaining the world's most talented researchers in Canada. That just makes sense.

Last week I met with Canada research chair Dr. Goldie Nejat, who works in advanced robotics at the University of Toronto. She provides forward-looking solutions in health care and emergency response situations.

Our government is committed to providing record investments in research to push the boundaries of knowledge, create jobs, and improve the quality of life for all Canadians. I hope all members of the House will join me as we honour Canadian scientists during National Science and Technology Week.

* * *

● (1505)

[Translation]

EMPLOYMENT INSURANCE

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, many families in the regions are expecting to go through some lean months because fewer jobs are now available in seasonal industries.

Business of Supply

Meanwhile, the Conservatives are taking steps to generate an employment insurance fund surplus, but families affected by unemployment will not see a penny more.

The NDP believes that protecting the employment insurance fund is essential to ensuring that contributions are not used for other purposes.

My question is very simple. Why is the government abandoning the regions and workers in seasonal industries even though the employment insurance fund is building up a surplus?

Hon. Jason Kenney (Minister of Employment and Social Development and Minister for Multiculturalism, CPC): Mr. Speaker, we are doing no such thing.

On the contrary, employment insurance is available to unemployed workers who have lost their jobs for no reason. Whether they are seasonal workers or not, if they have worked for the minimum number of weeks, they can receive employment insurance benefits.

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PUBLIC WORKS AND GOVERNMENT SERVICES

Mr. André Bellavance (Richmond—Arthabaska, Ind.): Mr. Speaker, the Quebec National Assembly recently adopted a unanimous motion calling on the federal government to award a shipbuilding contract to the Davie shipyard in Lévis. It was the only shipyard that was denied any part in the \$33 billion in contracts.

We have learned that the government has apparently decided to modify its shipbuilding strategy.

Can the Minister of Public Works and Government Services confirm the change to her government's shipbuilding strategy, and can she confirm that the Davie shipyard, which submitted a proposal to convert ships according to navy needs, will receive its fair share of the deal this time?

Hon. Diane Finley (Minister of Public Works and Government Services, CPC): Mr. Speaker, our ship procurement strategy is ongoing. The Auditor General said that the process was completely affordable and properly handled.

We will continue with our strategy to ensure that the Canadian Forces receive the equipment they need.

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[English]

MALALA YOUSAFZAI

Right Hon. Stephen Harper (Prime Minister, CPC): Mr. Speaker, on a happy note, tomorrow we will welcome Malala Yousafzai to Canada.

As our government set out just over one year ago in the Speech from the Throne, we intend to bestow honorary citizenship on this remarkable young woman. Therefore, on behalf of all Canadians, I am proud to rise in the House today to seek consent to propose the following motion, which is jointly seconded by the leader of the official opposition of the New Democratic Party and by the leader of the third party, the Liberal Party.

That, whereas over 57 million children around the world are denied access to primary education;

Whereas girls are still disproportionately denied access to basic education around the world;

Whereas Canada supports global efforts to ensure that all girls and boys have access to basic education;

Whereas Malala Yousafzai fearlessly documented her challenges simply to attend school under the barbaric rule of the Taliban, a listed terrorist organisation under Canadian law;

Whereas she suffered a horrific attack perpetrated by the Taliban who, to this day, wish for her to be silenced;

Whereas Canadians and the civilised world were united in standing against this attack and are intent on honouring the bravery of Malala Yousafzai;

Whereas she has been recognised on numerous occasions as a champion for fundamental human rights and access to education, including most recently being awarded the Nobel Peace Prize in recognition for her advocacy for universal education;

Whereas she continues to fight for the empowerment of girls and women;

Whereas she serves as a role model and an inspiration to all Canadians and the world in her fight for universal education,

Therefore _____ the House of Commons resolve to bestow the title of "honourary Canadian citizen" on Malala Yousafzai; and

That a message be sent to the Senate requesting that House to unite with this House in the said resolution by filling in the blank with the words "the Senate and".

● (1510)

The Deputy Speaker: Does the right hon. Prime Minister have the unanimous consent of the House to move the motion?

Some hon. members: Agreed.

[Translation]

The 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)

GOVERNMENT ORDERS

[English]

BUSINESS OF SUPPLY

OPPOSITION MOTION—EBOLA

The House resumed consideration of the motion, and of the amendment.

The Deputy Speaker: The hon. member for Winnipeg North has five more minutes of questions and comments.

The hon. member for Malpeque.

Hon. Wayne Easter (Malpeque, Lib.): Mr. Speaker, the member for Winnipeg North went through the amendment to the motion, but I wonder if he might expand on that amendment and why it is so important that the motion before the House be amended in that way.

Business of Supply

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I will reinforce what the amendment is because it is important to recognize what the Liberal Party is attempting to do. It is trying to get an understanding among all members of Parliament that there is a need for the standing committee to deal with the Ebola crisis on a biweekly basis, or twice a month. That is what the motion is seeking. We want the Minister of Health, the Minister of Public Safety and Emergency Preparedness, and the Chief Public Health Officer of Canada to recognize that there is an obligation to go before a standing committee of the House. By doing that, they would be able to explain in detail what Canada is doing, not only on the home front but on the world stage.

We in the Liberal Party would ultimately argue that, in dealing with the Ebola virus, there is a strong leadership role that needs to be played by the Prime Minister and Canada. I will cite the amendment to the motion, which in essence says:

...“the relevant minister or ministers to appear twice monthly and the Chief Public Health Officer of Canada to appear monthly before the Standing Committee on Health”.

It is about strong national leadership to fight the Ebola virus and provide peace of mind and safety to all Canadians. The most important issue is that of transparency and education, and that is why Liberals want to do this.

• (1515)

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Mr. Speaker, I have been listening with some interest to my friend's comments. One thing New Democrats have found frustrating to this point is that the reaction of the federal government to the Ebola crisis, while initially rather loud, was not forthcoming to Canadians about what was actually being done.

We have seen some recent actions by the Minister of Health, but one thing we know about epidemics like this is that public information is one of the most important things government can provide, reassurance to the public that the government is involved, is engaged on the issue, and is helping those who need help most, because as the government says about international terrorism, it may come here. With something like Ebola, the treatment has not been of the same veracity and strength.

I put this question for my friend. Why has the simple provision of vaccines and medicines taken so long? We have known about this outbreak for almost 60 days now. The world, particularly West Africa, has been calling on Canada to use its very ample resources to provide some benefit, security, not just in vaccinations but in equipment; and yet in the House today the government is seeking this procedure and that procedure and looking to cast blame rather than provide information.

I am wondering if my friend could comment on what he thinks the barrier has been for the Conservatives to actually move the medicines to the people who need it most and to provide some of the protective equipment that has been called for, over almost two months now.

Mr. Kevin Lamoureux: Mr. Speaker, what we need to recognize is that this has actually been an issue since September of 2013. In fact, it was December 2013 when it became well known and understood to be a serious problem, and the virus has grown. The

Canadian government did not really get engaged until April 2014. There is no doubt that we have been slow in trying to address this particular issue.

Having said that, the purpose of this particular motion that the Liberal Party has put forward today is to ensure that, twice a month, a standing committee will review exactly what Canada has done, what it is doing, and what it will do going forward. It is of critical importance that we recognize that Canada as a country has a leading role to play in the world in fighting the Ebola virus.

I have made reference to my home city of Winnipeg in terms of the lab and the vaccine that is being created because of the fine work by many brilliant minds here in Canada. We have a role to play.

Mrs. Stella Ambler (Mississauga South, CPC): Mr. Speaker, I will be splitting my time with the member for Huron—Bruce.

I am pleased to address the House today on this critically important issue.

Canada is fortunate to be among the countries that remain free of Ebola. As a country, we have been at the forefront of the international response efforts in West Africa. There are overwhelming reasons to help the countries that are not as fortunate as our own. It is also very clear that by helping our Ebola-affected West African partners, the government is also further safeguarding the health and safety of Canadians.

As members know, the Ebola outbreak in West Africa is unprecedented in its scale, geographic reach and humanitarian impact, as well as social and economic impact which will be felt for a long time to come. The developing world is ill-equipped to manage a health emergency of this kind. The crisis is evolving in a context of chronic fragility in places of high poverty and after decades of conflict and civil strife.

While there are no confirmed cases of Ebola in Canada, Canada must be prepared for a case to come here. Provincial and local health officials are the lead on any Ebola case in Canada, but the Public Health Agency of Canada continues to assist them to ensure that they remain prepared.

The increase in the number of cases continues to accelerate, particularly in Liberia and Sierra Leone, where weak health care systems are ineffective in controlling the spread of the virus and treating those who are infected. People are dying of Ebola, but they are also dying of other health problems, such as malaria because they do not have access to the basic services they need. It has become nearly impossible to keep up with the growing medical needs of populations that grow sicker by the day.

In addition to the health burden, the disease and efforts to contain it have disrupted trade and the rain-fed agricultural season, both primary livelihood sources in the region. The Ebola virus is reversing hard-won progress after difficult chapters in the history of some of the affected countries and keeping people from supporting themselves and their families.

According to the World Health Organization, as of October 17, there have been more than 9,211 cases of Ebola and more than 4,554 deaths from the disease reported in Guinea, Liberia and Sierra Leone.

Business of Supply

I would like to acknowledge the valiant work of West African countries, many of whose health care workers have tragically died as they worked to contain this outbreak. As of October 14, Ebola had affected 423 health care workers, killing 239 of them. The World Health Organization has warned that there could be 5,000 to 10,000 new Ebola cases per week by December of this year if the international community fails to act.

Right now, this outbreak has the world's attention and deservedly so. There are very sound reasons to treat this situation with great urgency and seriousness. However, if history has taught us anything, it is that few challenges cannot be overcome by the determination and resources of a united and committed global community. In the face of an unprecedented challenge, the world is capable of unprecedented action.

We know what needs to be done and the tools exist to do it. We are at a turning point where it is critical to respond to the rallying cry for help if we hope to contain this devastating disease and treat those who have been affected.

I have been very proud to see that Canada has been at the forefront of the international response to this outbreak. We have committed over \$65 million to the United Nations and others to improve treatment and prevention, improve health capacity to save lives and support basics such as nutrition. We need to combat the disease as well as the fear and ignorance that surround it if we are to be successful.

On September 18, the United Nations Security Council declared the Ebola outbreak to be a threat to peace and security in West Africa. As UN Secretary-General Ban Ki-moon acknowledged last month, this has become more than a health issue; it is now a social and economic one as well, with regional implications.

As a result, the UN announced the deployment of a new Ebola emergency health mission to bring together the full range of UN actors and expertise in order to support national efforts in affected countries. UNMEER is the first-ever UN emergency health mission set up in response to the unprecedented outbreak.

● (1520)

The United Nations and the World Health Organization have declared the outbreak of the Ebola virus disease in West Africa both a public health emergency and a complex crisis requiring a range of measures. With our recent announcement, Canada is among the key donors to the Ebola crisis response. Canada recognized early the risks that this Ebola outbreak represents and has already made significant contributions in support of humanitarian and security interventions to help contain its spread.

Ours is a whole of government approach which includes contributions from our embassies in affected regions, the Department of Foreign Affairs, Trade and Development, the Public Health Agency of Canada and Transport Canada. Canada's funding will support the international efforts to stop the outbreak, treat patients, ensure essential services, preserve stability and prevent outbreaks in surrounding, but as of yet, unaffected countries.

Up to \$18 million of this new funding will go to the WHO and the International Federation of the Red Cross and Red Crescent Societies to strengthen the medical response in Ebola-affected countries as

well as assisting non-affected neighbouring countries. They will also help prepare local health structures in how to deal with people who have contracted Ebola.

Up to \$13.5 million will be contributed to the World Food Programme and the UN Ebola multi-partner trust fund to meet critical gaps in the response as well as the logistics and transportation needs of responders.

Finally, up to \$20.5 million will go to the UN and World Food Programme to provide health education to communities and improve access to basic services including food and water. This will provide a foundation for greater local engagement on the dispelling of fears surrounding the disease as well as expanding prevention and community care services for Ebola patients.

We are providing on the ground laboratory diagnostic support in Sierra Leone through the deployment of scientists from the Public Health Agency of Canada and also supporting experts to be sent through the Red Cross and UN operations.

In addition, Canada donated up to 1,000 doses of experimental vaccine developed in labs in Canada to the WHO, so that they can be made available as an international resource. The vials represent two-thirds of the total vials of this experimental vaccine currently in the possession of the Public Health Agency of Canada.

Canada will keep a small supply of the experimental vaccine to conduct research in clinical trials on safety and efficacy. We will also keep some vials in the unlikely event they are needed in Canada. These vials, offered for donation, are already on their way to the WHO in Geneva. The first shipment left yesterday.

The vaccine vials are being sent in three separate shipments as a precautionary measure due to the challenges in moving a vaccine that must be kept at a very low temperature, -80°C is my understanding, at all times and in the event that there is an accident during shipping.

The WHO has determined that there are some important safety and ethical considerations that it needs to resolve before the vaccine vials can be given to people. The global community, under the leadership of the WHO, is making progress addressing those issues. There are also logistical challenges.

Canada stands ready to support the WHO and we expect to see our donated experimental vaccine deployed as quickly, ethically and as safely as possible. Canada welcomes efforts to strengthen the coordination of efforts through the new UN Mission for Ebola Emergency Response and we have called for an integrated plan that outlines the roles of all groups and countries involved.

Canada will continue to explore how we can further respond acting on the humanitarian assistance that is the clearest expression of our shared Canadian values. Canadians stand with the people of West Africa during these extraordinarily challenging times and with all those on the front line fighting the Ebola outbreak in this region.

Business of Supply

In that context, Canada remains committed to working with our partners in the international community to help stop the outbreak, treat patients and meet humanitarian needs.

• (1525)

[*Translation*]

Mrs. Anne-Marie Day (Charlesbourg—Haute-Saint-Charles, NDP): Mr. Speaker, the NDP believes it is essential that Canadians are informed and that the information they receive is as accurate as possible.

This past Monday morning, I listened to a press conference held by Quebec's health minister, who was surrounded by a number of doctors and groups. They delivered very precise and very detailed information about how they would proceed if ever there were cases of Ebola detected here in Canada, and in Quebec in particular, since the Quebec health department was holding the press conference.

Canadians should be able to fully trust that the government and the Public Health Agency of Canada will keep them safe.

Can the member tell us what the government has done to inform Canadians?

[*English*]

Mrs. Stella Ambler: Mr. Speaker, I would agree with the hon. member that Canadians do need to be kept informed. Certainly, we are doing so in many ways. Not only this House, but this government, in particular, the Public Health Agency has provided a series of infection control guidelines including Ebola-specific guidance.

However, as far as the measures that the Canadian government has taken, those are absolutely available online as public information because Canadians want to know that Canada has committed over \$65 million in support of humanitarian effort as well as security interventions related to the spread of the virus.

They want to know that we have provided two mobile lab units in Sierra Leone and scientific expertise on the ground in West African countries that are most affected. They want to know about the personal protective equipment that we sent.

The Government of Canada is doing everything it can to let Canadians know that Canada is at the forefront of helping in this terrible crisis.

• (1530)

Mr. Ted Hsu (Kingston and the Islands, Lib.): Mr. Speaker, I would like to follow up on something the Prime Minister said during question period. It sounded like there was some uncertainty as to whether the government would be voting in favour or against the motion today.

Since some time has passed, I wonder if the member knows whether she will be voting for or against the motion.

Mrs. Stella Ambler: Mr. Speaker, I did note, with interest, his question in question period today about medical personnel. I certainly think the motion on the table has merit, but he will have to wait until the vote occurs to see how I am going to vote.

Mr. Joe Daniel (Don Valley East, CPC): Mr. Speaker, I thank my colleague for such a succinct report on what we, as Canadians,

are doing for Ebola, to control it, et cetera. Having visited my own local hospital, the North York General Hospital has set up laboratories that are available and are ready to take care of any Ebola issues, and units for isolating people if anything else like that happens.

How prepared does she think we are in Canada, particularly in the larger centres, to actually deal with the issue of Ebola entering our country?

Mrs. Stella Ambler: Mr. Speaker, I want to reassure the member for Don Valley East that, indeed, Canada is well-prepared and is continuing to be vigilant in the face of this very serious problem. We are improving our systems and our level of preparedness every day.

Canadian hospitals have strong systems and checks in place, control systems designed to control the spread of the infection, to protect health care workers and to provide the best possible care.

We have had, in the past, experience with SARS and H1N1, which has increased our level of preparation for these types of emergencies. The Public Health Agency of Canada has provided a series of guidelines which will be followed, as well, in the case of an outbreak or any kind of case in Canada.

Mr. Ben Lobb (Huron—Bruce, CPC): Mr. Speaker, it is a pleasure to rise in the House today and discuss this motion. Just to review it, the motion is:

That the House recognize the devastation that Ebola is wreaking in Western Africa and the serious threat to public health that the virus could pose to Canada; and call on the Minister of Health, the Chief Public Health Officer of Canada, and the Minister of Public Safety to appear before the Standing Committee on Health twice monthly to report on Canada's efforts at home and abroad to ensure that the outbreak does not pose a threat to the health and safety of Canadians.

That is the motion we are looking at. The attempt from the Liberal Party here is to have these people come to the health committee, of which I am a member, and report back to the committee twice a month until, I guess, further notice. There is no start time and there is no end time. There is nothing in the motion that mentions that the minister of development, who could also be a liaison, should appear.

I really disagree basically with the entire portion of the motion. The reason I say this is that the Health Canada website lists everything that it is doing. It is right there in real time. The minister and the Chief Public Health Officer have held press conferences. They have put out press releases. It is in the news every evening, so the information is out there and it is getting to Canadians. All of the provinces are working together. They are working with the minister and with the local public health units.

In Ontario, the Liberal government and the Liberal minister, Dr. Eric Hoskins, actually complimented the minister on television a few days ago. They pointed out what a great working relationship they have on this issue and how provinces, ministers, public servants, health officials, and everybody involved are working to make sure that Ebola does not come to Canada but, most importantly, that if it does, they have the ability to recognize it, detect it, treat it, and make sure that the health care officials who are providing front-line care are protected when doing their job.

It is an important comment when we hear someone from a different party from ours complimenting, rising above partisanship, and stating the facts on what is taking place.

Business of Supply

That is what I feel. I feel as well that a lot of this is about recognizing the roles of the federal government, the provinces, the local health units, and the local hospitals. All these areas are doing their jobs and are working collaboratively. Just the other day, the federal response team was in Nova Scotia doing a trial run. That is a further example of how each level of government and each agency is working to make sure it is done correctly.

We have been doing what has been asked of us by the WHO. We have delivered, both in dollars and in the personal protective equipment that we have sent over. We have been there. Obviously, we want to work with the WHO to make sure that we are addressing the issues in Africa and that we are trying to contain the issues there so that they do not spread to Canada. Travel advisories have obviously been set up. With other air traffic coming into Canada, direct flights are not available in many cases.

● (1535)

These are important facts to show what we have done, but let us get back to the point about the actual process that the Liberal Party brought forward on this motion.

To my mind, the committee is maybe not the best avenue for this work to be done. I will point out why. It is because of the way the committees are set up in the Standing Orders. Basically the minister, the Chief Public Health Officer, and the Minister of Public Safety would be there, and they would each have 10 or 15 minutes to present their information.

All that information is already in the public domain. It is available. The Liberal Party would have seven minutes to ask questions.

Canadians are being informed. That is the point: Canadians are being informed. Anything that would be presented in committee is already in the public domain.

If members of Parliament, specifically the Liberal members, need information or want information, the minister literally sits right across from them. If they had a question, they could come over and ask it during question period. They know all the minister's staff, and they could contact the staff. The information is flowing. There is not a problem with information. All the information is in the public domain.

The other important thing is that we are not resting on our laurels. We are working, as I said, with the World Health Organization, but we are also monitoring, very closely, what is taking place in Texas. We are working with the Centers for Disease Control and Prevention to make sure that if there are any areas for improvement, we are taking those actions.

It is important to recognize that there can always be improvement. We can always do better. We can always find ways to make those important front-line health care officials as safe as possible, because we do know how this disease is transmitted.

One thing I wanted to talk about here with prepared notes was one of the institutes, the Institute of Infection and Immunity, or III, which supports research and helps build research capacity in the areas of infectious disease and the body's immune system.

In addition to supporting research, III plays an important role on infectious disease issues in Canada, including helping to coordinate Canada's rapid research response to infectious disease outbreaks, especially those caused by new and emerging pathogens.

To respond to these emerging threats, CIHR III has led the effort to strengthen Canada's vaccine research landscape through strategic investments, leadership, and partnership activities. For example, starting in 2006, CIHR III led the development of the pandemic preparedness strategic response initiative, and our government made an investment of \$21.5 million.

A lot of these investments were made some time ago so that we would be prepared as a country to protect our citizens from these outbreaks.

Tremendous leadership in developing this initiative was shown by forming linkages and building partnerships with provincial, federal, and international stakeholders. As I mentioned earlier in my comments, these partnerships increased the total amount of funds available for research from \$21.5 million to \$43.3 million. This investment allowed CIHR to support more than 92 projects involving 345 researchers across the country.

The projects supported through this initiative produced a variety of research and commercialization outcomes. For example, over a third of the projects researching vaccines and immunization produced results that could lead to a new drug or vaccine.

There is no doubt about it: we have done a great job in working with our partners, both abroad and locally. All should be commended on this point.

I do have an amendment to the motion.

I move, seconded by the member for Yukon, that the motion be amended by replacing the words "the relevant minister and ministers to appear twice monthly" with "the Minister of Health" and replacing the word "monthly" with "as soon as possible".

I will now take questions.

● (1540)

The Acting Speaker (Mr. Barry Devolin): In order for an amendment to an opposition day motion to be put forward, the mover must have the approval of the mover of the original motion. I see that the hon. member for Vancouver Centre is here. Does she give consent for the amendment?

Hon. Hedy Fry: No, Mr. Speaker.

The Acting Speaker (Mr. Barry Devolin): In that case, question and comments. The hon. member for Winnipeg North.

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, the presentation the member has made in regard to the motion is interesting. I think it is a genuine attempt to try to recognize that the government does have a responsibility, and all indications, at least in some of the discussions I have had with some of his colleagues, are that they are at the very least open to the amended motion as it is currently being debated.

Business of Supply

My question to the member is this: does he not recognize that there is a totally different atmosphere in a standing committee, which meets for two hours and offers an opportunity to create a lot more dialogue than there would be during question period or something of that nature? Does he recognize that Canadians would benefit by having different ministers deal with this very important issue in a committee setting?

Mr. Ben Lobb: Mr. Speaker, I thank the member for his question, but I will go back to the point I made.

If members opposite want any information that they somehow cannot get hold of, the minister sits right in front of them. They could go over at any time and ask. If they still felt that they needed more time, they could arrange for a meeting with her in her office, or with her staff or the parliamentary secretary. If they had questions about any information, they could do that.

My point was that if members opposite have questions, they would have seven minutes in a committee meeting. I have witnessed the questions in committees for years, and usually they have a six-minute, 59-second question and one second for an answer. I am trying to say that if they want to have a meeting, why not just arrange to meet with the minister or meet with her staff? They are always willing and available to have a meeting. It is a far better use of everybody's time, and opposition members would have the ability to ask more questions. I think it is a great thing.

• (1545)

Ms. Peggy Nash (Parkdale—High Park, NDP): Mr. Speaker, obviously the NDP believes that the Canadian public needs to be well informed when it comes to situations such as a health crisis. People want to know that they and their families are protected by the government. They need to have faith that the government and public health agencies are ensuring their safety and security in these situations.

I want to ask a question specifically about the vaccine.

The government was slow to get the vaccine to trials. With respect, the member opposite has said that we can ask a question of the minister, but the Leader of the Opposition has been asking this question and we have not been able to get the answer.

The government sold the rights to a made-in-Canada vaccine for Ebola for only \$200,000. The Americans were able to get their vaccine to trials one month before Canada did, and the minister has done nothing to expedite the trials.

My question is this: what steps did the government take to get the vaccine to trials before September, and why did it fail to intervene and ensure that this vaccine was available?

Mr. Ben Lobb: Mr. Speaker, my thoughts are that a lot of the time New Democrats just get it plain wrong. I think it has been proven through the years that they do get it wrong.

The point is the front-line workers. The vaccine is one thing, but the front-line workers are preparing and improving every single day to make sure that Canadians will be safe and protected if there is an outbreak. That is the most important thing. The vaccine, granted, is one thing, but based on the evidence and the facts we have today, the

priority is to ensure that if there is an outbreak, all the front-line workers are protected and have been educated. It is a big job.

We have all heard what the Liberal health minister in Ontario, Dr. Eric Hoskins, has had to say. He feels very confident. He is obviously concerned and he has a big job to do, but he complimented the way our government is working with the Ontario government, and we are doing that from coast to coast.

I think New Democrats should get on board and work with the minister a little better than they do.

Mr. Adam Vaughan (Trinity—Spadina, Lib.): Mr. Speaker, I rise today to support the motion. I do this based on my experience, largely based in Latin America and doing development and aid work, primarily in El Salvador.

The experience that I had in El Salvador informs the approach that I think is missing on this file, and it highlights some of the challenges that we have when we look at a country at what is happening. It is one of the reasons why bringing responsible ministers to committee and probing them on this issue is about more than simply addressing the immediate, important and vital concerns around Ebola, its spread in Africa, and the possibility of its spread to other countries. It is also about trying to figure out how we can change our approach to these situations so that we stop finding ourselves in a position of constantly responding to crisis. Instead, we should rearrange, restructure and rethink our foreign policy and our support of developing countries in such a way that we are practising preventative measures so that we protect populations from crisis and prevent these situations from arising.

I do have some experience with friends who have done work in Africa. One in particular has run several large refugee camps in Africa and is now working for an aid organization out of Washington. One of the things that the western countries continuously do, including Canada and other developed countries, is to decide what is in their best interests as their approach to foreign policy and development work, instead of taking a look at what is working and what is effective in the countries where they are trying to do work.

Particularly in Africa, what was found through research was that western countries in Europe and North America were more focused on saving money in the delivery of aid than actually delivering aid effectively. Particularly around food, where Africa has had huge challenges with malaria and AIDS, the drought and famine dynamic in Africa has fostered the spread of disease. Because we have not built a transportation infrastructure to deliver aid to where people need it and where people are living, what we have done is create centres to which people have to come to get food and medical resources. They get concentrated around these aid camps, pick up diseases, share them among different people from different regions of the affected area, and then go back to their smaller communities and spread those diseases.

Business of Supply

We have become agents of contaminants and disease precisely because of the way in which we deliver aid. This is a significant problem and it needs to change. The way it needs to change is by switching our foreign policy from one of purely economic development and looking for opportunities to exploit economically on behalf of Canadian companies, to one that gets back into the process of developing the social and physical infrastructure required in these countries to manage their public health, local government and social capacities in such a way that we prevent the problems from spreading.

I am a new member, and I neglected to inform the Speaker that I will be splitting my time with the member for Random—Burin—St. George's. I apologize for that.

To return to the issue at hand, in this current situation, we need to develop an aid policy that builds capacity. If we take a look at the on-site conditions in places such as Liberia, there are no public ambulances. Not a single ambulance in that country is operated by a public entity. I recognize that perhaps there are some on the other side who think that all health care should be privatized, but the trouble with having a privatized health care system like that is that there is no effective way in an epidemic to deliver patients to hospitals safely. There is no way to deliver medicines and goods to hospitals across a country safely if there is no effective public intervention in the transportation system. This is a problem.

With the ravages of AIDS and the dynamic of depleted professional populations through these various epidemics, we have also seen that doctors and the intellectual capacity of some of these countries have been significantly challenged by the way in which they have to manage these crises. As a result of that, doctors and laboratory assistants, the very expertise that we need to combat this on the ground, are not present in some of these countries. The hopes of developing this expertise are extinguished when we invest not in universities and training but simply look to exploit minerals or other economic opportunities.

We need to change the way we do foreign policy, share our intellectual knowledge and financial capacity, and reinvest our dollars and capacity as a country into restructuring, rebuilding and reinvigorating the social capacity of these countries. That is not happening.

When we have a foreign policy driven by trade and not by development, what ends up happening is that when one of these tragedies emerges, the capacity for the country to respond is not there.

● (1550)

That is why we send a field laboratory into Africa rather than simply facilitating the construction and arrival of a permanent laboratory in this part of the country that could do other work after Ebola, hopefully, disappears. It is also why we see in these sorts of catastrophes in a country such as Liberia, one of the largest producers of rubber, it has no capacity to manufacture its own rubber gloves or protective gear. It is mind-blowing in terms of the simplicity that we could drive into a situation like this by moving to create capacity in these countries.

Canada has other things it can share beyond simply sending drugs here, there and everywhere, and sending temporary support to these countries. For example, with the SARS epidemic, which took root in Toronto when the epidemic spread to our country, we have developed some of the finest public health protocols. Those health protocols are contained within our borders.

We have not set up the capacity to train public health workers in other countries. We have not used our acquired intelligence on these things to pursue a policy of developing capacity in these countries. Again, we return to a trade-based foreign policy instead of a social development policy. As a result of that, these crises emerge and they emerge unchecked in countries that are struggling to provide basic services to their people.

As I said, I worked in El Salvador. I have delivered aid directly to municipalities there. It was not a program supported by the federal government. It was a program supported by the City of Toronto. It was a city-to-city initiative that saw us taking decommissioned ambulances, repairing them, driving them to El Salvador and building the only public ambulance capacity in that developing country.

As a country, we have the capacity, the resources and the expertise to build and develop this capacity in Africa in places where not only Ebola but other diseases and famine and civil war are destroying civil society. We need to reinvest in our capacity to create civil society.

One comment that was made across the aisle that I think is an important one was about bringing more than just the health ministers to bear. Bringing the development minister and the foreign affairs contingent of the executive branch of government is critically important because we need to start reorienting our approach to foreign aid in such a way as we build capacity. That is missing from this debate. A focused and sustained conversation through committee is the way to start to change the way the government and our country responds to international dynamics.

We need to do this and we need to do it in a way that allows for our country's capacity and talent to shine on the international stage, rather than to simply respond and deliver the same message time and time again, that it is all about trade. It is as if somehow trade is going to stop a disease from spreading or that somehow trade is going to build capacity in a country where quite clearly the capacity has not been built, despite the fact that Liberia's gross domestic product has been outpacing most of Africa's, growing at a rate close to China for the last five years. That growth is now significantly threatened.

This is the direction in which the Liberal Party hopes to take foreign policy. This is the direction in which we hope to focus debate through committee. That is why we are asking members of the House to support the member's motion.

● (1555)

Mr. Colin Carrie (Parliamentary Secretary to the Minister of the Environment, CPC): Mr. Speaker, I want to thank my colleague for his speech. I was listening carefully. One of the things we learned in the House, and members would remember H1N1, is the importance of communications and getting the messages out to Canadians.

Business of Supply

Does the member opposite feel that the all-parliamentarian briefings, the numerous press conferences and daily question period appearances are insufficient to keep Canadians updated? I feel, from experience, that our public health officials should be working at their jobs during issues like this. They should be out there working to communicate with Canadians directly and with their international partners to work internationally to see if we can work together to solve these issues.

Therefore, why does he think that everything that is being done out there is not sufficient to keep Canadians updated?

Mr. Adam Vaughan: Mr. Speaker, one of the great challenges in the modern world is effective communication. While we have sometimes pat answers to very complex questions posed in question period, the inability to follow up and get detailed answers beyond talking points is frustrating many of us who are trying to communicate with our constituents but more importantly to communicate with all Canadians.

The committee allows for us not necessarily to communicate directly, not to frustrate the rank and file and the members of the public service that are doing the work day in and day out, but to talk to the leadership from the parliamentarians of this country specifically about ideas, strategies and emerging issues, as well as to explore new courses of action, which are cropping up around the world and are being presented to us from different locales right around the globe. This allows us to focus efforts, communicate and explore the issue, and also to create more effective policy.

The problem with simply relying on a website or relying on sitting down in private with the minister and talking about this is that new ideas do not see the light of day and as a result of that our approach stays locked in a process that, quite frankly, has failed these countries and has failed this country in terms of its international reputation.

• (1600)

Ms. Peggy Nash (Parkdale—High Park, NDP): Mr. Speaker, I have to say that the way we deliver aid certainly is an area where Canada can improve greatly. It is something that I also have experience in and I share the concern about that.

I want to take a moment and thank both the leader of the official opposition and the member of Parliament for Vancouver East for all their work on this file. Specifically the member for Vancouver East has raised a number of very serious, specific, important questions that I think this motion is trying to get answers to. It was regarding Canada's emergency preparedness and I would like to cite from a letter that the member for Vancouver East has sent to the health minister and she asked a number of very practical questions that are still not answered.

Who is responsible for ensuring quarantine and treatment protocols for Canadians? What communications have been undertaken by the Public Health Agency to inform Canadians? What kinds of screening protocols are currently in use at ports of entry? What kinds of precautions will protect Canadians who are—

The Acting Speaker (Mr. Barry Devolin): If the member has a question, she can put it. If not, I will go to the member for Trinity—Spadina.

Ms. Peggy Nash: Thank you, Mr. Speaker. There were just so many questions that remained unanswered.

The Acting Speaker (Mr. Barry Devolin): Right. I appreciate that another hon. member had many questions. The question is does this member have a question for the speaker.

Ms. Peggy Nash: Mr. Speaker, my question is this. Are these the kinds of questions that the member for Vancouver East has been trying to get answers to that the member for Toronto perceives would be answered by getting the minister to the health committee?

Mr. Adam Vaughan: Mr. Speaker, one would hope and one would have expectations and good faith that those are the sorts of answers that we would receive with the sorts of questions that we have composed and tabled in the House as questions that need serious answers.

However, my speech focused not just on the emergency response and the reactive capacity of government, but we need to also start to probe and start to put together a program that is proactive and is actively engaged in creating capacity in countries in Africa but also in Latin America and Southeast Asia. It is not good enough to simply keep responding to crises, whether it is the housing crisis, the crisis in the Middle East, or whether it is crisis in Liberia and Nigeria and the countries of West Africa.

This country knows that if we prepare for problems ahead of time, we mitigate the impact of disasters. We may not be able to prevent them, but preventive action is just as important, in fact even more vitally important to invest in, especially in developing countries. Yes, there are questions about the reaction of the government, but we also want to steer the government back into a role that traditionally Canada has played, which is being proactive and anticipating the need to build civil capacity in developing countries. It is something we have done proudly in the past, but seem to have abandoned in favour of a trade-based foreign policy.

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MESSAGE FROM THE SENATE

The Acting Speaker (Mr. Barry Devolin): Before we resume debate, I have the honour to inform the House that a message has been received from the Senate informing the House that the Senate has passed the following bill to which the concurrence of the House is desired: Bill S-6, An Act to amend the Yukon Environmental and Socio-economic Assessment Act and the Nunavut Waters and Nunavut Surface Rights Tribunal Act.

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BUSINESS OF SUPPLY**OPPOSITION MOTION—EBOLA**

The House resumed consideration of the motion and of the amendment.

Ms. Judy Foote (Random—Burin—St. George's, Lib.): Mr. Speaker, I rise today to speak in support of this important motion from my Liberal colleague the hon. member for Vancouver Centre.

Business of Supply

The Ebola outbreak in West Africa has been described by the United Nations as a crisis unparalleled in modern times. Never before have we seen an outbreak of Ebola this large, severe, or complex. According to the World Health Organization, as of October 12, 2014, a total of 8,973 cases and 4,484 deaths have been reported in Guinea, Liberia, Sierra Leone, and Nigeria, with an additional death recorded in both Spain and the United States. Clearly it is an unprecedented global health crisis requiring an unprecedented international response. However, in the words of Doctors Without Borders international president Dr. Joanne Liu, the international response has been “lethally, inadequate”. The disease has taken its toll on health care workers in West Africa, with 427 infected and so far 236 dead.

After seeing the price being paid by brave health care workers in the region, I was deeply concerned to read reports that even after the Ebola outbreak began, the Canadian federal government chose to sell off rather than donate roughly \$1.5 million worth of stockpiled medical equipment at bargain basement prices, even though this very equipment is urgently needed.

GlobalMedic's director of emergency programs estimates that 130 of the 150 pallets of personal protective equipment his organization has shipped to Sierra Leone and Liberia came from the Public Health Agency of Canada's stockpile that was sold off at an auction. This is simply unacceptable. How was it allowed to happen? Surely health care workers fighting the Ebola crisis in West Africa need masks more than the Canadian government needed the \$50 it reportedly received for 500,000 masks sold at an auction.

However, as we have seen through the tragic infection of health care workers in Dallas and Madrid, even the well-equipped, sophisticated medical systems of the west are not immune.

My Liberal colleagues and I are concerned about the recent cases of Ebola that have emerged in North America and the government's minimal communication to the public and to Parliament on the level of Canada's preparedness. At any outbreak, clear and open communication is key to both the coordination of prevention efforts and reducing fear and confusion. That is why I am calling on members of the House to support the motion from my Liberal colleague the hon. member for Vancouver Centre. Regular and frequent updates are essential measures to keep Canadians safe and informed about the Ebola virus disease.

Having key members of the federal government appear before the health committee on a twice-monthly basis to inform Parliament and Canadians on the specific measures they are taking to ensure the Ebola virus does not pose a threat to the health and safety of Canadians is an important part of the motion. Hearing from experts such as the Chief Public Health Officer of Canada and from the ministers responsible for Canada's response would help to ensure Parliament is kept informed and Canadians receive timely updates on the government's actions.

Having the ministers and the Chief Public Health Officer of Canada appear before the health committee would also allow members to question the government on, for example, what precautions are being taken for the Canada Border Services Agency at land and marine crossings, in addition to airports. These are areas the government has not been clear about. Being open and transparent

is essential to keeping the public informed and reducing confusion about the dangers these diseases pose to our country.

Recent false alarms throughout Canada, however, have shown the strength of the Canadian medical system and the professionalism of our public health professionals when they have the information and the resources they need.

Earlier this month, for instance, Eastern Health in Newfoundland and Labrador undertook a series of simulated emergency preparedness exercises in three hospitals in St. John's. According to Dr. David Allison, Eastern Health's Medical Officer of Health:

The purpose of this exercise is to further challenge and validate our procedures to ensure that possible cases of Ebola, or other infectious diseases, are correctly contained, diagnosed appropriately and treated quickly

● (1605)

This past weekend, the Public Health Agency of Canada conducted a practice drill, deploying one of its Ebola rapid response teams to Nova Scotia. This is an important exercise, and we believe that the agency must continue to work with provincial and territorial governments to ensure that regional hospitals are set up with the highest level of isolation protocols and treatment units if a case should reach Canada.

I know that I and all residents of Newfoundland and Labrador are comforted that we have such capable and dedicated public health professionals guarding against Ebola in our province. We should not, however, be complacent. The current government has shown little regard for public health in the past. It was only this September that the government finally appointed Dr. Gregory Taylor as chief medical officer, 16 months after his predecessor stepped down. To leave that critical job vacant for 16 months, even as the health crisis gripped West Africa and potential Ebola patients were being isolated in Canadian hospitals, is deeply troubling.

The Canadian Federation of Nurses Unions has also raised concerns about the lack of training and protective equipment in some areas. Every front-line health care worker throughout the country should be provided with training, and personal protective equipment should be made available. The recent exercise by the Public Health Agency of Canada in Nova Scotia is an excellent start, but these emergency preparedness drills should be held throughout the country to ensure coordinated responses in all provinces and territories.

Business of Supply

Furthermore, the Public Health Agency of Canada must coordinate regular meetings of professional groups like the Canadian Public Health Association, the Canadian Medical Association, Canadian Nurses Association, and the Association of Medical Microbiology and Infectious Disease Canada to ensure members and member associations, such as the Newfoundland and Labrador Medical Association, are kept informed of data protocols, evolving medical best practices, and risk assessments. These organizations have a vital role to play in ensuring medical personnel on the ground are aware of early signs and symptoms of Ebola and how to deal with suspected cases in a way that protects them and everyone around them.

I commend the selfless efforts of the many Canadian public health professionals who have already answered the call for assistance and have been taking on leadership roles in the medical response in West Africa. Currently, Dr. Eilish Cleary, New Brunswick's Chief Medical Officer of Health, is in West Africa working with a World Health Organization team to contain the outbreak. So far, 14 employees of the National Microbiology Laboratory in Winnipeg have gone overseas to assist with disaster response. Doctors Without Borders and the Canadian Red Cross have mobilized Canadian health care workers to aid in the response. We owe them an enormous debt of gratitude, and we wish them a safe return home when their work is finished.

These Canadians have put themselves at risk and have made incredible personal sacrifices to help fight this devastating epidemic at its source. Despite their efforts, the number of Ebola cases in West Africa is growing every day, and humanitarian organizations' capacity to respond is diminishing.

The current government has made many promises, but of the \$35 million pledged this September, only \$4.3 million has been committed according to the UN Office for the Coordination of Humanitarian Affairs. Both at home and abroad, we need more transparency in the federal government's response to this public health crisis, and that is patently obvious when we watch the news. Last night I watched a piece on the CBC by Adrienne Arseneault. It was heartbreaking to look at what is happening in countries abroad with respect to Ebola, and to see people who are helpless, who are looking for help, and that help is not there.

We have to do our part as Canadians. We have to do what Canada is known for doing, and that is being there to help in times of crisis. Unfortunately, it does not appear that we have been doing what people expect Canada to do, and that is to be at the forefront of fighting a crisis like the one we are now experiencing with Ebola.

This motion is an important step in the direction of ensuring that we are aware of what is happening on a daily basis, that reports are being made by those in a position to give us and, more importantly, Canadians the information so we are able to deal with this crisis in a manner that will save lives, not see more lives lost.

• (1610)

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I thank my colleague for a very well-researched and moving speech.

We know that the Chief Public Health Officer of Canada actually has to report to Parliament as public health officer of Canada, and reporting to Parliament through the health committee is an

appropriate way to do so. I think this is about openness, this is about transparency, and this is about public accountability, because there are many questions that have not been answered in this House. There are many questions that have not been answered in both of the public press conferences held by the minister and the Chief Public Health Officer on Friday and on Monday, which dealt with the vaccines, why it took so long, why only a little over \$4 million of \$65 million promised has been received, where the rest of the money is, and why it is not there. We know that timeliness is important.

My question for my colleague is simply this. How else—and let us imagine that no one else wanted to accept this motion—can we get accountability, transparency, and openness from the Chief Public Health Officer and from the Minister of Health, whose duty it is to actually coordinate and manage any infection that occurs in Canada and abroad?

• (1615)

Ms. Judy Foote: Mr. Speaker, first, I thank the member for Vancouver Centre for the motion, which is so important. It is about transparency, it is about knowing what is happening, and it is about knowing how the Ebola crisis is being dealt with. Never before have we seen a crisis as complex as this, when it comes to Ebola.

As the member said, the reporting to Parliament is very important, but what it would also do is provide information to Canadians, from coast to coast to coast, so that they have a level of comfort about what is happening, in terms of how their country is dealing with this issue and how, as a country, we are reaching out and helping in other parts of the world, which is our responsibility to do as a part of this global nation.

Yes, we need to have more transparency and more accountability. That is what the motion would do. I am hoping that everybody in the House will recognize that and support the motion of the hon. member for Vancouver Centre.

[Translation]

Mr. Jonathan Tremblay (Montmorency—Charlevoix—Haute-Côte-Nord, NDP): Mr. Speaker, do the Liberals really think that asking the Minister of Health to show up twice a month will protect Canadians?

I think this is a feeble motion. Would they be willing to amend it and strengthen it to make it more forceful, more substantial, in order to better protect Canadians?

[English]

Ms. Judy Foote: Mr. Speaker, I am not sure what the member is proposing, but at least what the motion would do is bring the minister, front and centre, to give the answers we are desperately seeking to a lot of the questions that still remain, with respect to this crisis.

Let us bring all the ministers who have a responsibility for public safety in front, along with the public health officer. Let us at least take that first step and see where we go from there.

Business of Supply

When we are talking about transparency, accountability, and openness, the motion is certainly a step in the right direction and if we have to build upon that, we can.

However, right now, that is what we have on the floor before us. Let us do everything we can to provide Canadians that level of comfort, as well as the rest of the world.

Mr. Mike Sullivan (York South—Weston, NDP): Mr. Speaker, I appreciate this opportunity to speak about a world crisis.

I will be splitting my time with the member for Saint-Bruno—Saint-Hubert.

Eleven years ago, Toronto was overwhelmed by a virus, which arrived from Hong Kong, called SARS. I want to give the House some appreciation of the impact. It is estimated that it cost the world \$40 billion in health care and productivity costs. We are coming close to that figure now for the Ebola crisis. Estimates of a \$30-billion cost, just to try to corral the disease, have come to light, and Canadians are telling us in great numbers that Canada should be doing as much as it possibly can, including sending military response teams, which so far the government has refused to do.

I want to come back to the SARS experience. My wife had a very personal experience with the SARS outbreak. She was diagnosed with breast cancer just after the hospitals started closing in Toronto. The hospitals started closing in Toronto because the SARS outbreak was impossible to corral. People did not really understand it and did not know what to do. All of a sudden, her surgery to remove part of her breast was cancelled, because the hospitals were no longer accepting patients. Now she had a rapidly growing tumour in her body that could not be removed.

Somehow our family doctor managed to find a doctor willing to do the operation at a hospital in Toronto. It was one of the most eerie and disturbing experiences anyone could hope to imagine. Late in the evening, I had to pull up to the outside of the hospital and let her go in on her own. I was not allowed in. She had to check in with the security guard and then find her own way to the 11th floor, where she was the only person. She had to go to her own bed and wait there in the hope that someone would show up. That is how empty that hospital was. The next day, a surgeon and a small surgical team operated. That experience was repeated over and over again in Toronto as Toronto tried to deal with the very real problem of trying to maintain a health system while the health system itself was under attack.

Something that I am not sure everybody here understands is that one of the potential problems with this disease is that it is so easily spread that even health care workers who are taking extreme precautions, as has been the case in Dallas and Spain, have become infected. No one is really certain why these health care workers became infected, because they should not have. They had been taking precautions. If that is the ease with which this disease can spread, how are hospitals in my city of Toronto going to cope when and if cases of Ebola, and I do not think it is a matter of if but of when, start arriving in greater numbers than we have already experienced?

There are currently 9,000 or so reported cases of Ebola in West Africa, and there is no travel ban. There is no limit on people

travelling out of that area. The incubation period for this disease before any symptoms arise is between two and 21 days. That means that people can be travelling while infected and not know it. We are apparently conducting some voluntary screening of some passengers who are coming from these affected places, but I am very afraid that we are going to have a very serious problem should this disease make its inexorable travel to more countries, including Canada.

The mayor of my city has learned, as have I, that the government has declared at least one hospital in Toronto and 10 in Ontario as special hospitals for dealing with potential Ebola cases. In a letter to the Prime Minister that I do not believe has been responded to yet, the mayor asked for more details on the Government of Canada's plans to protect residents of Toronto and the GTA should any cases of the Ebola virus be positively identified in Canada and in Toronto.

• (1620)

A Toronto hospital has been designated to care for Canadian responders if any become infected in the Ebola zone in West Africa and are transferred back to Canada for care. We have a situation in which the government has decided, absent the City of Toronto, that it will designate a hospital, with all good intentions, I am sure. However, the people of Toronto should know what is going on. There should be some transparency. The mayor has asked for that transparency. We, too, would like that transparency.

The member for Vancouver East has asked similar questions of the Minister of Health, questions about who is responsible for ensuring quarantine and about who is responsible for making sure that the hospitals and medical practitioners have the appropriate equipment.

It has become clear that the equipment that we thought was appropriate is not working, because 20% of the victims of this virus are health care workers. That means that they are not able to protect themselves. As we have found out, two, one in Texas and one in Spain, became infected while caring for a patient with all of the west's most modern equipment. Something is wrong with the approach we are taking.

There are a number of other questions I will not go through, but those questions deserve answers. The Minister of Health needs to respond to our critic for health so that we can have a dialogue, so that we can begin the process the Liberal opposition day motion would like to continue, which is to continue the process of providing information to members of Parliament, through the committee, on a twice monthly basis.

That, in itself, is not enough. There will need to be a whole lot more done, but it is a good start. We will be supporting this motion.

The other thing I wanted to mention is that in my riding of York South—Weston, there is a company called Tagg Design that two years ago developed a system for hospitals to use to protect themselves, to protect health care workers and others, from the transmission of infectious diseases inside a hospital. That system was a system of signage, a system of making sure that doors were sealed and that doors had signs on them to say that the patient behind the door required this kind of protection for the health care workers.

Business of Supply

We wrote to the Minister of Health at the time and asked for a meeting to discuss this kind of system, which the WHO is very interested in and which Canadian hospitals that have tried it have found to be effective.

We asked the minister for a meeting to discuss how the Government of Canada could assist in promoting this kind of inside-the-hospital protection against the transmission of infectious diseases. Unfortunately, the minister refused to meet with us. We had an indication from the government that it was really not interested in proactive measures to protect health care workers from the spread of infectious diseases, and not just health care workers but other people who use those hospitals.

We know that the government would rather just let things take place. Apparently it has designated a hospital, and we do not know which one, as the place where people will go. We do not know whether that will then require the closure of that hospital.

If a hospital is declared the place where Canadian health care workers go if they contract Ebola, and that hospital is in my city, I would like to know. The medical staff of that hospital would probably like to know that the hospital has been so designated so they can start planning around it, so they can start determining whether it has to rearrange the schedules for surgeries and other care for patients who are there. It is quite likely, given the experiences in Texas and Spain, that if a number of patients with Ebola arrive at a hospital, we are going to see it close. We are going to see that hospital become, itself, quarantined.

That is an effect of this disease that has yet to be discussed in any form. It has been asked about, by our mayor and others. What are the government's plans? As of this moment, we do not have answers, and we need those answers. This motion will help give us those answers.

• (1625)

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, I want to thank my colleague for his very thoughtful comments on this important debate that we are having today. I would also like to thank him for sharing his personal family experience, because I think these things matter a lot in terms of impacts on our health care system.

Certainly we in the NDP have been raising the issue of the Ebola crisis almost every day in the House. The leader of the official opposition, the member for Outremont, and others in our caucus have been raising this issue with the Minister of Health, and there are many unanswered questions.

I think the member well understands the importance of the health care infrastructure that we have in this country. We need to have protocols in place, hence some of the questions in the letter that we sent to the minister, but for West Africa, not having basic health infrastructure is a critical issue, whether it is clinics, delivery systems, or access to primary health care. I wonder if the member would comment in terms of the importance of Canada supporting that kind of long-term initiative.

Mr. Mike Sullivan: Mr. Speaker, clearly it is in Canada's best interest as a country and as a people to ensure that diseases such as Ebola are contained where they break out. However, they will not be

contained if the places they break out in do not have adequate resources and a public health system in place.

The U.S. government has started supporting the creation of public health systems in third world countries, but we have not. Our approach has been to give money to mining companies in those countries to create systems that are not related to public health.

We need to be ever mindful and ever vigilant that these diseases, which are springing up in more than the usual number, need to be corralled and controlled in the locations where they break out.

• (1630)

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, I want to pick up on the member's personal experience in Toronto.

I am very sympathetic to the member's personal story, which highlighted the importance of recognizing that in the federation that we live in, we have many different jurisdictions. Some jurisdictions, such as the Province of Ontario, have a fairly large department of health with a lot of professionals, while smaller provinces may not have the same sort of resources. I say this because it is important that the federal government play the coordinating role in establishing a protocol so that people have a sense of what would happen if a case of Ebola is discovered in our country.

I wonder if the member might expand on the importance of the federal government working with provincial ministries of health and of those ministries working with Health Canada to ensure that we are all on the same page, and that if someone is discovered to be infected with Ebola, we will be using a common protocol that is in the best interests of all.

Mr. Mike Sullivan: Mr. Speaker, clearly it is in the best interests of all Canadians to have a health care system that is roughly equal everywhere one goes. We do not want to discover that if we get sick in one province, we are worse off than if we had that same illness in another province.

However, that is how our systems have started to devolve over the years. There has been very little effort on the part of the federal government to enforce the Canada Health Act. This is yet another example of the government's central role in ensuring that the standards, the practices, and, in the case of infectious disease outbreaks, the protections that are necessary to protect the public and health care workers are actively followed and are at the best possible quality across the country so that we do not have situations in which people are better off in one province than another.

[*Translation*]

The Acting Speaker (Mr. Barry Devolin): 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 Lac-Saint-Louis, the Environment; the hon. member for Thunder Bay—Superior North, Democratic Reform.

Business of Supply

Mrs. Djaouida Sellah (Saint-Bruno—Saint-Hubert, NDP): Mr. Speaker, a month ago, my colleague from Laurier—Sainte-Marie called for an emergency debate on Canada's response to the Ebola epidemic. A month ago, the WHO reported that there were over 2,000 victims. Now, there are over 4,000. In one month, the number of victims doubled. A simple calculation reveals that if we do not stop the spread of the virus, in 18 months, 4 million people will have the disease.

This is an international health emergency, and members of the House have a sense of responsibility in light of this human condition. We are all very worried about what is happening in West Africa. We are following the development of this crisis, and the international response is essential, not just in terms of providing vaccines, but also in terms of making sure that medical supplies, protective equipment and human resources are on the ground.

There is not enough international aid at this time. The international community has given only 38% of the \$988 million requested by the UN. The Conservative government has made some big announcements, promising international aid totalling \$65 million. However, only \$5 million has been paid out so far. What happened to the rest? When will the government free up the funding it promised? These are just more empty promises from the Conservative government. Here is what Michael Hurley, president of the Ontario Council of Hospital Unions, had to say yesterday:

[The government's] financial contribution has been paltry...I've seen no evidence of any mobilization of financial or health human resources behind the fight from Canada in West Africa.

The...government's theory that Ebola's coming to Canada is inevitable is true only if it remains committed to doing almost nothing to assist West Africa.

The best thing to do is to nip this epidemic in the bud, which means tackling it at the source and containing it in West Africa to prevent it from crossing our borders.

The deployment of UN-led military resources must be considered, along with access to emergency treatment. The Prime Minister has refused to send in the Disaster Assistance Response Team, even though the humanitarian organizations working on the ground in West Africa continue to call for an emergency military deployment in order to provide rapid logistical support for the humanitarian response. The WHO has said that it can meet only 21% of the need for beds in Liberia, 29% in Sierra Leone and 50% in Guinea. In September, the WHO identified 300 health care workers who were infected with the Ebola virus.

These countries have been devastated by the epidemic and cannot really fight it without adequate logistical and human reinforcements.

We have the civilian, logistical, technological and even military capacity to help the organizations working on the ground. Canada's response to this crisis should include disaster response teams that specialize in health and biohazard management, either through DART or some other mechanism.

• (1635)

Why is the Conservative government not considering the possibility of deploying teams that specialize in health and biohazard management? As hon. members know, Canada has that capacity.

Why does the government not want to send in reinforcements to help the agencies on the ground?

I understand that we should not be alarmist and predict that contagion is imminent in Canada, but in my opinion, having the Minister of Health, the Chief Public Health Officer of Canada and the Minister of Public Safety appear before the committee is not a lot to ask and should not be so off-putting to the members across the way.

This would help reassure our constituents. Canadians need to be sure that the Public Health Agency of Canada will be able to properly respond to an outbreak of the virus in Canada. The suspected cases so far have revealed flaws in our preparedness and coordination. Holding drills and setting up response teams are steps in the right direction, but they came one month after notification of the first cases in the United States and Spain.

Communicating clearly with the public, reconsidering our investments in public health and being certain that we are doing everything possible to protect the health of Canadians are all reasons that the motion being debated today makes sense. The Minister of Health, the Chief Public Health Officer of Canada and the Minister of Public Safety need to appear before the committee to answer our constituents' questions, and especially so that we can track Canada's decisions and its operations in West Africa.

• (1640)

[*English*]

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I would like to thank the member for participating in this debate. As a physician, she would probably be able to shed light on this question. If in the space of one month, after Canada had supposedly sent so much aid, we saw a doubling of the number of deaths, based on the evidence, surely that should say to somebody that it was not working because there should not be double the number of deaths if what we were doing was working and was timely. Through some disclosure in debate in the House today, we have since found out that we cannot account for a lot of the aid that was promised and did not get there, including vaccines.

The World Health Organization has repeatedly asked for more personnel to help on the ground. We know that Cuba sent 365, the United States sent 3,000 of their armed forces out there on the ground immediately and Canada has sent 13 people. The minister has suggested that she would not send anyone unless we have an exit strategy. Surely, if Cuba can do this and the United States can send 3,000 people right off the bat a month ago, I would like to know this.

Could the minister not follow what they were doing? Could she not follow their exit strategies instead of dragging our feet once again? Since April, we have been dragging our feet on this.

[*Translation*]

Mrs. Djaouida Sellah: Mr. Speaker, I thank my colleague for her relevant question. I had the pleasure of working with her on the Standing Committee on Health, so we have a number of things in common.

Business of Supply

Unfortunately, the Conservative government dragged its feet on helping West Africa. The vaccine vials given to the WHO just left Canada, and just \$5 million has been sent so far, although the government promised to send \$65 million.

Furthermore, Health Canada auctioned off important medical equipment to companies that are using it to make a profit. Meanwhile, West Africa is in desperate need of that equipment. There is a lack of coordination from the international community in the management of resources and personnel in West Africa. That is why we have asked the government to send equipment, through DART, to help the people on the ground.

As I have already mentioned, that is best way to nip this epidemic in the bud instead of waiting for it to hit our borders.

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I listened carefully to the speech given by my colleague from Saint-Bruno—Saint-Hubert. I always appreciate the relevance of his comments, which are based on his indisputable experience and expertise, especially on a topic like this one.

My question for him is similar to one we just heard from a Liberal colleague, who said that Canada should be providing more meaningful emergency assistance to the countries struggling with this epidemic in West Africa.

The motion that we are debating today is very specific. It states that the Chief Public Health Officer of Canada and the Minister of Health must appear before the Standing Committee on Health twice monthly. However, we all know what an insatiable appetite the Conservatives have for transparency and disclosing information.

In my colleague's experience, would it not make sense for the Liberals to open the door to an amendment that would put more emphasis on what we really want, which is meaningful action on the ground, both within the country and abroad?

• (1645)

Mrs. Djaouida Sellah: Mr. Speaker, I would like to thank my colleague for his remarks and questions, which are always relevant.

We said from the beginning that we must not wait to take action. We support this motion because we want information. Unfortunately, as we know from the Conservatives' track record, this government does not find it easy to share information or to be transparent.

This motion is a step in forward in requiring this country's officials to give Canadians the facts.

Hon. Mauril Bélanger (Ottawa—Vanier, Lib.): Mr. Speaker, I am pleased to speak today on this very important and very urgent issue.

Over the past 12 years or so, I have been very involved in the Canada-Africa Parliamentary Association. I am co-chair and Senator Andreychuk is the other co-chair. This association brings together over a hundred parliamentarians from every party in both chambers with an affinity for and a real interest in Africa.

As a result, we are concerned not only about the existing crisis in West Africa, but also about the potential consequences it could have for the population of the entire world.

When I was asked if I was interested in speaking, I agreed to do so, just as I did during the emergency debate that was held the first evening the House resumed.

Roughly 34 million Canadians are represented by the 308 members of the House; actually it is now 306 members, to be more precise. I was hoping that, out of respect for Parliament, the government would support this motion, and I would like to spend a little bit of time talking about that.

Every member represents tens of thousands of Canadians who often seek information or help from their member of Parliament. In my office, as in the offices of most of my colleagues from all parties, we have received calls from constituents asking questions about the Ebola crisis and its potential consequences, what they should do and what the government, public institutions, hospitals and doctors are doing.

I am a bit surprised because the comments I heard from the government members indicate that they are going to vote against the motion. I am surprised and disappointed by that because, at times like this, we need to put partisanship completely aside. We need to rely on the fact that the mandate of the 306 members—338 after the next election—goes beyond partisanship. Members of Parliament are there to provide information to Canadians and help them when possible and necessary. In this case, timely and accurate information is of the utmost importance.

For example, today I received an MP kit on Ebola, and I believe all of the members should have received one as well. I got it this morning, but I had hoped to receive it some time ago. I read it quickly and saw that it was not very complete. Information was missing, and we are not going to get that information during question period. That is not the right platform. It could come during a routine committee meeting, for example, and that is what we are proposing, so that members can ask questions. If I were not a member of the committee, I could certainly speak to colleagues who are so that they could raise some of the questions that my constituents asked me.

A question came to me after someone told me that people who have contracted the virus are not contagious until their fever has reached a certain level. Is that true? If it is true, we should know. If that information is in the kit, I have not yet come across it, but I do not believe it is in there.

Nonetheless, that is the kind of information that people have a right to know, and it could also help calm the fear that is unfortunately starting to take root, less so here than elsewhere. We are seeing the situation unfold in Texas, and we saw it a bit in Spain.

I think it would be worthwhile for members of all parties to have access to all the information so that we can ask the important questions. That is the role of Parliament in situations such as this. No matter who is in power, that government has a responsibility to respect that role and help MPs inform the public objectively and accurately so as not to stir up fear.

Business of Supply

●(1650)

In situations like this, if we let the media—which tend to sensationalize things sometimes—do this job, we might end up with people who are worried for no reason. That is the main reason I would like to see the government support the motion. It would give us a mechanism requiring the ministers in charge to appear before a committee every week or two to update members. Of course, I would hope that these meetings would be public and broadcast on television. The media would be there and it would be a way to regularly update Canadians from coast to coast on what is happening, on what the government is doing, on developments, initiatives and so on. I think this motion is altogether positive.

Occasionally, the Minister of Health might be unable to participate. If that happens, as an exception, I think that my colleagues would be okay with the deputy minister appearing. This is not a hard and fast obligation. This is about respecting parliamentarians and their role in serving Canadians and the people they represent.

I would really like my colleagues opposite—those listening, anyway—to think about that and pass the message on to the people who decide whether they vote for or against this motion.

I wanted to mention a few other facts. There has been some positive news in the past few days. We all heard on the news that Nigeria was declared free of Ebola. There have been no new cases of Ebola in the country for over 40 days, which is twice as long as the virus's incubation period. That goes for Senegal too. There seems to be good news in Spain as well. The nurse who had the virus seems to be free of the disease now. These encouraging signs suggest that we really can contain the virus. When I spoke to this the night we came back, I talked about how we should focus more on preventing the spread of the virus.

[*English*]

Its containment is extremely important, as members would realize, and in the three countries most affected, Sierra Leone, Liberia and Guinea, it has not yet been contained. Everyone recognizes that and I think everyone is starting, including the United Nations, WHO, donating countries, to realize that this is where the effort has to be concentrated.

For instance, there is a very valid argument going on as to whether or not it is useful to do what we are doing at the airports, or some people are doing at airports, in testing the body temperature of passengers when they arrive. If an individual has the virus and it has not yet manifested itself and they do not have a fever, it will not be detected. Therefore, they will be carrying it into whatever country they are arriving in, and after that it could develop. Therefore, the usefulness of that exercise is somewhat questionable.

The suggestions I have heard that I think are more stringent and more demanding, but perhaps much more efficient, would be to control access to those leaving the three countries where it is not yet contained, whether it is Liberia, Sierra Leone or Guinea. Anyone getting on a plane there should be subjected to very stringent measures so that we know it will not be carried away.

I do not know what kinds of measures. I am not a scientist, and it may require some time, so people may not be able to leave the

country for a long time. That is the nature of quarantine. We are prepared to quarantine people here in Canada. We have no problem with that, if they do carry the virus. Why then are we not putting that question into where the virus now resides and make sure in a way that it does not leave that area and does not spread? I think that would be a much more efficient way. I am wondering if the government has considered that, and if there are ways we could help those three countries to ensure it is not spread.

●(1655)

That is the containment portion of this issue.

Yes, we have to be prepared in case something such as unfortunately happened in Texas and in Spain happens in Canada. My sense is that finally we are getting to that level, and that is good. The level of preparedness has to spread and be applied throughout the country. If someone arrives here with the virus undetected, develops a fever down the road and goes into a hospital, he or she is not going to pick the hospital that has been picked for that province to be the hospital dealing with Ebola, especially if he or she lives in a city that does not have that hospital.

Therefore, the staff members, I suspect, of all hospitals are going to have to be better prepared and equipped to deal with it. That is the second phase of what we need to do, and I would hope that for public health facilities and staff, advice will be propagated rapidly on the methods that are necessary to ensure that should the virus get here it would be contained immediately. This is very important. I do not think anyone would disagree with that, so let us ensure that is indeed happening.

The last thing we need to deal with is finding a vaccine for this virus. That is a mixed bag because the fact that DND in the past developed one, and ZMapp another one, is at least encouraging. There is the fact that no corporation thought that it would be profitable to do so. Because the previous incidents of Ebola in Africa were in small, isolated areas and it spread in that area and then died or stopped spreading, no one wanted to develop a vaccine because they did not see a profit from it. I imagine there are corporations now that think differently. Even if not, governments including ours have to think differently and have to ensure that there is a vaccine developed for this virus. Whether we do it ourselves or we do it in conjunction with other countries, it has to happen and I would hope that we would put the resources we have to that effect. It seems that we are headed that way so that, too, is encouraging.

I got a recommendation that is also interesting from a constituent today. My leader asked a question for the Prime Minister during question period and did not get an answer. At some point, I would hope we would consider this seriously. That is the notion that whenever we have had situations around the world of serious earthquakes or flooding and people and whole communities are affected, where people die and then diseases step in because there are no health facilities available, we have encouraged Canadians to donate by having government match their donations.

There are numerous Canadians right now, some of them for their own concerns and concern for their relatives, who would want us to be able to get to the level where we have contained the disease, we are prepared and we find a vaccine, and they would be prepared to contribute to that. There is also a significant number of Canadians who would want to contribute to charitable organizations that are duly credited and recognized by Revenue Canada and that are officially involved in this effort in western Africa.

Nothing is unlimited and the government could put a limit on it. However, if the government says that it has put \$65 million in, and that it is prepared to match for another x millions of dollars any donations from Canadians to help fight this situation, get it under control and develop a vaccine, which would be the solution eventually so once we have managed to contain this one if another occurrence of the virus happens, we would have the instruments necessary to extinguish it immediately, I would think the Government of Canada would do a good thing by that. It would not be just for the world, but for our own citizens who would want to contribute and would feel that their contribution would generate a matching donation from the government to tackle the most significant health situation now around the world.

I am going back to the motion that is before us. I hope that we do not see the government defeating this because it would indicate a total lack of respect and caring for the Parliament of Canada.

● (1700)

We are here as duly elected representatives, each with tens of thousands of constituents who are all concerned about this situation and want some regularly updated, objective, factual information and advice they can incorporate in their daily work and routines, especially if they have to travel, because people are getting concerned about that. I think that would be good.

Once we manage to contain and end this, the world will have a huge job to do in helping these three countries in particular and those in that general area, because their economies are just wrecked right now.

[Translation]

All three countries' economies are tanking. Companies are shutting down and people are on the verge of panic. Unfortunately, this could go on for a while. Even the World Health Organization has recognized that we are still a long way from containing the virus. That organization has sketched a scary picture: if this virus is not contained soon, over 1 million people could die from it.

I prepared a short report for my directors in August. I said that 4,500 people had been infected and that 2,200 of them had died. Those numbers have since doubled. Nearly 10,000 people have been infected, and roughly 4,500 or more have died. Furthermore, it is estimated that there could be another 10,000 cases by the end of the month. I think that is forcing people to wake up. It is time to take clearer, more aggressive action and to ask Canadians to take part in this effort.

I talked about this earlier, but I would like to repeat a suggestion that someone shared with me, something that I think would be very interesting. The government could match any donations made by Canadians to charitable organizations registered with the CRA that

are already involved in the effort to contain the virus and help the people in those countries. There is a tremendous need in terms of health and the protection of individuals, as well as our volunteers, including the doctors and nurses working on the ground. The number of health care professionals, such as doctors and nurses, who have been infected with the virus and have died is frightening.

I think that our hats should go off to these people. I am among those who recognize the value of our army and our soldiers, but these people make an extraordinary effort and put their own lives at risk because they understand very well how important it is to contain this situation. We must help these people. We must help the victims and the children whose parents died from this virus. We must help people get food and water. The aid needed by these three countries in particular is immense. I think it would be good to encourage Canadians to contribute to the cause and ensure that the government matches the donations made by Canadians.

Twice now we have debated this subject in Parliament in a short amount of time. That is because the situation is not under control and is even getting worse. I would think that the political and public authorities appreciate the magnitude of the situation by now and the need to address it quickly and bring it under control as soon as possible.

* * *

● (1705)

[English]

BUSINESS OF THE HOUSE

Hon. Laurie Hawn (Edmonton Centre, CPC): Mr. Speaker, there have been discussions among the parties, and I believe if you seek it you will find unanimous consent for the following motion:

That, notwithstanding any Standing Order or usual practices of the House, if a recorded division is requested on Wednesday, October 22, 2014, on Ways and Means Motion No. 15, it shall be deemed deferred until the expiry of the time provided for Government Orders that day.

The Acting Speaker (Mr. Bruce Stanton): Does the hon. member for Edmonton Centre have the unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. Bruce Stanton): 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)

* * *

[Translation]

BUSINESS OF SUPPLY

OPPOSITION MOTION—EBOLA

The House resumed consideration of the motion, and of the amendment.

Business of Supply

Mrs. Anne-Marie Day (Charlesbourg—Haute-Saint-Charles, NDP): Mr. Speaker, the Canadian authorities are saying that Canada is well prepared to deal with a possible outbreak of the virus here at home, while nurses are saying that the quarantine protocols are not clear and that we do not have the latest equipment. What is more, the Conservatives cut \$60 million from the Public Health Agency of Canada in the past three years.

My question is very simple: does the hon. member have any idea how Canada would combat a potential Ebola epidemic here at home?

Hon. Mauril Bélanger: Mr. Speaker, Canada has a fairly well-developed and well-functioning health care system. However, it must be prepared and equipped to control Ebola should someone contract the virus.

We want the federal government to play its roles properly. It has several roles, including sharing accurate information on a regular basis. That is what this motion is about today.

Canadians must be convinced that the government is serious in its approach, and the members of the House who are elected to represent them must be given this accurate information regularly in a non-partisan way. When people call us, we have to be able to give them useful and timely information and advice.

I do not want to start an argument. I just want us, as parliamentarians, to play the role that the people we represent expect us to play.

[English]

Mr. Kevin Lamoureux (Winnipeg North, Lib.): Mr. Speaker, in the resolution that we are going to be voting on, it emphasizes the importance of meeting twice a month as well as the importance of the Chief Public Health Officer of Canada, the Minister of Public Safety and the Minister of Health.

It is not necessarily limited to those ministers. Could my colleague clearly state, which he has been able to do throughout his speech, why it is so important that these individuals be made accountable at a standing committee and how Canadians would benefit by that?

• (1710)

Hon. Mauril Bélanger: Mr. Speaker, it is the long-standing practice of the Parliament of Canada to do that when facing a situation. We did it for Afghanistan and other situations. It demonstrates a respect by the government for Parliament and its role. That is all we are asking. We are asking it to go to the health committee, which has its mandate and is made up of members from all sides.

I can tell my colleague, who is a member of the committee, that I have heard these concerns. People tell me that they have heard certain things and they ask me to please find out. That is how it works.

There is a level of collegiality that has to be attained when, collectively, we are facing a very difficult and severe situation. I am not sensing a willingness on behalf of the government right now to enter into that collegial mode, which I think would be the best way to serve all our fellow citizens.

[Translation]

Mr. Robert Aubin (Trois-Rivières, NDP): Mr. Speaker, I would like to thank the member for Ottawa—Vanier for his speech and for his extensive and long-standing involvement in the Canada-Africa Parliamentary Association. I will come back to this spirit of collegiality, since that is something I would like to hear more about if the member is at liberty to discuss it.

Over the years, we have discovered that the Conservatives have taken partisanship to new heights, not only in the House but in all of Canada's democratic institutions. My colleague and I have had the misfortune of discovering that together on the Standing Committee on Official Languages, for example.

If there is one place left where partisanship is less present and where we at least do not wash our dirty linen in public, it is likely in the friendship groups.

The question that I want to ask my colleague is quite simple: does he feel as though the members who belong to the Canada-Africa Parliamentary Association because they have a great interest in Africa are effective spokespeople to their colleagues and are committed to dealing with this issue without partisanship?

I could say that I do not think that the Liberals' motion goes far enough, but that is no reason not to support it, because we need to do more, more quickly.

Hon. Mauril Bélanger: Mr. Speaker, I would usually wash my dirty linen in private, not in public.

Two weeks ago, the organization we are talking about, the Canada-Africa Parliamentary Association, held a briefing on Ebola, which included representatives from the Department of Foreign Affairs, the Public Health Agency of Canada and others. It was held in conjunction with the Commonwealth Parliamentary Association, since its members were to go to Cameroon. We also had a trip to Africa planned, and we wanted a detailed update. I must say that this meeting was very helpful. Everything was collegial. Members from all parties were there, and the questions that were asked, as well as the information provided, were extremely relevant.

This is an example of the type of mechanism that the House could have access to by using the Standing Committee on Health regularly.

I have been in this House for a few years now. The next election will be my eighth. Unfortunately, I think things in the House have become too partisan. When situations arise like the Ebola crisis in West Africa—which could spread elsewhere and decimate entire populations if it is not contained—I would like us to be able to put partisanship aside and adopt a more collegial attitude to share information. This is not necessarily for our own sake, but for the people we work for, the voters who sent us here to represent them, help them and inform them in a timely and appropriate manner.

My colleague does not think that this resolution goes far enough. We are not asking a lot. We are simply asking that the government adopt a collegial attitude and share information, not for our own benefit, but for the benefit of the people we represent: 34 million Canadians.

The Acting Speaker (Mr. Bruce Stanton): It being 5:15 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

• (1715)

[English]

The question is on the amendment. Is it the pleasure of the House to adopt the amendment?

Some hon. members: Agreed.

Some hon. members: No.

The Acting Speaker (Mr. Bruce Stanton): All those in favour of the amendment will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Bruce Stanton): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Bruce Stanton): In my opinion the nays have it.

And five or more members having risen:

Ms. Judy Foote: Mr. Speaker, I ask that the vote be deferred until after government orders tomorrow, Wednesday, October 22.

The Acting Speaker (Mr. Bruce Stanton): Accordingly, the recorded division stands deferred until tomorrow at the conclusion of government orders.

Hon. John Duncan: Mr. Speaker, I request that we see the clock at 5:30 p.m.

The Acting Speaker (Mr. Bruce Stanton): Is it agreed?

Some hon. members: Agreed.

PRIVATE MEMBERS' BUSINESS

[English]

NATIONAL HEALTH AND FITNESS DAY ACT

The House resumed from September 29 consideration of the motion that Bill S-211, An Act to establish a national day to promote health and fitness for all Canadians, be read the second time and referred to a committee.

The Acting Speaker (Mr. Bruce Stanton): When the House last took up the question, the hon. member for Haliburton—Kawartha Lakes—Brock had seven and a half minutes remaining in his time for comments on the question.

Mr. Barry Devolin (Haliburton—Kawartha Lakes—Brock, CPC): Mr. Speaker, while I realize that having a Chair occupant rise on debate is a little like witnessing a solar eclipse, this is actually the second time I have had the opportunity to speak to this bill. I am delighted to speak on the subject of health and fitness as addressed in Bill S-211, which has been sponsored in the House by my colleague from West Vancouver—Sunshine Coast—Sea to Sky Country and in

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the Senate by Canada's athlete of the century, Senator Nancy Greene Raine. This bill would establish a national day to promote health and fitness for all Canadians.

Before I begin my remarks, I would like to reference a couple of paragraphs from the bill itself, because they will explain what this is about and why we are doing it. It says:

Whereas the Parliament of Canada wishes to increase awareness among Canadians of the significant benefits of physical activity and to encourage Canadians to increase their level of physical activity and their participation in recreational sports and fitness activities;...

Whereas the Government of Canada wishes to encourage the country's local governments, non-governmental organizations, the private sector, and all Canadians to recognize the first Saturday in June as National Health and Fitness Day and to mark the day with local events and initiatives celebrating and promoting the importance and use of local health, recreational, sports and fitness facilities;

This is an excellent bill, which I am hoping all members in this place will support. It is not a silver bullet, and it is not a panacea that will cure all the physical ailments of Canadians, but it is an important piece of a larger puzzle in terms of encouraging Canadians to be fit and active and to look after their own health and that of their children.

When I spoke for a few minutes about this a few weeks ago, I mentioned that it is a challenge that members of Parliament face. Access to good food and not much time to exercise is a combination that causes many members in this place to struggle with their weight, their health, and their fitness.

I hear some "hear hears" from some of my colleagues.

It is important for all Canadians. We have one body we have to make do with from the time we are children until the end of our lives. There are things we can do. Modern medicine really is filled with miracles in terms of interchangeable parts. However, every time I see something on television from Cuba, and I see one of those old 1950 vintage cars, it always reminds me that those taxi drivers knew that they had a car and were not going to get another one. They had to look after it and learn how to repair it and how to maintain it. The fact was that it was just going to have to do them for a long time. For people, it is the same thing. Whether we are in our 20s, 40s, or 70s, we have one body.

Years ago we thought about health and fitness mostly in the context of living longer. That is still part of it, but most of us have figured out that it is about the quality of the life we enjoy. When we see someone in their golden years who can still ride a bike, go downhill skiing, or do other physical activities, we are reminded that they did not get there by accident. They probably looked after their health over the years. That is why they are still able to be active in those later years.

About a year or so ago, when I turned 50, one of my friends said that I was playing the back nine now. I had not really thought that somehow I was over the hump and that I was teeing off on the 10th hole, but it is probably true. It reminded me that it is important for all of us to mind our health. I have two young children, and I try to remind them of this at the same time.

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Obviously, there are all the economic arguments for good health, at a macro level, for our country and society. We all benefit if we all stay in better shape, because it reduces acute health care costs. However, I would suggest that there is a stronger argument than that, and it is the central point I would like to make, which is that it is about quality of life and staying healthy and fit so that we can do the things we all want to do.

This bill today is part of that. It is to encourage other levels of government, such as municipalities, to open facilities, whether they are squash clubs, hockey arenas, or curling clubs, for one day each year so that people who are not familiar with them can go in and try these activities and see if they enjoy them.

● (1720)

It is an opportunity to remind all of us, adults and children, that there is actually an abundance of recreational facilities in many of our communities. Sometimes we go by them many times without ever setting foot inside. Having a day set aside to focus on this would remind Canadians that it is important.

I really want to tip my cap to my colleague, the hon. member for West Vancouver—Sunshine Coast—Sea to Sky Country, who is a true leader in this area. He leads a group of parliamentarians on Tuesday mornings on a run. He leads another group on Thursday mornings for a swim. He is leading by example. Even though it does not show up in the name of his riding, the area he represents includes the town of Whistler, which was home to the 2010 Olympic Winter Games. Anyone who has ever visited Whistler will know that recreational activities are pretty much what make that place and are what attract so many people there.

It is not surprising to me that he is the one pushing this. He has been joined by one of our senators, Canada's athlete of the century for the 20th century. They are a perfect set of bookends around this idea. I would really encourage all members not only to support the bill but to actually take to heart the sentiment captured by the bill and get involved themselves and encourage friends, family, and constituents to do the same.

[*Translation*]

Ms. Francine Raynault (Joliette, NDP): Mr. Speaker, as many people know, I will be 70 next year, and it has never occurred to me to stop being active. This summer, I parachuted from 13,500 feet with actor Guillaume Lema-Thivierge. I went from 0 to 250 km/h in no time, and I would do it again.

There is no age limit for being active, and being able to keep moving while growing older is a luxury that everyone should have. Canada's aging population raises important questions about how we can keep people active as long as possible.

That is true for physical activity and family recreation, but it is also true for community involvement, which is difficult if one is not physically healthy enough.

Having a healthy country is the choice of both individuals and society. I am talking about an aging population because that is my personal reality. However, I also have grandchildren, and I recognize that there is a growing childhood obesity epidemic. That said, none of my eight grandchildren are obese. It is a problem of embarrassing proportions; pardon the pun.

Some 20% of children are overweight, and among adults, the figure is over 50%. What will it be in the future? Obesity is hard on the body, the joints, arterial health, the heart and so on.

What will today's kids do when they are my age? Will they even reach my age? That is worrisome, because I know that leading a long, active life is a blessing for each of us as individuals but also for all of us as a society.

I must say that it is not always easy to stay active. Our schedules get busier and busier, work is demanding, and parents often have to work long hours or several jobs to make ends meet. When they go home at the end of the day, they have to take care of the kids, clean the house, make dinner and pay the bills.

They do not have a lot of time left over for physical activity, and that might be why 85% of adults do not engage in the minimum amount of physical activity required for good long-term health. That proportion is 10% higher among young people. That is something we should all be worried about.

For these reasons, I support Bill S-211. I also want to add that it is almost November, a month associated with depression, fatigue and even suicide. Do Canadians know that physical activity can help with that?

It would be good to remind them that adding a little physical activity to their routines will improve their mental health, reduce stress, build self-confidence and improve mood. It is also important to note that regular physical activity boosts energy levels.

Not for nothing did singer Dédé Fortin write the song, *Dehors novembre*. We live in a northern country, and the onset of winter is hard on people. I think it is a very good idea to remind people of the benefits of physical activity around this time.

In addition to all that, I would like to point out that a preventive approach is good for society as a whole. Heart disease and stroke alone cost Canadians \$20.9 billion per year. That much money would buy exactly 350 million pairs of running shoes, which is more than enough to get everyone back in good health.

● (1725)

We can promote physical activity with a preventive approach. The NDP has been calling for that since 2011. To that end, we must make it easier to access federal parks. Here, we have Gatineau Park, which is free and has open access. Such a gem is not available in every region, and access to some parks—such as La Mauricie National Park next to my riding—is becoming more and more expensive. For a low-income family, just getting to a park costs a lot of money for gas. Charging fees to a family might be a deterrent to many.

The NDP thinks that the federal government should work with the provinces and territories to ensure that every child can lay the foundation for an active life by incorporating physical activity in his or her lifestyle.

Beyond access to national parks, we can also make it easier to access fitness centres and sports teams. I believe parents should never have to choose between buying groceries and registering their children for hockey.

Many organizations in Canada recognize the importance of physical activity and believe that the government has a role to play in promoting it to Canadians. That is the position of the Canadian Nurses Association, which has stated that the federal government has a duty to play a leadership role in promoting active living in Canada. The Canadian Cancer Society has said the same thing, namely, that the government is one of the most important forces in influencing active living.

I could go on and on naming organizations that believe the government needs to play a greater role in promoting physical activity, but I think my position is fairly clear.

To sum up, I clearly support Bill S-211 because I recognize the importance of the individual and collective benefits of this. I also recognize that we all stand to gain from a healthy, active life. How could anyone oppose this? This bill is a responsible initiative that will really help Canadians live better lives as young people, be better parents and, one only hopes, stay healthy as they age.

To promote everyone's health, it is imperative to start by making it easier to access our national parks, which really are public treasures. We should also make it easier for people to join fitness centres and sports teams.

We will then have stronger, healthier communities, not to mention the fact that older, retired people will have more to offer their communities for a longer period of time, thereby allowing us to benefit from their experience. As for young people, they will be more active and better prepared for work, but more importantly—and it is important to point this out at this time of the year—people of all ages will be happier. Everyone will be in better shape and therefore in a better mood. This could help prevent frustration.

• (1730)

[English]

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, Liberals will be supporting Bill S-211 because it aims to designate the first Saturday in June of each year as national health and fitness day.

We are pleased to support this bill from my colleague from West Vancouver—Sunshine Coast—Sea to Sky Country. It is a laudable initiative indeed, even though symbolic. However, I think we need more than just a day and we certainly need to do more as governments to promote healthy, active living at all ages.

I remember my years as a physician when I was very involved with the British Columbia Medical Association and the Canadian Medical Association. One of the things we had been trying to do for years, and I am talking about 30 years, was promote one hour of daily quality physical activity in schools, but we could not get that done. Not all provinces have that at the moment.

I heard my colleague say that if one begins as a young person learning to be physically active every single day of one's life, it becomes a lifestyle habit. It becomes like brushing one's teeth, having a snack in the middle of the afternoon, getting homework

done, watching TV, all of those other things. It becomes a part of one's routine and one's life. It is easier then to carry that on as one grows and goes through life cycles, so that by the time one becomes a senior, one would continue to have that active physical living.

We know that active living is not only a good thing to incorporate into one's lifestyle, but it is an important part of health promotion and disease prevention. Exercise and active living helps people who have Alzheimer's postpone the disease. If we can start getting people active throughout their lifetime, we may be able to postpone Alzheimer's. If we postpone Alzheimer's for five years, we will literally be seen to have eradicated the disease, mainly because we do not live five years longer every year, and people would not have their ability to remember and function neurologically fail.

We also know that there is a rise in children who will never be as healthy as their parents were, mainly because of type 2 diabetes and obesity. It does not help to have computers, as we all sit here everyday and watch ourselves become slightly addicted to social media and everything else we do with computers. Again, it tends to bring down the level of physical activity in young people.

We also find that eating fast foods, processed foods and a large amount of food that is high in fat and sugar have a tendency to create obesity. We know that increases the risk of stroke, heart disease, and with type 2 diabetes, vision problems, as well as neurological problems later on in life.

Active living will assist people throughout their lives to either prevent or postpone chronic disease and illness, which, to be crass, costs the health care system a great deal of money. Active living will create savings so that we can put money into other things that are necessary to keep us healthy and give us quality of life, such as mental health care or other areas of health promotion and disease prevention.

We can perhaps look at finding a way to assist people who are physically and mentally unable to work and live reasonable quality lives. There are a lot of things we could do with that money we would save the health care system by reducing hospital costs.

At the same time, people will be healthier, work and live longer. We see that seniors today are living and working longer. They will continue to contribute to the tax base, the economy and the productivity of the nation.

The initiative to designate a national health and fitness day has been gaining widespread support for all those reasons. We now have about 150 municipalities across the country that have adopted some form of health and fitness day.

The bill originated in the other place by Senator Nancy Greene Raine, who is an avid supporter of active living. Increased physical activity not only promotes physical health but also mental and emotional health. Again, we find that people who exercise more are less likely to be depressed and less likely to have problems like Alzheimer's.

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• (1735)

Over the last decade, the participation rate in physical activity in Canada has actually declined. The majority of Canadian adults and children do not meet the physical activity level guidelines. According to the Public Health Agency of Canada, in the period between 1981 and 2007-09, measured obesity roughly doubled in most age groups in the adult and youth categories for both sexes. The data also indicated that approximately one in four, which is 24.3%, Canadian adults age 18 years and over is obese. The combined rate of Canadians who are overweight and obese is 62%.

In 2005, the costs of adult obesity in Canada were estimated at \$1.8 billion in direct health care costs and \$2.5 billion in indirect costs for a total of \$4.3 billion.

Obesity and lack of physical activity increases the risk of developing several chronic diseases, including osteoarthritis. We know it is linked to some types of cancer, though we do not quite know how direct the links are.

The 2009 report estimated that on average an inactive person compared to an active person spends 38 more days in hospital and uses 5.5% more family physician visits, 13% more specialist services, and 12% more nurse visits.

The rate of obesity varies across the country. It is a good thing to dedicate a day across Canada to fitness, and for the federal government to be talking about this since the federal government is responsible for the health and well-being of Canadians regardless of where they live.

What we saw from a recent UBC study is that my home province of B.C. has the lowest obesity rate. That is probably in part because British Columbians tend to engage in more healthy and active lifestyles. It just so happens that we also live in lotus land which offers the best things since sliced bread. The mover of the bill can relate to this, coming from British Columbia himself.

In 2005, the previous Liberal government invested \$300 million over five years in the Public Health Agency of Canada for an integrated strategy of healthy living and chronic disease to ensure that Canada had an integrated approach in addressing major chronic diseases and their risk factors. One of the key pillars was promoting health by addressing the conditions that lead to unhealthy eating, physical inactivity and unhealthy weights.

There are many factors that play into the physical activity and healthy living of adults all the way through their life cycle. This is important; this is a start. This is only one of many things we can do. It is one way to remind us, at least once a year, that we should get out there and become active.

• (1740)

Mrs. Joy Smith (Kildonan—St. Paul, CPC): Mr. Speaker, it is my great pleasure tonight to speak to the bill. I think it is one of the most important bills we have had in this Parliament because it affects all of us in a major way.

I have to compliment the member for West Vancouver—Sunshine Coast—Sea to Sky Country. He has taken a dynamic leadership role in, first of all, making MPs aware of healthy eating and healthy living styles. Parliament Hill is a place where we eat on the run. We

eat unhealthy foods because we are so busy. We are on airplanes all the time, and need I say more about airplane food and the inactivity of sitting on an airplane? We have chronic issues there.

Having said that, when I was first introduced to the member for West Vancouver—Sunshine Coast—Sea to Sky Country, he was starting all these fitness programs around this place. I am possibly the least sports- or fitness-minded person. As a mother, I took my kids to every sport known to man, from hockey to soccer. I was the hockey mum and the soccer mum and did all those kinds of things. My husband is a wonderful athlete and does everything from martial arts to hockey to whatever. That certainly helped him when he got chronic cancer, because today he is in remission, and I credit that to, number one, prayer, and second, his fitness level was fantastic.

When I look at what the member for West Vancouver—Sunshine Coast—Sea to Sky Country has done, it has began to turn or reset the channel of even Parliament Hill, the seat of Parliament where we are supposed to be producing laws for all Canadians and being examples for all Canadians.

I had a big challenge personally, because at a very young age my brother drowned and it hit our family very hard, particularly my mum. I was a baby at the time, so I do not remember my older brother, but I remember my mum sitting in a rocking chair and every once in a while she would start to cry. Even when I was a teenager, my dad would say, "Leave mum alone for a while. She just needs this time". She was remembering the tragic loss of her son and our brother. I have to say it sort of seeded a fear of water in me. I love to look at the water. I love to put my toe in the water. When I was very bold, I would walk into water up to my neck and hope I could still reach the bottom, because I liked the water in way, but I feared it dreadfully.

One day the member for West Vancouver—Sunshine Coast—Sea to Sky Country said, "Why do you not come and learn how to swim?" I kept telling him I did not have time, and I really did not have time. I was very busy. However, it was a very healthy thing to do and he is very persistent and very persuasive. I could not believe it. I bought a bathing suit, goggles, and a cap. I looked like something from outer space, and I do not have the greatest figure in the world, so getting me out there just on that basis was a challenge.

Having said that, I started going into the water, and today I am not a bad swimmer. I know how to swim and I have learned how to go under water. The most exciting thing is having my goggles on going under water and seeing all the things that are happening there. I got over my fear of water, but it also got me into physical activity.

The other thing I do on a regular basis is biking. We could be walking down Wellington or O'Connor and there we would see the member for West Vancouver—Sunshine Coast—Sea to Sky Country early in the morning on his bike. It never ceases to amaze me how he can bike in extremely cold, windy weather.

I am not that dedicated, but I am dedicated to a charity I started, and I biked for victims of human trafficking. I have done that kind of thing, which motivated me as well.

• (1745)

The member for West Vancouver—Sunshine Coast—Sea to Sky Country has changed the environment around this place through his leadership, and it is an environment of activity that involves people from all parties. It is just amazing. We can get together, no matter what party we belong to, and we can run, bike, or swim, and it is pleasant. It became a three times a week event for me over the summer. I am now down to two times a week, but I do other things.

One of the members said earlier that taking care of our bodies is like taking care of a 1950s car. I wish I were a 1950s car. My car would be a little older than that. Having said that, we have to take care of our bodies and repair them so we will end up living longer.

This awareness that the member for West Vancouver—Sunshine Coast—Sea to Sky Country has brought forward is of paramount importance in my own riding. I love the idea of the first Saturday of June being a national day to promote health and fitness for all Canadians. I love that idea because it would make us all aware. A school will not change our mindset. Parliament will not change our mindset. I have always said that education is our greatest weapon. The more we know about the problems we have, the better off we are. It takes a tremendous toll on our families if we are sedentary and do not take care of our bodies. Not only does it take a tremendous toll on our families, but it also takes a tremendous toll on our lifestyle and our quality of life.

We have heard members talk about the different aspects of the health care system. One-quarter of colon and breast cancers are attributable to Canadians' sedentary lifestyle. Twenty-seven per cent of diabetes in Canada and 30% of chronic heart disease is attributed to inactivity.

It is telling when one in three Canadian children are overweight or obese. It is telling when health care costs due to overweight individuals and inactivity amount to \$7 billion a year. We can do something about that. Under the leadership of the member for West Vancouver—Sunshine Coast—Sea to Sky Country, we have been caught up in the awareness of physical activity.

I have talked to many municipal leaders in my riding about doing something special on that day. There could be free entry into the pool or maybe a special thing for seniors to get them out, like a bike-a-thon. We could do anything on that national health day. Each municipality has the ability to do that.

It says a lot when only 13% of Canadians participate in sports. It says a lot about our need to become aware of the health benefits from activity. It says a lot as well when only 6% of Canadians choose to spend their leisure time in sports.

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That would have been me before, but not anymore. When I have some leisure time, I either go for a swim or a bike ride. I take part in some activity. Through this process I not only managed to overcome a fear of the water, which was tremendous, but I now enjoy the lifestyle and the physical activity. Exercise of some sort clears our minds in such a way that we feel better mentally and physically.

I congratulate once again the member for West Vancouver—Sunshine Coast—Sea to Sky Country for his tremendous leadership on this issue. I urge members to look for him on the Hill. He will be recognized because he always has a bicycle pin attached to his lapel. I think it is marvellous. He gave me one of those little bicycles and I wear it quite frequently now. I am proud to say that I am a bit of a sports jock now. I could not have said that before.

• (1750)

[*Translation*]

Mr. Matthew Dubé (Chambly—Borduas, NDP): Mr. Speaker, as the NDP critic for sport, I am pleased to speak to this Senate bill, which was sponsored by my colleague. The bill seeks to establish a national day to promote health and fitness.

[*English*]

Let me just say first that my colleague from West Vancouver—Sunshine Coast—Sea to Sky Country has done phenomenal work on this issue. As the sports critic for the NDP, it has been a pleasure to work with him on this issue. I am really trying to find a solution to the inactivity that seems to plague our youth.

It was funny. We had meetings. It is actually Sport Matters lobby day on the Hill today. That is appropriate timing, as far as I am concerned. One of its representatives used the word “inertia” in speaking about the need to move forward. I thought the choice of words was appropriate because it is what we are trying to solve here today.

[*Translation*]

There is still reason to be concerned about this issue. Over the past 40 years, many governments have tried to find solutions to the problem of inactivity. A report issued by the World Health Organization shows that total calorie intake changed only slightly at a time of a sharp increase in obesity.

This makes us think about the risk factors. Video games and cell phones certainly play a role, but blaming these technologies oversimplifies the problem and prevents us from implementing good public policies that will help us to resolve the issue.

Let us talk about the bill that is before us today. It raises an important question. My colleague opposite, who introduced the bill, often says that it is important for parliamentarians to set an example. After all, he, along with the member for Etobicoke North and my colleague from Sackville—Eastern Shore, has always promoted physical activity among members. It is all well and good to talk about it, but we also have to do it so that we do not look hypocritical.

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This is not just about us. It is important to encourage community members. In my work as sport critic, I look at both elite and amateur sports. For example, I look at the Olympics and international sporting events hosted in Canada, such as the figuring skating championships held last year in London, Ontario, and the 2015 Pan Am Games that will be held in Toronto.

The elite sports system is well structured, but there is work to be done at the local level. That is what we like in this bill sponsored by my colleague and Senator Nancy Greene. The NDP strongly believes that we need to work more with the provinces and municipalities to ensure that they have the tools they need not only to promote elite sports but also to encourage average Canadians to use the sports facilities at their disposal. That is one of the reasons why we support this bill.

We cannot deny that accessibility is something an issue. I come from a community in the greater Montreal area, in Chambly—Borduas, on the south shore. People in Chambly are very fortunate. It is a very well-managed city that now has three hockey arenas. These people have access to a lot of facilities, but that is unfortunately not the case everywhere.

I hope that this national day to encourage people to use these municipal facilities will highlight the fact that all parties and stakeholders need to work together to help promote investments and awareness of infrastructure needs.

It is all well and good to encourage people of all ages to participate in sports and live an active life, but if they do not have the tools to live this lifestyle, we will end up back at square one. That is something very important to consider.

• (1755)

[English]

What is more, we have looked at a lot in committee. When we study amateur coaching, when we study preparations for the Olympic Games and our athletes, of whom we are so proud, different elements keep coming back, and there is still ongoing debate about what the solutions would be. As I said at the beginning of my speech, I do not think we have yet found the solution. Governments have been looking for solutions for decades.

What I appreciate about the bill is that we are putting forward a day to encourage folks to think about their health and to go out and participate in sports and use the installations that are available in municipalities. I think it allows us a chance to continue the debate. Every time this House votes on a bill to put forward a national day representing issue X, whether it is dealing with awareness of an illness or, in this case, dealing with something more positive, promoting an active lifestyle, the day is important, yes, but we as New Democrats are supporting the bill because it would also allow us to continue a discussion that my colleague has been at the forefront of with different stakeholders that have been involved in promoting this particular issue.

I think the government has tried to put forward different measures to try to solve this issue, such as the children's fitness tax credit and other such measures, but, unfortunately, they have met with varying degrees of success. They have not always been the solutions that

have been required, and that is why having this debate is so important.

I mentioned going to the local level and not just looking at league sports, because one thing that comes back often when we study sports issues—in committee in particular, but even when we meet with stakeholders—is that we need to think of sports as a pyramid. Yes, we need to look at that small piece at the top, our lead athletes, of whom we are very proud, as I mentioned. We want to continue promoting them and allowing them to succeed because, contrary to what it may seem like, it is not always a glamorous life. These folks work very hard. They are great role models for the folks at the bottom of that pyramid, the folks a bill like this would help out and push forward in having active lifestyles. We really need to not forget the community level.

[Translation]

That is our challenge. Our Olympians are role models. Our athletes set an example for our kids. It is really important to have the bottom of the pyramid at the provincial and municipal levels, as I said earlier, like the rising tide that lifts all boats.

[English]

I think that is really important.

[Translation]

It is important that youth have more than just one day in which to participate. There needs to be a follow-up to that day. I think it is an excellent start, and that is why I am very pleased to be supporting the bill.

To conclude, I would like to come back to the first speeches I made as sport critic two years ago. Active Healthy Kids Canada had published a report that gave Canadian youth a *D* for their participation in sports. There are kids who are inactive. The report did not point to any causes, but there are many. That report really hit home.

This important issue is also reflected in the work I have done with the Minister of State for Sport; we have a very good working relationship. This is not a partisan issue. When we see those kinds of results in a report, we are all concerned because this is a health issue and it will cost money.

Yesterday, at our Movember reception, Senator Green made an interesting comment when she said that our health care system is, at times, more like a disease management system. We treat diseases, but we also need to think about prevention, and that is where sports can play an incredibly positive role. As legislators, we need to encourage that.

That is why we support the bill, which is sponsored by the hon. member for West Vancouver—Sunshine Coast—Sea to Sky Country. This bill is a good first step because it establishes a day for raising awareness and encouraging people to participate.

This will allow us to continue this debate, bring forward good public policy, and encourage our communities to have an active lifestyle. We hope the repercussions of maintaining good health will be positive.

Again I want to commend my colleague. We are proud to support this bill, and we hope to pursue this debate in future.

• (1800)

[*English*]

The Acting Speaker (Mr. Bruce Stanton): I invite the hon. member for West Vancouver—Sunshine Coast—Sea to Sky Country for his right of reply. The hon. member has up to five minutes.

Mr. John Weston (West Vancouver—Sunshine Coast—Sea to Sky Country, CPC): Mr. Speaker, it is a great honour today to speak to Bill S-211, a bill that will be voted on tomorrow, but also to mark, as my colleagues have marked, a historical moment. How would we know if we were at a historical moment? I suggest there would be a need, there would be a consensus around that need, and a movement to action.

We have heard my colleagues speak about the need, the sedentary behaviour in our culture today, the failing to meet our own physical activity guidelines, the obesity trends that suggest that a third of youth are overweight or obese, a third who now face 14 times the likelihood of a cardiac event by the time they reach 50. These are preventable diseases. We have heard about cardiovascular issues and diabetes. Not only are they preventable but the costs associated with them are phenomenal and growing, \$7 billion a year says the Public Health Agency of Canada.

It is tragic when people hurt other people, but it is also tragic when people hurt themselves. We are hurting ourselves with these trends of inactivity and sedentary behaviour, and the fact that less than 7% of our youth get the recommended six hours a week of healthy activity. It is time for change and if we were at a historical moment, there would be a consensus around that time for change.

On Parliament Hill, we have seen MPs and senators from different parties come together to say, yes, we can do better. We can do better and we are doing so through the parliamentary fitness initiative that has been mentioned several times today. MPs and staff gather early on Tuesday mornings for walks or runs or to swim on Thursday mornings with remarkable volunteer coaches like Phil Marsh and Pierre Lafontaine. The unity in the House has been mentioned, how 160 people came together yesterday on Movember, which will be celebrating men's health in the months to come.

We have seen the work with the Senate, which is where the bill originates. Senator Nancy Greene Raine, Canada's female athlete of the 20th century, did a great job of bringing this to the House from the other place. The two chambers of this legislature have worked together. Today, Sport Matters is on Parliament Hill trying to invigorate us parliamentarians to be role models throughout the country, not just in passing legislation but in showing, as the member for Kildonan—St. Paul said, that though not an athlete in her own mind, she can be a role model in improving her own health and fitness by extending herself in physical activity.

We have seen initiatives in the province I come from, British Columbia, such as Rotary Ride for Rescue, which raises money for people who are saved by North Shore Rescue. We have seen Cops for Cancer all around the country, supported by West Vancouver Police Department. The Terry Fox Run is another great example of getting people to run not only in Canada but all over the world, and I am proud to say the Terry Fox Run will resume in Taiwan next

Private Members' Business

month. There is Ride for Refuge, a ride that has been promoted by the member for Kildonan—St. Paul. These are all activities that bring people together in a common cause and help people to understand that it is time for us to get up and move.

In my community, all 12 local governments have proclaimed national health and fitness day, which is really the point of Bill S-211, a bill that suggests that local governments ought to put an emphasis on one day a year, the first Saturday in June, to get their citizens more active. Why one day? It is not as a token, but as a way to get Canadians more active throughout the year.

In the area I represent, Susie Gimse has worked with the Federation of Canadian Municipalities, which was quick to support national health and fitness day this year. There have been other groups like that, such as the Vancouver Whitecaps former captain Jay DeMerit, and Whistler's Olympic gold medallist, Ashleigh McIvor.

We are at a historical moment because we are about to pass a bill. It is the beginning, not the end. It is the beginning of a nation coming together, working together, promoting healthy physical activity, of Canadians getting more active and encouraging one another to get more active, of deputies in the House approaching their mayors and councillors, and moving our country and our people to become the fittest nation on earth.

• (1805)

[*Translation*]

The Acting Speaker (Mr. Bruce Stanton): Is the House ready for the question?

Some hon. members: Question.

The Acting Speaker (Mr. Bruce Stanton): 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 Acting Speaker (Mr. Bruce Stanton): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. Bruce Stanton): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. Bruce Stanton): In my opinion, the yeas have it.

And five or more members having risen:

Adjournment Proceedings

[English]

The Acting Speaker (Mr. Bruce Stanton): Pursuant to Standing Order 93, the division stands deferred until Wednesday, October 22, tomorrow, immediately before the time provided for private members' business.

Pursuant to Standing Order 30(7), the House will now proceed to the consideration of Bill C-592, under private members' business.

* * *

[Translation]

CRIMINAL CODE

(Bill C-592. On the Order: Private Members' Business:)

April 9, 2014 — The member for Notre-Dame-de-Grâce—Lachine — Second reading and reference to the Standing Committee on Justice and Human Rights of Bill C-592, An Act to amend the Criminal Code (cruelty to animals).

The Acting Speaker (Mr. Bruce Stanton): The hon. member for Notre-Dame-de-Grâce—Lachine is not present in the House to move the order as announced in today's notice paper. Accordingly, the bill will be dropped to the bottom of the order of precedence on the order paper.

ADJOURNMENT PROCEEDINGS

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

● (1810)

[English]

THE ENVIRONMENT

Mr. Francis Scarpaleggia (Lac-Saint-Louis, Lib.): Mr. Speaker, the Fisheries Act is the federal government's main and, by far, most powerful legislative instrument for protecting Canada's lakes, rivers, and streams. In other words, the Fisheries Act is at the heart of federal water policy.

Since first being elected, the Conservative government has waged an almost incessant crusade to progressively undermine the Fisheries Act; in other words, to effectively weaken the act's prohibitions against harming fish and, by implication, polluting Canada's watercourses.

First, the government used schedule 2 of the Fisheries Act's mining effluent regulations to open the door wide to converting more and more northern freshwater lakes into dumping grounds for toxic mine tailings. The original intent of the regulations was to grandfather lakes that had already been destroyed by mine tailings in clear contravention of the Fisheries Act. In other words, the intent was to retroactively make these toxic lakes legal under the act.

In 2012, the government weakened section 35 of the Fisheries Act, the act's provisions for fish habitat protection, by restricting the section's application to recreational fisheries, commercial fisheries, and aboriginal fisheries only. In regard to section 36 of the act, the section that prohibits the deposit of deleterious substances into fish-bearing waters, absent an explicit regulatory exemption granted by entire cabinet, the budget gave greater power to the minister of fisheries to, by himself or herself, carve out exemptions to the act. In

other words, he or she could accord permission to those who wished to be allowed to legally pollute waterways for purposes of research or in the process of conducting various industrial activities, including agricultural production.

In the case of agriculture, the government's aim is to make it easier to allow pesticides to leach into waterways.

In budget 2014, the government followed up on the broad enabling provisions adopted in the 2012 budget, by more precisely defining the regulatory framework within which the minister could create blanket exemptions to the water pollution prohibitions found in section 36 of the Fisheries Act.

Is the government's aim to carve out exemptions for the oil sands industry specifically? It is an industry that, despite persistent and, I would say, stubborn earlier denials by the government, has been found by scientists, including the government's own scientists, to be causing harm to the Athabasca River watershed.

Mr. Randy Kamp (Parliamentary Secretary to the Minister of Fisheries and Oceans, CPC): Mr. Speaker, I appreciate the opportunity to provide a little clarity on the question that was asked.

Our government is committed to taking real action to ensure the protection of the environment and sustainability of our resources. We take our responsibility for pollution prevention very seriously.

The scope of the fisheries protection provisions of the Fisheries Act has not changed. It prohibits the deposit of deleterious substances unless authorized under regulations. These provisions represent a strong and effective legislative regime for environmental protection in Canada.

In 1978 Environment Canada was assigned the responsibility for the administration and enforcement of the pollution protection provisions of the Fisheries Act. A designation order made March 12, 2014, by the Governor in Council has formalized this arrangement and provides clarity for Canadians regarding responsibility for section 36 of the Fisheries Act by designating the Minister of the Environment as responsible. This order also identifies the Minister of Fisheries and Oceans as the minister responsible for those same provisions, but specifically for the purposes of aquaculture, aquatic invasive species, and aquatic pests.

Our government has modernized and clarified the way these regulations are administered. For example, in some circumstances, such as dealing with an aquatic invasive species that could have a significant impact on Canadian fisheries, there is a new ability for ministerial regulations to authorize deposits for the control of these destructive species, such as Asian carp or zebra mussels.

In putting forth these new ministerial regulations, our government has ensured the appropriate safeguards are in place. Conditions set out in GIC regulations ensure that ministerial regulations can only authorize deposits if they are for aquatic research purposes or they deal with aquaculture, aquatic invasive species, or aquatic pests and are for the purpose of proper management and control of the fisheries or the conservation and protection of fish, or they pose a low risk.

Adjournment Proceedings

For this last condition to be met, there must already be a federal or provincial instrument that requires that the deposit meet science-based water quality guidelines.

Canadians are engaged in this process, as all ministerial regulations authorizing deposits must provide an opportunity for public comment through publication in the *Canada Gazette*, part I.

Let me be clear. These ministerial regulations provide a new tool to effectively manage deposits, but they do not provide a blanket authorization. They do not offload responsibility for pollution control to the provinces. These regulations simply recognize that when deposits are for research purposes or are necessary for the conservation and protection of fish, or where an effective provincial or federal regulatory scheme already exists, these deposits can be authorized by ministerial regulations under the Fisheries Act.

This is a common sense change and provides stakeholders with certainty that they are in compliance with the act without the need to create an additional or duplicative regime to manage the same activity.

In fact, the Minister of the Environment has already made use of this new tool by developing the Experimental Lakes Area Research Activities Regulations, which allow for the continued use of substances in experiments in the Experimental Lakes Area. This regulation is an important component of the government's commitment to ensuring a new operator is well equipped to take over the Experimental Lakes Area and to facilitate those ongoing experiments.

In closing, I would like to reiterate that the federal government remains responsible for pollution prevention and takes this role very seriously. The new tools our government has created allow us to maintain this current high level of environmental protection in a more efficient and clear manner. They also facilitate greater regulatory certainty for Canadians by allowing the government to use ministerial regulations when they are already well managed by other instruments or jurisdictions.

• (1815)

Mr. Francis Scarpaleggia: Mr. Speaker, in 2011, waste water from a Suncor oil sands project was accidentally released into the Athabasca River. We were surprised to learn that the test applied to determine if this was a violation of the Fisheries Act was whether more than 50% of affected fish died. I am told this is a provincial standard, one that appears to be in contradiction with the traditional federal standard that says nothing that could be harmful to even one fish should be allowed to enter water.

How can this more lax standard be allowed to exist under the enforcement provisions of the Fisheries Act? Is it because Fisheries Act enforcement has been devolved to the province, where the provincial Environmental Protection and Enhancement Act applies weaker standards? Are the regulatory changes in budget 2014 at least partially aimed at allowing the minister to retroactively exempt this and other industries from more stringent federal anti-pollution prohibitions in favour of more lax provincial ones?

If so, which other industries and provinces will be benefiting from the minister's new power to single-handedly exempt pollution-generating activities from Fisheries Act prohibitions?

Mr. Randy Kamp: Mr. Speaker, as I have said previously, our government is committed to taking real action to ensure the protection of the environment, and we take our responsibility for pollution prevention very seriously.

For any protection regime to be effective, stakeholders need certainty and clarity respecting what activities are within the law. The changes that our government has made to the Fisheries Act allow the Minister of Fisheries and Oceans and the Minister of the Environment to take the steps necessary to reduce red tape and increase compliance certainty amongst stakeholders, while at the same time protecting fish and fish habitat.

As I noted, these changes only allow for ministerial regulations authorizing deposits of deleterious substances under very specific conditions. These conditions will ensure effective protection of Canadian fisheries by only granting the ability to use ministerial regulations to authorize deposits in areas that are already well managed.

Our government will continue to ensure that the pollution prevention provisions of the act are enforced.

* * *

DEMOCRATIC REFORM

Mr. Bruce Hyer (Thunder Bay—Superior North, GP): Mr. Speaker, tonight, I want to talk about the state of this House.

Let us face it, Canadian democracy is in deep trouble, especially since the current government came to power. It is not just the Conservatives, though, that are responsible for this mess we are in. The leaders of the Liberals and the NDP are more interested in crushing dissent within their parties than encouraging debate. MPs are often forced to vote against their consciences and against the will of their constituents. Anti-democratic attitudes abound in party backrooms.

For the past year, we have been discussing the proposed reform act introduced by the member for Wellington—Halton Hills. I truly believe that with this reform act, in its current form, we have an opportunity to transform Canadian democracy for the better.

Canadians can imagine my disappointment, but not surprise, when the three main parties waffled on their positions and criticized parts of this important bill. Canadians want change. They want democracy restored. The groundswell of support from ordinary Canadians for this bill is significant. Everyone I have spoken to has told me they are calling on their MPs to support this important legislation.

Adjournment Proceedings

This reform act makes some long overdue changes that will make Parliament work better for Canadians again, instead of for party leaders. It would make party leaders more accountable to their MPs by establishing a leadership review process. It will end the requirement for a candidate's nomination papers to be signed by the party leader, the anti-democratic but little-known change to the Elections Act made by Pierre Trudeau in 1970.

This reform act will empower MPs to once again stand up for their constituents. It is the primary reason why I am supporting the bill in its current form. I even introduced a similar motion back in 2012. The reform act is important because it scales back the excessive powers of party leaders and restores local control over party nominations. However, recently, changes were proposed, I can only assume to placate the party leaders, that will weaken the most important parts of the bill and hand endorsement power right back to party leaders.

The reform act is only the beginning for democratic reform. Several other changes must be made to make Parliament more productive and less partisan. We must make our voting system more proportional to reflect the actual choices of Canadians. We must increase cross-party co-operation to end mindless partisan tribalism. We must take away the power of the Prime Minister to declare any bill a matter of confidence and to stop him from bullying Parliament, imposing bloated omnibus budget bills, and ignoring his own fixed election date law.

It is time we prevented parties from forcing their MPs to vote with their party. This summer the Green Party unanimously passed a resolution to ensure that their MPs would always be free to vote independently.

We must also restrict the unilateral power of the Prime Minister to appoint, without any oversight, senators, judges, parliamentary officers and many other positions.

The reform act, in its current form, is a step in the right direction. I urge my colleagues to recognize that it is time for all MPs who care about democracy to re-empower themselves and support the reform act in its current form, without weakening it further.

Will Conservative MPs, and indeed all MPs in this House, have the courage to vote for the reform act in its current form?

• (1820)

Mr. Randy Kamp (Parliamentary Secretary to the Minister of Fisheries and Oceans, CPC): Mr. Speaker, I thank my colleague for his intervention. This may be a brief response, not because it is not an important issue but because it is.

Democratic reform is a very serious and difficult task. I begin by commending the member for Wellington—Halton Hills for his important work in strengthening our democratic institutions and for bringing forward the reform act.

The reform act is an effort to strengthen Canada's democratic institutions by restoring the role of elected members of Parliament in the House of Commons. The member opposite said in his original question that the leaders of the three major parties threatened to kill the bill if it was not watered down. I would like to point out that, as with all private members' business, we said we would take time to

carefully review the amendments proposed by the member to his own bill.

The reform act, Bill C-586, has now been read a second time and has been referred to committee, where it is right now. Of course, the committee is the master of its own destiny, but the hon. member for Wellington—Halton Hills proposed two changes in response to consultations held over the summer and to build support for his bill.

First, he concluded that perhaps the way it was written with respect to party nominations was too prescriptive, which would make it difficult for parties to, for example, meet diversity targets. In fact, the member opposite is from a party that is exactly 50% male and 50% female here in the House of Commons, but other parties have not reached that target yet.

The amendment the member for Wellington—Halton Hills has proposed is that instead of insisting that it be only a local decision in terms of who signs nomination papers, the party could determine who would sign these nomination papers. It could be somebody locally. It could even be the leader, but it would not be prescribed to be the leader, as it is currently in the Canada Elections Act.

The second change he is proposing is that each House of Commons caucus, after every general election, as its first item of business, in a recorded manner, could vote on whether members wanted to accept the template laid out in his bill or a different set of rules, and they would have the freedom to do so.

Quite simply, the bill takes the current unwritten convention and makes explicit in statute the rules and process for the caucus to review the party leader. Additionally, the reform act proposes that a party leadership review may be initiated by the submission of a written notice to the caucus chair, signed by at least 20% of the caucus members, and would mandate that the caucus chair make public the names of those caucus members requesting a vote.

When a majority of caucus members voted in favour of a leadership review, a second vote by secret ballot would occur, and they could select a person to serve as the interim party leader until a new party leader was elected.

Our government has continually delivered on its democratic reform commitments. More backbench MPs have passed bills into law through this majority Conservative Parliament than under any government since 1972, and we still have a year to go.

I should add that *The Globe and Mail* analyzed 162,000 votes over almost two years and found that Conservative MPs are far more likely to vote independently from their party than opposition MPs, as opposed to the NDP, for example, in which not a single MP voted against the party line.

As the member opposite knows, the Prime Minister and our government supported the bill, and as it comes back from committee, this House will have the privilege to examine the bill again at third reading.

Adjournment Proceedings

• (1825)

Mr. Bruce Hyer: Mr. Speaker, I commend the member opposite on his thoughtful comments tonight, which were logical and clear. I do not agree with many of them, but they were a cut above the average we hear sometimes in this House.

I really do not understand why some Liberal, NDP, and Conservative MPs fear supporting the reform act in its current form and want to weaken it further.

As elected representatives of our constituents, who have expressed a clear preference for the current bill, I would hope that all members would think long and hard before trying to water down a bill of this importance.

The current version of the reform act would re-empower MPs and get them once again working for their constituents rather than for unelected back room apparatchiks. It would allow MPs to put the needs of Canadians ahead of narrow party interests.

While I will support the bill in its current form as an important step forward, I will have to think about it if it is significantly watered down as changes are made later.

I ask, will all MPs in this House support the current version of the reform act and restore democracy to the House of Commons?

Mr. Randy Kamp: Mr. Speaker, the member for Wellington—Halton Hills has demonstrated for all of us an effective approach to doing business in this place. After he produced the bill and it was in the public domain he indicated that he welcomed suggestions to improve the bill to make it more palatable to a broader number of members, and that is what he has done.

As with all private members' business, we said we would take the time to carefully review the amendments that have been proposed by the member. These amendments would keep parties in control of their nominations and allow caucuses to set their own rules.

In light of these proposed changes, the government supported Bill C-586 at second reading and looks forward to seeing it when it comes back from committee.

[*Translation*]

The Acting Speaker (Mr. Bruce Stanton): 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 6:29 p.m.)

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