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OFFICIAL REPORT
(HANSARD)

Thursday, March 2, 2000

Speaker: The Honourable Gilbert Parent

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HOUSE OF COMMONS

Thursday, March 2, 2000

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1005)

[*Translation*]

SUPPLEMENTARY ESTIMATES (B), 1999-2000

A message from Her Excellency the Governor General transmitting supplementary estimates (B) for the financial year ending March 31, 2000, was presented by the President of the Treasury Board and read by the Deputy Speaker of the House.

[*English*]

Mr. John Williams: Madam Speaker, I rise on a point of order. We just heard the message saying that the Governor General was recommending some additional spending. I would like to ask the President of the Treasury Board if such spending is justified.

The Acting Speaker (Ms. Thibeault): This is not a point of order.

* * *

GOVERNMENT RESPONSE TO PETITIONS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Madam Speaker, pursuant to Standing Order 36, I have the honour to table, in both official languages, the government's response to 13 petitions.

* * *

POINTS OF ORDER

MOTION NO. 8

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Madam Speaker, I rise on a point of order. Last night the

government gave notice under Motion No. 8 that it would be embarking on an unprecedented attack on democracy in this place. I do not wish to eat into the time of the NDP on their opposition day, but this is an outrageous act on behalf of the government. It is shutting down debate not only in the House but in committees.

• (1010)

The Speaker himself or herself, by virtue of this move, will be brought into the fray and be asked to participate and rule on amendments that may be brought forward in the House. This will limit debate. This is an attack on the use of committees in terms of their reports being brought forward and the ability to file amendments will be severely curtailed.

It creates two classes of members in this place: special privileges that can be afforded to members who are cabinet ministers versus those who are not.

The tools of parliament will be circumvented by virtue of this motion that has been brought forward and notice given by the government House leader.

With respect to this matter, we would respectfully put forward that the Speaker should rule on the privileges of the members of the House who have been severely undermined by virtue of the government House leader in his attempts to shut down all opposition.

We know that the official opposition was given an opportunity under the Nisga'a debate to exercise a certain amount of privilege, and yet what we have seen is another party in the House being severely limited in its ability to do the exact same thing.

Mr. Speaker, I would ask that you consider this unprecedented attack that has been embarked upon by the government House leader. This is, I would suggest, severely infringing on the ability of members of parliament to do their work in this place, to do their work on behalf of their constituents and on behalf of all Canadians in ways that are unprecedented. They are limited on very important pieces of legislation that affect everyone in the country.

Mr. Speaker, I would ask you to consider Motion No. 8 before this is brought to the House for a vote. I would ask the Speaker to

Routine Proceedings

rule as to whether this motion is in fact in order at all, because this puts the Chair, you, Mr. Speaker in a position where, as a referee, you are being asked to put on the government team's jersey and play for that side. Mr. Speaker, I suggest that this curtails your credibility and your ability to do your impartial work in this place.

These motions being brought forward, five in total under Motion No. 8 under government business today, once again severely undermines the ability of this place to operate in a coherent, fair and equitable fashion.

The Speaker: I am aware of this motion. I read the order paper, as the hon. member did today. I see that not only he but a number of other members of parliament want to intervene on this question.

I am faced with two things. The first is that this motion is not before the House at this point. I do not know if this is the motion that will be presented for discussion. I do not know if it will be added to and I do not know if it will be changed. Until it is before the House, I would prefer to hold any kind of decisions or even debate on it.

The second thing I am faced with is that in normal circumstances, in our practices here in the House, when we do have an opposition day we usually give all kinds of leeway for the people who have presented the motion to have their day in parliament.

With regard to this particular motion, I am aware that there are difficulties for some members of parliament. The motion is not before the House, so I will keep in mind what the hon. member has said thus far. However, I would prefer to receive opinions and advice from the House when the motion is before the House. It is not there. Therefore I will not hear them today and we will go on with our normal business.

● (1015)

[*Translation*]

When this motion, or any other, is introduced, I shall of course listen to all hon. members who wish to speak on it at that time. We shall, however, wait until the motion is moved.

* * *

[*English*]

MOTOR VEHICLE TRANSPORT ACT, 1987

Hon. Allan Rock (for the Minister of Transport) moved for leave to introduce Bill C-28, an act to amend the Motor Vehicle Transport Act, 1987 and to make consequential amendments to other acts.

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

[*Translation*]

SUPPLEMENTARY ESTIMATES (B), 1999-2000

REFERENCE TO STANDING COMMITTEES

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.): Mr. Speaker, pursuant to Standing Orders 81(5) and 81(6), I move:

That Supplementary Estimates (B) for the fiscal year ending March 31, 2000, laid upon the table on March 2, 2000, be referred to the appropriate standing committees of the House in accordance with the detailed allocation as follows:

As there is a lengthy list attached to the motion, if it is agreeable to the House, I would ask that the list be printed in *Hansard* as if it had been read.

The Speaker: Is that agreed?

Some hon. members: Agreed.

Some hon. members: No.

Mr. Yvan Loubier: Let her read it.

The Speaker: I am afraid there is not consent.

Some hon. members: Oh, oh.

The Speaker: Order, please. The President of the Treasury Board.

Hon. Lucienne Robillard: Mr. Speaker, I move:

That supplementary estimates (B) for the fiscal year ending March 31, 2000, laid upon the table on March 2, 2000, be referred to the appropriate standing committees of the House in accordance with the detailed allocation as follows:

To the Standing Committee on Aboriginal Affairs and Northern Development
Indian Affairs and Northern Development, Votes 1b, 5b, 7b, 15b, 36b, 40b and 45b

To the Standing Committee on Agriculture and Agri-Food
Agriculture and Agri-Food, Votes 1b, 10b and 20b

To the Standing Committee on Canadian Heritage
Canadian Heritage, Votes 1b, 5b, 25b, 45b, 50b, 60b, 65b, 95b, 115b and 130b
Privy Council, Vote 30b

To the Standing Committee on Citizenship and Immigration
Citizenship and Immigration, Votes 1b, 2b, 10b and 15b

To the Standing Committee on Environment and Sustainable Development
Environment, Votes 1b, 5b, 10b and 15b
Privy Council, Vote 40b

To the Standing Committee on Finance
Finance, Votes 5b, 20b, 35b and 40b
Canada Customs and Revenue, Vote 1b

To the Standing Committee on Fisheries and Oceans
Fisheries and Oceans, Vote 1b

To the Standing Committee on Foreign Affairs and International Trade—

Some hon. members: Oh, oh.

● (1020)

The Speaker: Order, please.

Some hon. members: Oh, oh.

The Speaker: Order, please. The President of the Treasury Board.

Hon. Lucienne Robillard: Continuing then, Mr. Speaker:

To the Standing Committee on Foreign Affairs and International Trade
Foreign Affairs, Votes 1b, 10b, 15b, 21b, 30b and L40b

To the Standing Committee on Health
Health, Votes 1b, 5b, 10b, 15b and 20b

To the Standing Committee on Human Resources and the Status of Persons with Disabilities
Human Resources Development, Votes 1b, 10b, 15b, 25b and 35b

To the Standing Committee on Industry
Industry, Votes 1b, 5b, 20b, 25b, 40b, 45b, 75b, 80b, 90b, 95b and 100b

To the Standing Committee on Justice and Human Rights
Justice, Vote 1b, 5b, 10b, 20b, 25b, 35b, 40b and 45b
Solicitor General, Votes 1b, 10b, 15b, 25b, 30b, 35b, 40b and 45b
Privy Council, Vote 50b

To the Standing Committee on National Defence and Veterans Affairs
National Defence, Votes 1b, 5b and L11b
Veterans Affairs, Votes 1b and 5b

To the Standing Committee on Natural Resources and Government Operations
Canadian Heritage, Vote 125b
Governor General, Vote 1b
Natural Resources, Votes 5b, 20b, 22b, and 25b
Parliament, Vote 1b
Privy Council, Votes 1b and 10b
Public Works and Government Services, Votes 1b, 5b, 6b, 25b, 26b and 30b
Treasury Board, Votes 1b, 10b and 15b

To the Standing Committee on Procedure and House Affairs
Parliament, Vote 5b

To the Standing Committee on Transport
Transport, Votes 10b, 20b, 30b and 35b

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

Some hon. members: Agreed.

Some hon. members: No.

The Speaker: All those in favour will please say yea.

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Speaker: In my opinion the nays have it.

And more than five members having risen:

The Speaker: Call in the members.

• (1025)

[English]

And the bells having rung:

The Speaker: We have had a request and therefore the vote stands deferred until later in the day.

Routine Proceedings

PETITIONS

GENETICALLY MODIFIED ORGANISMS

Mr. Ovid L. Jackson (Bruce—Grey, Lib.): Mr. Speaker, pursuant to Standing Order 36 I would like to present two petitions on behalf of constituents in my riding of Bruce—Grey. One deals with genetically modified organisms. The petitioners ask that there be a five year moratorium and that nothing happen until we have a thorough investigation.

CHILD PORNOGRAPHY

Mr. Ovid L. Jackson (Bruce—Grey, Lib.): Mr. Speaker, the second petition deals with child pornography. The petitioners ask that we put stringent rules in place so that if there is a conflict between a child and an adult the child is protected first, and that sexual activity should not commence until the age of 18.

AGE OF CONSENT

Mr. Chuck Cadman (Surrey North, Ref.): Mr. Speaker, pursuant to Standing Order 36 I am pleased to present the most recent instalment of a petition which calls on parliament to enact legislation to raise the age of consent from 14 years to 16 years for sexual activity between a young person and an adult.

The petition now contains the names of over 12,000 persons. I present it on behalf of Ms. Diane Sowden of Coquitlam, British Columbia, who has dedicated an enormous amount of time and energy to get rid of sexual exploitation of our youth.

CHILD POVERTY

Mr. Tom Wappel (Scarborough Southwest, Lib.): Mr. Speaker, I have two petitions to present. The first one contains signatures on some 20 pages and pertains to child poverty.

Petitioners from all across Canada call upon parliament to use the federal budget 2000 to introduce a multi-year plan to improve the well-being of Canada's children. I am glad to notice that the government has listened.

FALUN DAFA

Mr. Tom Wappel (Scarborough Southwest, Lib.): Mr. Speaker, my second petition pertains to the Falun Dafa also known as the Falun Gong in China.

The petitioners, primarily from my area of Scarborough, Ontario, appeal to the Parliament of Canada to continue urging the Chinese government to release all arrested Falun Dafa practitioners in China immediately, to lift the ban of Falun Gong practice, to withdraw the international arrest warrant for Mr. Li Hongzhi, and to achieve a peaceful resolution through open dialogue.

Routine Proceedings

CHILD POVERTY

Mr. Rick Casson (Lethbridge, Ref.): Mr. Speaker, it is my pleasure pursuant to Standing Order 36 to present a petition from 476 citizens of my riding of Lethbridge.

The petitioners are concerned about child poverty and they are calling on the government to introduce a multi-year plan to improve the well-being of Canada's children.

Ms. Marlene Catterall (Ottawa West—Nepean, Lib.): Mr. Speaker, it is my privilege to present two petitions signed by people from my riding of Ottawa West—Nepean as well as elsewhere in the region. They are drawing the attention of parliament to the fact that one in five Canadian children live in poverty.

The petitioners remind us of the House of Commons unanimous resolution to end child poverty and call upon parliament to use federal budget 2000 to introduce a multi-year plan to improve the well-being of our children.

CHEMICAL PESTICIDES

Mr. Clifford Lincoln (Lac-Saint-Louis, Lib.): Mr. Speaker, I have the honour to present a petition from 75 people in my riding. A great number of these signatures were obtained by the young son of my colleague from Vaudreuil.

The petitioners call upon parliament to enact an immediate moratorium on the cosmetic use of chemical pesticides until the safety of these products is proven and the long term consequences of their utilization are known.

• (1030)

GENETICALLY MODIFIED ORGANISMS

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I would like to present two petitions from people in the Peterborough area concerned about the genetic engineering of food and seeds. I will present them both together. They have similar concerns but different recommendations.

Both petitions point out that the genetic engineering of food, plants and animals is still relatively new but it is expanding at an extraordinary rate. It now involves the manipulation of the most basic building blocks of life and requires such a high level of science and technology that it places food and seeds in the hands of large corporations.

One of the petitions calls upon parliament to conduct a public overhaul of Canada's food product testing system with genetically engineered foods specifically in mind.

The other petition with the same concerns calls upon parliament to direct the Government of Canada, alone and in conjunction with other countries, to initiate powerful long term studies of the health and environmental effects of the genetic engineering of plants and animals.

MAMMOGRAPHY STANDARDS

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I would like to present another petition. It is from hundreds of women who are concerned about standards of mammography quality assurance in Canada.

They point out that Canada has the second highest incidence of breast cancer in the world. While the United States has mandatory mammography testing and standards, Canada has no legislation for mandatory mammography quality assurance standards. They call upon parliament to establish an independent governing body to develop, implement and enforce uniform and mandatory mammography quality assurance.

AFGHANISTAN

Mrs. Rose-Marie Ur (Lambton—Kent—Middlesex, Lib.): Mr. Speaker, pursuant to Standing Order 36, I am honoured to present this petition signed by hundreds of residents in Lambton county in my riding of Lambton—Kent—Middlesex. They urge the government to protest the actions of the Taliban in Afghanistan with women's rights now non-existent for work, education, health care and freedom of movement.

KATIMAVIK

Mr. Gurbax Singh Malhi (Bramalea—Gore—Malton—Springdale, Lib.): Mr. Speaker, I have three petitions on different issues.

Pursuant to Standing Order 36, I have the honour to present to parliament a petition signed by 28 Canadians. Many young men and women between the ages of 17 and 21 continue to benefit from the enormously worthwhile, uniquely Canadian youth program called Katimavik. The participants come from all regions of Canada and share a remarkable sense of friendship.

The Katimavik program is in need of increased funding as well as an enhanced media profile if it is to continue its good work. Therefore the petitioners pray and request that parliament entrusts the government to greatly increase the current level of support for Canada's very own homegrown Katimavik program.

CHILD POVERTY

Mr. Gurbax Singh Malhi (Bramalea—Gore—Malton—Springdale, Lib.): Mr. Speaker, pursuant to Standing Order 36, I

have the honour to present to parliament a petition signed by 25 Canadians.

One in five Canadian children live in poverty. On November 24, 1989 the House of Commons promised to end child poverty in Canada by the year 2000. Therefore the petitioners call upon parliament to use the federal budget to introduce a multi-year plan to improve the well-being of Canadian children.

GASOLINE ADDITIVES

Mr. Gurbax Singh Malhi (Bramalea—Gore—Malton—Springdale, Lib.): Mr. Speaker, pursuant to Standing Order 36 I have the honour to present to parliament a petition signed by 26 concerned Canadians.

The use of the additive MMT in Canadian gasoline presents an environmental problem. It affects every man, woman and child in Canada. The use of MMT in gasoline has been known to cause emission control devices to affect engine performance and cause high levels of dangerous smog. Therefore the petitioners call upon parliament to set by the end of this calendar year national clean fuel standards for gasoline with zero MMT and low sulphur content.

CHILD POVERTY

Mr. Réginald Bélair (Timmins—James Bay, Lib.): Mr. Speaker, residents of Timmins, Kapuskasing and Val Rita wish to draw to the attention of the House that one in five Canadian children live in poverty. On November 24, 1989 the House of Commons unanimously resolved to end child poverty in Canada by the year 2000. Since 1989 the number of poor children in Canada has increased by 60%. Therefore the petitioners call upon parliament to introduce a multi-year plan to improve the well-being of Canada's children. They urge parliament to fulfil the promise of the 1989 House of Commons resolution to end child poverty in Canada.

• (1035)

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I have a petition on behalf of thousands of people in the province of Manitoba who also call on the House to work at reducing child poverty. They recognize that in 1989 the House unanimously passed a resolution to eliminate child poverty in Canada. They had also hoped that this federal budget would be utilized to alleviate the child poverty problem. I am sure they were quite dissatisfied to see that did not happen.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Question No. 43 will be answered today.

Routine Proceedings

[Text]

Question No. 43—**Mr. Gerald Keddy:**

What was the cost to the federal government of the Supreme Court of Canada *R. v Marshall* trial regarding treaty fishing rights?

Hon. Robert D. Nault (Minister of Indian Affairs and Northern Development, Lib.): Insofar as the Department of Indian Affairs and Northern Development is concerned, the breakdown of approximate costs for the Marshall proceedings is as follows:

1. Operational expenses for DIAND:

Travel expenses	\$7,000
Costs of meetings, review of documents and pleadings	\$20,000
Expert report on the application of the royal proclamation in regard to the Atlantic provinces	\$3,000
Subtotal	\$30,000

2. Funding for Mr. Marshall's lawyer under the test case funding program—legal fees and disbursements for court of appeal and Supreme Court of Canada

	\$54,123
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Total costs	\$84,123
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* * *

[English]

QUESTIONS PASSED AS ORDERS FOR RETURNS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, if Question No. 10 could be made an order for return, the return would be tabled immediately.

The Speaker: Is that agreed?

Some hon. members: Agreed.

[Text]

Question No. 10—**Mr. Gilles Bernier:**

With respect to the Québec ministerial tour taken by the Minister of Public Works and Government Services, the Minister of National Revenue, the President of the Treasury Board, the Secretary of State (Science, Research and Development) and the Secretary of State (Amateur Sport) from September 22 to 24, 1999, could the government advise the House of the costs of this trip including: transportation to, from and during the ministerial tour, accommodations, communications, meals, entertainment and alcoholic beverages for each of the ministers, their support staff and departmental staff?

Return tabled.

[English]

Mr. Derek Lee: Mr. Speaker, I ask that the remaining questions be allowed to stand.

The Speaker: Is that agreed?

Supply

Some hon. members: Agreed.

GOVERNMENT ORDERS

[*English*]

SUPPLY

ALLOTTED DAY—HEALTH CARE

Ms. Alexa McDonough (Halifax, NDP) moved:

That this House calls upon the government to stand up for the Canadian value of universal public health care by announcing within one week of the passage of this motion a substantial and sustained increase in cash transfers for health beyond the inadequate sum announced in the budget and by taking the steps necessary to prohibit private for-profit hospitals and to stop the growth of private for-profit health services in Canada.

[*Translation*]

The Speaker: I wish to inform the House that there is an error in the French text of the opposition motion, which may be found on page 19 of today's order paper. A corrigendum is available from the table.

[*English*]

I regret any inconvenience this may have caused hon. members.

Ms. Alexa McDonough: Mr. Speaker, thank you for reading aloud the very important motion on health care which the NDP opposition has placed before the House today. Every member of the House will have an opportunity to vote on it before the day is out.

I would like to indicate at the outset that I am very pleased to share my time with the member for Winnipeg North Centre, the hardworking health critic of the New Democratic Party.

The motion, on which every member of the House will have an opportunity to indicate where they stand before the day is out, deals with the undisputed number one priority of the Canadian people namely, health care, and more specifically the threat to health care that is currently a reality in this country.

This week we saw a budget introduced in which the government of the day indicated to Canadians that their priorities do not count. How else can we interpret a budget that makes available one dollar in tax cuts for every two cents allocated to health care? The government knows there is a serious health care crisis happening across the country.

In Saskatchewan in the 1940s Tommy Douglas took the first important step toward the introduction of a universal, publicly

funded health care system for Canadians. He issued some very important advice. He said not to ever ever make the mistake of thinking that the enemies of a universal health care system will have gone away. They may have gone into the shadows, they may be hiding out, but there will always be those who take the view that they personally or their friends can benefit from a for profit health care system; a health care system that takes no account of whether people happen to live in a province where health care is available to them on the basis of need, or where people do not have money in their pockets to purchase the health care services they need. There will always be people who will want to benefit from a two tier health care system that looks a lot like that health care system to the south of us today in the United States of America.

• (1040)

That was very good advice, because we have today the political fight of our lives under way to ensure that we preserve and strengthen through change a universal public health care system, the single greatest achievement of Canadians. I think it is the very thing Canadians value most about being a Canadian.

Some may think that fight is taking place between the federal Liberal government and some Canadian premiers, notably the premiers of Ontario and Alberta. The Canadian people know better. Canadians know that the fight is taking place between those who value and will work to preserve and strengthen the universal health care system and those who place it in jeopardy. They know that those who have put it in jeopardy include on the same side of this battle the federal Liberal government of the day, the Conservative governments of Ontario and Alberta and others who would seize the opportunity that the federal Liberal government has created to tear down that universal health care system.

The first blow to that system was given in the 1995 federal Liberal budget but we do not have time to talk about how we got into this mess. As members of parliament elected to represent Canadians who value our universal health care system, today we need to stand and vote to preserve and strengthen that system. Every single member of the House will have the opportunity later today to indicate which side of this battle he or she is on.

Because we do not have a lot of time before that universal health care system slips away, in order to move quickly and dramatically we must take some very specific concrete steps. Our motion sets out three steps.

We must first take urgent fiscal action. That means restoring the cash transfers for health care to a minimum of 25% of health care spending over the next two years.

Second, the federal government must take the necessary steps to prohibit private for profit hospitals. We have to draw that line in the sand. The federal Liberal government knows perfectly well that Ralph Klein and his government have been busy moving in that direction. At this very moment they are preparing to take the next

Supply

step that would allow for the operation of private for profit hospitals. It is the thin edge of the wedge. We have seen what has happened with eye clinics in Alberta. Canadians have had their eyes opened to what that means in terms of a two tier system. We cannot allow that to happen in Alberta. We cannot allow Mike Harris who is watching with glee to think he too can move in that direction.

Third, the federal government must stop other health services, such as home care from being privatized as well. In the province of Ontario the excellent home care services that were beginning to be put in place, beginning to be integrated into a comprehensive home care system have been torn down. Why have they been torn down? Because the federal Liberal government gave Mike Harris the permission he needed to do it. It cut so much money in unilateral cuts to health care starting in 1995 and still has not restored those lost funds. The Harris government said, "We are going to take this as permission to begin delivering home care at the lowest possible cost. We are going to shift it on to a private system".

• (1045)

Excellent experience, respected health care and home care workers like the VON, the St. Elizabeth Society and the Red Cross have literally been thrown on the human scrap heap to make way for privatized home care. It is not a pretty picture.

Today every member of the House, including every member from the provinces of Ontario and Alberta who knows what an ugly picture that privatized home care is, has the opportunity to make it clear that he or she is prepared to stand and fight for what Canadians want, and that is a universal, publicly funded health care system.

We know that every member of the House understands that is what Canadians want and we know that the health minister will stand to say "Yes, but it takes money". Then let us talk about the money. Yes, it takes changes. Let us talk about the changes. But let no member of the House use the excuse of cowardice or dithering or delaying to fail to stand in his or her place today to support the NDP opposition motion that is before us to strengthen and preserve through change the health care system for which Canadians have worked so hard.

Mr. John Herron (Fundy—Royal, PC): Madam Speaker, I applaud my colleagues in the NDP for bringing forward the debate in the House today on what clearly is Canada's number one priority.

Having said that, I would point out to the hon. leader of the NDP that they have really chosen to attack two provincial governments. I would point out in particular that the Progressive Conservative government of Mike Harris has put more money into health care than any other provincial government in Ontario's history, far more than that of the NDP.

Is the hon. member aware of that fact?

Ms. Alexa McDonough: Madam Speaker, the first thing I would do is welcome a member of the Progressive Conservative Party into the health care debate. Canadians have been waiting all week for that to happen.

Definitely I want to point out, to help remove any imaginary barriers to Progressive Conservative support for this resolution, that we were very careful not to mention Mike Harris and Ralph Klein in the resolution because we certainly did not want to give them an excuse not to come forward and make it clear that members of the Progressive Conservative caucus as well support a universal public health care system.

Anybody who imagines that Mike Harris is on the side of universal public health care simply has not been watching what has been going on in this country and in the province of Ontario for the last five years.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Madam Speaker, there is no question that this debate is more important than any other matter we are dealing with in terms of the future of the country. Universal public health care is the defining characteristic of Canada. It is a unifying force. It is the way we ensure that the Canadian values of compassion and caring, of co-operation and community are translated into action.

There is no question that over the last few years under this government we have lost much of what gives us a sense of Canadian identity. We have lost much of our nationhood. We have lost many of the tools to control our own destiny and many of the programs which Canadians cherish. This debate is really about taking back Canada, about getting control over our own destiny and knowing that if we lose medicare we lose the ties that bind and we throw overboard completely the moral and social values without which our society would become a ruthless jungle.

• (1050)

Today we are at the crossroads. We are at the fork in the road. We are standing at the precipice. The direction we go in the days and weeks ahead will determine what path we take.

It is important to look at why we have medicare and what it means to Canadians. My leader pointed to Tommy Douglas, the founder of medicare, and said that the concept of medicare is about our values and our sense of fairness. I can think of no better way to get across that point than to go back to the words of Tommy Douglas, who said:

Had I been a rich man's son the services of the finest surgeons would have been available. As an iron moulder's boy, I almost had my leg amputated before chance intervened and a specialist cured me without thought of a fee. All my adult life I have dreamed of the day when an experience like mine would be impossible and we would have in Canada a program of complete medical care without a price tag. And that is

Supply

what we aim to achieve—the finest health service available to everyone regardless of ability to pay.

In this debate it is also very important to look to our neighbours to the south, to look to the American model of health care. That is very much at the heart of this debate, and where we are headed unless the government is prepared to act today. Do we want a society like the United States, where some 43 million people are without any kind of access to medical services? Do we want a situation where families in this wealthy country of Canada make difficult decisions about whether to fill a prescription, take a sick child to the doctor, or get a regular checkup?

A few years back I had the opportunity to be on a fact finding mission in the United States. I was struck by the horror stories of what people had to endure because they did not have a universal public health care system. I was struck by one story of a woman who needed a liver transplant. Her health insurance plan did not cover this particular intervention. The family had to come up with \$150,000 in cash just to get on the donors list. The first organ transplant did not take. The family needed another \$50,000 cash to get on the donors list again. The woman who went through that operation died. The family was left facing a bill of \$400,000, of which only a portion was covered by their insurance plan.

Do we want that kind of situation in Canada? Is that not where we are headed unless we can somehow convince the government to act and act now?

It is also important to remember what happens when governments delay, when political paralysis sets in and when we do not act immediately when the first signs of danger appear.

I want to go back to a speech made by Stanley Knowles in 1958 in Gimli, Manitoba. He said: “The Liberals promised health insurance in 1919 but had no intention of starting it until 1959”. Stanley Knowles had a good sense of humour. He went on to say:

Apparently, it was Mr. Mackenzie King’s reading of the Bible, about the children of Israel having to wander in the wilderness for 40 years that prompted him to require the people of Canada to wander in the wilderness of high medical costs for 40 years before making even a start in this field.

Today we actually have the spectacle of the present Liberals having Canadians wander again in the wilderness and of creating the horrific possibility of losing medicare because of inaction and political paralysis. We are here today with this motion because we want the government to act.

The focus of our motion is a federal budget that has been universally condemned by health organizations from one end of the country to the other, and by every provincial premier responsible for delivering health services to Canadians. The daunting challenge before us today is to somehow give expression to the desperation, the anger and the grief of those who are forced to cope with the inadequacies of our health system, especially as they listened to the finance minister’s message on Monday.

● (1055)

Those who are stretched and stressed to the breaking point, trying to care for themselves or finding a way to pay for care for their loved ones, are the people we are speaking on behalf of today; those who know in their hearts that with an improved, fully funded, comprehensive health system, someone they knew, someone they loved, could have lived a longer and better life. The motion today is about just that.

The motion today is about stopping the slide to two tier health care. The motion today is about stopping Ralph Klein, who at 3.45 p.m. today, eastern time, will stand in the Alberta legislature and introduce a bill to allow profit care in Canada’s hospital system. That is the measure of this federal budget.

The budget is the green light to Premier Klein, Premier Harris and other advocates of two tier American style health care. It is no coincidence that Premier Klein waited until the Liberal budget came down. He knows there is no money to back all the Liberal talk. He says “Let us roll up our sleeves and get on with two tier medicine”.

It is no coincidence either that the day after the budget the Reform Party told Canadian TV viewers—and I quote from the finance critic for the Reform Party—“Obviously we are going to have to look beyond the money and start to entertain some private sector solutions”.

Canadians do not want American style health care. They know that for profit medicine is not going to answer their needs. Premier Klein has offered no proof that private for profit health care is any more efficient than public health care. The Minister of Health has refused to stand and take him on, do the right thing and stop private for profit health care before it is too late.

We know, and all the studies show, that private health care typically costs more, provides lower quality services and fewer services, reduces accessibility and fairness and drives up the public cost in other jurisdictions.

The motion before us today is about the future of medicare. It is an opportunity for the government to change course and do the right thing. Ever since the budget was delivered Liberals have been saying that they know this is not enough. Did they not know that before Monday? Did they not know there was a crisis? Why did they not act in this budget? Why are they waiting?

We have before us an opportunity to show that medicare could be a model for all countries in the new global economy. After all, when we are talking about medical care we are talking about our sense of values. Do we think human life is important? Do we think the best health care which is available is something to which people are entitled by virtue of belonging to a civilized country? The answer from Canadians is a resounding yes. The question is: Why can the Liberals not see it?

I move:

That the motion be amended by adding before the word “Canadian” the following:

“cherished”.

The Acting Speaker (Ms. Thibeault): The amendment is receivable.

Mr. Myron Thompson (Wild Rose, Ref.): Madam Speaker, having lived for the first 35 years of my life in the United States, I am fairly familiar with its medical system. With 90% of my relatives living there, I am quite familiar with what is happening in their lives in terms of the medical system.

• (1100)

I assure the member, after taking a careful look at the proposals from Ralph Klein—and I hope that the NDP will do the same—that his proposals are a far cry from being what they have in the United States. They are not that comparable. I wish the NDP would take a little closer look at it.

We all know that the Liberal government was responsible for causing this dilemma in the first place. There is no way that it will restore the money that it deliberately took out of health care since 1993. However, government spending is phenomenal in so many areas. If the health minister needs money, the government will have to stop some of the silly spending that is going on, some that I know the NDP approve of.

It is nice to do little things for culture and for art, but when we get down to the necessities of life, what would she request the government do in terms of not spending money? What areas would she like to see cut out in order to provide more money for health care?

Ms. Judy Wasylycia-Leis: Madam Speaker, I would make several comments in response to the question.

My first comment has to do with the American style of health care referenced by the member. If anyone has had any in-depth involvement with people in the United States, they know just how precarious the system is and just how many people are left to suffer because they do not have access to health care and do not have insurance coverage. It is not uncommon to hear about people dying on the operating table because they did not have the money.

We were all shocked when Reformers stood in the House over the last couple of years and said things like “I can get better health care in Florida than I can get in socialized Canada”. We were shocked when the Leader of the Reform Party, just a month ago, stood up in the House and said “We should look at private sector investment in health care”. We were shocked this week when the finance critic stood up before Canadians and said “We have to look at opening up health care to private sector involvement and investment”. That is not the solution.

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Let us also be clear that when it comes to this budget in terms of spending, what we really ended up with is a Reform style budget with all the focus on tax cuts and very little on the priorities of Canadians, the number one priority being health care. What we have in this budget is two cents for every dollar in cutbacks, in tax rollbacks from the government. Is that a response?

What the provinces want is a commitment from the government to restore transfer payments; the money it took out in 1995. The provinces are quite prepared, on the basis of that commitment and that determination, to get back to a 50:50 partnership, to in fact work to strengthen medicare, to restructure medicare and to improve medicare. We have to do it on the basis of a financial commitment from the federal government and the political will to truly preserve and strengthen medicare.

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Madam Speaker, I agree with some of the things the hon. member said. I certainly agree with the last point about the Reformers and how they want an American style two-tier medical system, which is an absolute disgrace.

However, where I do not agree with the hon. member is that we on the government side have made a commitment to Canadians that we will protect the health care system in Canada because it is an underlying value.

I wonder why the hon. member does not ask her leader, whom I see is in the House, the hon. member for Halifax, why in 1997 she said we should add an additional \$1.5 billion. In 1998 she said we should add another \$2.8 billion. Excuse me, that is not nearly enough and we on the government side have added a great deal more than that.

In their party platform in 1997, the NDP members argued that there should be \$79 billion additional spent in Canada. How much of that was earmarked for health? It was 10%. Now we hear from the hon. member opposite all these nice words. My question to her is simple. Why does she not put aside this petty politic stuff, and do like the Canadian Medical Association and others have said, and get all the people together to work on long term solutions?

• (1105)

Ms. Judy Wasylycia-Leis: Madam Speaker, first, I will put a question back to the member. Is two cents on the dollar a true commitment for something as fundamental as medicare and universal health care?

The government cut \$6 billion out of transfer payments in 1995. That has left a cumulative shortfall of \$21 billion. This budget puts back two cents of every dollar in taxes which means that if all goes well the government might be up to a 15% share of funding for health care.

Supply

The member knows full well that the commitment of this party is for a 50:50 partnership. That is what we want to see.

[*Translation*]

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I intend to share my speaking time.

I would like to begin by saying that I am delighted to have the opportunity to participate in the debate today on a matter of prime importance to Canadians.

[*English*]

What we are talking about today, Canada's health care system, represents a tangible expression of this nation's shared values. It is something that lies very close to the heart of our country's sense of self.

It seems to me that Canadians cherish medicare because to us it is about more than just doctors, hospitals and medical treatment. It is about the way we want to live. It is about being part of this country. Canadian medicare is about the promise that we make to each other as Canadians, that in times of need we will look after each other regardless of wealth or of privilege, and so it is a subject of fundamental importance to each of us.

The principles of the Canada Health Act, the principles on which Canadian medicare is built, are as sound today as they were decades ago when they were enshrined in federal law. Their soundness derives not just from the social equity, which is obvious, but also from the economic advantage that the single tier, universal coverage provides to Canadians and Canadian businesses.

Time and again the economic comparative advantage of Canadian medicare is demonstrated, and we must never lose sight of that fact. As sound as these principles are and as strong as the arguments are for preserving those principles, we have problems in practice of which every Canadian is aware. It is clear that the status quo is unacceptable. It cannot continue. There are people who are waiting too long, waiting hours in the emergency ward, waiting months for referral to a specialist, waiting a year for a long term bed, waiting what seems an eternity for someone to answer the call button in the understaffed hospital ward. The status quo is not on.

However, as we look for answers we must be careful to distinguish the real solutions from the false ones. We must resist the siren call of the private parallel system which is not the answer. Private for-profit medicine is not the intelligent or effective response. The private parallel provision of medical services is less effective, more expensive and, frankly, is inconsistent with the basic principles to which this nation is committed.

Surely the answer lies in renewing medicare, in finding new ways to provide services of quality to give Canadians and their families access to quality care in a timely fashion within the

principles of medicare, within the principles of the Canada Health Act.

What is needed? I suggest two things are needed: first, the proper level of financing; and second, innovation and change, ideas and hard work to bring about the kind of structural changes that are necessary to adapt the principles to modern realities.

• (1110)

First, in terms of financing let us set the record straight on the contribution of the Government of Canada to our medicare system. Public spending on medicare every year approximates \$60 billion. We transfer to provinces a total of about \$40 billion, including equalization. If we subtract the equalization it is \$30 billion in transfers this coming fiscal year through cash and tax points.

Looking historically at the utilization by provinces, just over half of that transfer is devoted to health care, about 54%, almost \$17 billion. If we add the \$3 billion that Canada spends directly for health care services for Canadian forces and aboriginal persons, it is over \$20 billion. One-third of total public spending on health care in the country every year comes from the Government of Canada.

Let us be honest about the facts on financing. Let us tell the truth about role of the Government of Canada. One-third of all public funding on health care is contributed by the Government of Canada. The cash portion of that contribution, the cash portion of the transfers to the provinces has increased by fully 25% over the last two years as a result of the very budget measures that party is today attacking.

I said it would take two things to save and strengthen medicare. The first is the proper level of financing. The second is hard work with ideas and innovation to make the changes we must make so that services are provided and are accessible to Canadians in keeping with standards of quality.

Our objective must not be, as the NDP would seem to suggest, simply to make the health care system more expensive by spending more. Our objective must surely be to improve its quality and access to services by making the changes needed. That means long-term sustainability. It means learning from the provinces by looking at what they have done to innovate in recent years. It means sitting with the provinces, learning from their experiences and developing a shared agenda of common priorities, because one thing is certain, we will not succeed in this effort unless we work together.

I have sat with provincial ministers and I can say that year after year at the end of our meetings we produce a virtually identical list of common priorities of what has to happen to resolve the issues facing medicare. I have spoken and written about these issues at

length in the past. Today is not the day to go into detail about them, but I will say, by way of summary, that the provincial priorities for innovation and change, priorities that I share, include new ways of delivering primary health care, that is to say the first line of family health services in communities.

Changing the way the primary health care is delivered is fundamental to restoring accessibility to medical services in the country. The second is broadening the availability of home and community care to reflect the reality of what happened with the downsizing of the hospital sector and the increased reliance on care outside hospitals. Provinces are moving in that direction as well. Many of them have made very significant investments in home and community care.

The time has now come to broaden that effort and to weave home and community care into medicare as an integral part of health services. In reality it is needed.

The third is a focus on quality care. The Canada Health Act does not speak of quality or standards of care. It talks about principles.

For the first time this spring we will produce a comprehensive report on outputs in the health care system, measuring how it performs and with that measurement, which will allow us to manage better, we can work toward public discussions of quality in health care in Canada using information technology to monitor it, to track it and to integrate the various parts of our health care system so we can give better service to Canadians.

The Government of Canada has a crucial role to play in all this. It is a role of leadership. It is a role of co-ordination. It is a role of bringing constructive ideas to the table and of supporting the provinces in their own efforts to innovate and resolve these difficult issues.

• (1115)

I make no apology for the fact that some weeks ago I put some ideas on the table. I think it is my responsibility to lead a national discussion about where we go from here. The Government of Canada will be there throughout to do its part. I proposed meetings in the near future with my provincial counterparts so that we can work toward a plan of action, implementing the changes that we have all recognized for some time are necessary.

Let us now move from resolution to action. That is what I think we must do on behalf of the people of Canada. If that action requires a greater contribution from the government, if it requires a long term financial commitment from the government, as the Minister of Finance has said and the Prime Minister has always said, the Government of Canada will be there to do its part.

Let me conclude by saying that the status quo is not acceptable. We have to change in order to preserve medicare, to save and

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strengthen its principles. The choice is not between the status quo and a private for profit system of medicare. That is not the choice we face. The choice is between the status quo, which is unacceptable, and a renewed medicare operating within the principles of the Canada Health Act to do a better job. A country that had the wit to invent it can surely find the will and the ways to preserve it.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Madam Speaker, I would like to address the question of the financial contribution of the federal government. The minister and his colleagues have said time and time again over the last two days that the cash does not matter. They have actually tried to deflect attention by throwing in everything but the kitchen sink in the federal contribution toward health care.

Before 1993, when the government was in opposition, the Liberals criticized the Conservative government for changing the formula and said very clearly that it was the cash that matters. In the 1997 budget on page 65 the government said that it was the cash that counts in terms of program spending.

My first question is for the minister. Why does the cash not count today? Does he not realize that it is the glue that holds our health system together? It is the only way to stop the privatization forces under Klein, Harris and the Reform Party.

I have a second question. The minister and his colleagues are concerned and committed to stopping two tier Americanized private health care. Do they not recognize that by being passive, by aiding and abetting Alberta's privatization agenda, as they did when they allowed the 12 point agreement on private health services to take place, they are part of the problem? In order to truly support and enhance medicare they have to dissociate themselves from that position, rescind that agreement and go forward, fully supporting the principles of the Canada Health Act.

Hon. Allan Rock: Madam Speaker, the cash does matter. That is why in each of the last four budgets we have increased the cash very significantly, as I mentioned, by 25% over the last two years. The cash does matter and it has increased.

Just the other day the Minister of Finance announced \$2.5 billion which will result in a permanent increase of \$500 million a year in the cash floor. That will be \$15.5 billion a year in the cash transfer to provinces.

Let me address another point the member raised. She talked about the passive role of the Government of Canada. We do not take a passive role. I reacted immediately to the proposals of Mr. Klein by saying that we would look at them very critically. I expressed concerns when I wrote to the minister of health of Alberta. We are awaiting the tabling of the legislation later today.

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We will examine it carefully to determine whether it is consistent with the Canada Health Act both in letter and in spirit.

We have aggressively proposed that ministers meet quickly to act, not just speak, on points of common priority in order to improve medicare. I do not think that is passive. That is the Government of Canada fulfilling the role it is intended to serve of leadership, co-ordination and working constructively with partners.

The last thing I will say is that I know we cannot succeed if we rely on personal attacks. I am not speaking now about members opposite. I am speaking of other participants in the debate. We will not advance this issue on the basis of personal attacks.

• (1120)

It is not too long ago that I was in the real world working and watching politics as a citizen. I can recall how disappointed my neighbours and I were when we saw politicians engage in personal attacks. It is very dismaying because it signals that they are not focusing on the public interest. They are not at work on what will make a difference.

I suggest to all my colleagues in this debate that we set aside personal attacks, that we focus on what Canadians are interested in, which is long term solutions to their medicare system, and that we work together in a constructive fashion to get those changes in place.

Ms. Alexa McDonough (Halifax, NDP): Madam Speaker, the health minister invites us to look at what is happening in the real world. In the real world there are growing waiting lists. There are crowded emergency rooms. There are ambulances that cannot get into hospitals and are being turned away. There are people who cannot afford the soaring cost of pharmaceuticals.

In the real world the federal Liberals reduced their previous contribution of \$18.5 billion down to \$12.5 billion. How could the health minister not acknowledge that the government has not even restored the level of cash contributions to health care spending to what it was when the Liberals took office? How can they, in the real world, pretend that is not so?

Hon. Allan Rock: Madam Speaker, it has increased and we are contributing one-third of all public spending; but let me go beyond money to the second part of the equation which is the changes that are required.

The leader of the New Democratic Party talks about problems in emergency rooms. If she will go there as I have done and speak to the people who run hospitals, who run emergency rooms, and ask them why, they will give two reasons. The first reason is that family physicians, as hard as they work, cannot be on duty 24 hours a day. If we call them when their offices are closed there will be a tape machine saying go to emergency. That way we get too many people at the emergency department who ought to be served in a different way in another place.

The second reason is that there are people on stretchers in emergency departments waiting for admission to hospital who should be upstairs in beds and cannot go there. The beds upstairs are taken by people who should be moved out of hospital into home and community care, which does not exist. If we want to resolve the problems with emergency rooms and stop ambulances being turned away, we will buy into the agenda of the provincial ministers of health, which I support, to change primary care and to add home and community care where it is needed across the country.

Mr. Roy Cullen (Etobicoke North, Lib.): Madam Speaker, I welcome the opportunity that today's motion offers to join my colleagues to reinforce for all Canadians our government's absolute commitment to health care and to present the facts about the federal government's contribution to health care in Canada.

Our priority is clear and concrete. It is to work through partnership with all orders of government and all stakeholders to provide Canadians in every region with the health care system they need and the health care system they rely upon.

[Translation]

Budget 2000 is based on previous budgets. It provides for the injection of an additional \$2.5 billion dollars into the Canada transfer for health and social programs in order to help the provinces and territories fund health care and post-secondary education.

[English]

When we add this new \$2.5 billion to the \$11.5 billion CHST investment in last year's budget specifically for health care, we find that the cash portion of the CHST will reach \$15.5 billion in the coming year, almost 25% higher than last year. This is the fourth time that the federal government has been able to turn better finances into a better quality of life through greater support for the CHST.

The budget provides an additional \$1 billion in 2000-01 and \$500 million in each of the following three years. The provinces and territories will have the flexibility to draw from the \$2.5 billion that is being added to the CHST as they see fit. They can draw upon it to meet the most pressing needs in hospitals or universities or at any time over the course of four years as they see fit.

• (1125)

Some have said that this additional \$2.5 billion for the CHST transfer is small potatoes. I cannot agree because \$2.5 billion is not an insignificant amount of money. It is even more significant when added to the funding increases we made in previous years. As I just said, because of our CHST investments in the 1999 and 2000 budgets, in the coming year CHST cash will be almost 25% higher than last year. This is just the CHST cash portion.

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Too many Canadians forget, because our critics often try to push it aside, the fact that federal support for the CHST also includes tax points. Tax points are converted into cash and paid to the provinces. They are the same as cash. Members opposite need to understand that. When the value of tax points is taken into account, total CHST transfers in the coming fiscal year will reach \$31 billion, a new all time high.

The Canada health and social transfer has been fully restored to 1993-94 levels. At the same time the federal government's own direct program spending is down \$4 billion from the levels when we first came into office. This clearly demonstrates our commitment to health and the priority we attach to health care.

It is not an abstract issue. What is a tax point transfer? As hon. opposition members should be aware, it simply means that the provinces can collect a portion of the taxes that would otherwise go to the federal government. Put differently, it allows the provinces to collect a higher share of taxes while federal revenues decrease by the same amount. Ultimately the individual taxpayer still pays the same amount.

There is an excellent reason why the provinces accepted these tax points and why they hang on to them today. I have not heard the provinces saying that they do not want the tax points. Why is that? It is because as the economy grows so does the value of these points. While there have been economic ups and downs, each of those tax points is worth much more today than when the programs they fund were introduced. In other words, it is a form of federal assistance that keeps on giving and keeps on growing.

When we hear calls for the federal government to hand over billions more for health and social programs, we should remember that this ignores the fact that provinces enjoy significant additional revenues from tax points already in their pockets each and every year.

[*Translation*]

The excellent performance of Canada's economy has significantly improved the value of the two other main transfers to the provinces and the territories.

[*English*]

Equalization payments to less prosperous provinces, for example, are up \$500 million for this year over last year's budget projection, taking entitlements to \$9.8 billion from the \$9.3 billion previously projected. Territorial formula financing is nearly \$100 million higher this year than was projected, taking entitlements to about \$1.4 billion from about \$1.3 billion previously projected.

When we combine these major transfer programs, the CHST, equalization and territorial formula financing, we see that total transfers to the provinces and territories will reach an estimated \$39.4 billion this year. This will allow the provinces and territories to strengthen health care, post-secondary education and other

social programs important to Canadians. The provinces can use the equalization payments for health care, education or social programs.

It is also interesting to look at federal transfers in terms of the contribution to estimated provincial and territorial revenues. I will give just a brief rundown. In 2000-01 federal transfers will account for about 45% of Newfoundland's estimated revenues. The corresponding figures for the other provinces and territories are approximately as follows: 40% for P.E.I., 42% for Nova Scotia, 37% for New Brunswick, 25% for Quebec, 20% for Ontario, 35% of the provincial revenues for Manitoba, 22% for Saskatchewan, 17% for Alberta, 20% for British Columbia, 81% for the Northwest Territories, 94% for Nunavut, and 71% for Yukon. These are significant contributions to the economies and the provincial revenues across Canada.

• (1130)

It is important to note that federal assistance for health care does not begin and end with transfers. For example, almost half of the grants from the federally sponsored Canada Foundation for Innovation have gone to health research. It is now a \$1.9 billion foundation.

Good health and effective health care are much more than an issue of hospitals and clinics. My colleague the Minister of Health has spoken very eloquently today and many times before on this subject. This is why the 1999 budget announced an additional investment of \$1.4 billion in health information systems, research, first nations and Inuit health services and health problem prevention. The 1999 budget also provided significant funding for a number of other important health initiatives like the national health surveillance network, the Canada health network and a variety of other initiatives.

The government's commitment to a strong health care system is a key priority and the reason that increasing funding for health was a central theme in the 1999 budget.

Governments both federal and provincial recognize the necessity of ensuring that Canada's health care system continues to meet the needs of its citizens into the future. The federal government has invested significant amounts of money in the CHST. However, money alone will not solve the long term health care problem.

In the report of the National Forum on Health to the Prime Minister not too long ago, it was noted that by international standards Canada's health care expenditures appear high among industrialized countries. Only the U.S. spends a higher share of its GDP than Canada and we know the reason. A full 30% of health care expenditure in the United States has been on administration, filling out forms.

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Ottawa cannot do it alone. This is particularly important as Canada's baby boomers approach their senior years. This is why the federal and provincial health ministers have agreed to meet in the spring of this year.

I think I can speak for all my government colleagues when I say that our priority is to help sustain a health care system that meets the needs of all Canadians. This is why we will continue to apply the values of partnership and co-operation, values based on the recognition that health care is the responsibility of all of us. This is a responsibility I am confident will never be abandoned by the government and my party.

Mr. Grant Hill (Macleod, Ref.): Madam Speaker, the member opposite quoted a figure that is absolutely false. He talked about the international rankings of Canada in terms of health care expenditure. He quoted figures from 1993 when the Liberal government took office.

I wonder if the member would like to talk about Canada's international ranking in terms of expenditures on medicare today in the year 2000. I will mention them in my speech because I do not think the member knows what Canada's ranking is today. Internationally, where do we stand today in regard to expenditures on health care as a per cent of GDP?

Mr. Roy Cullen: Madam Speaker, the National Forum on Health which was convened a couple of years ago did a vast amount of research. Experts in health care compared our expenditures in Canada. They looked at a variety of issues. They concluded that the per capita expenditure on health care in Canada was greater than most other countries with the only exception being the United States.

The parties opposite talk about the health care system in the United States. We all know the problems with accessibility which my colleague the Minister of Health and others have quoted. Not only are there problems with accessibility but there are the administrative costs in the United States. Because it is privately funded, many patients in hospitals and clinics end up filling out forms ad nauseam because the health care insurers are not anxious to pay the claims. Fully 30% of the cost of the health care system in the United States is administrative costs.

• (1135)

If the member opposite is going to quote new figures, he should also look at the expenditures we made in health care last year and this year. It was \$11.5 billion last year and another \$2.5 billion this year.

Ms. Judy Wasylcia-Leis (Winnipeg North Centre, NDP): Madam Speaker, just to help out the Liberal member on the question raised by Reform, it is absolutely clear that this country spends—

Mr. Greg Thompson: Madam Speaker, I rise on a point of order. How often do you have to stand in this House to be able to be recognized? You only recognize people within three feet of your chair. I am tired of this. This is not the first time this has happened. You only know three members by name in this House and those are the only ones you recognize.

The Acting Speaker (Ms. Thibeault): A lot of members are interested today.

Mr. Greg Thompson: Madam Speaker, we have been up at this end of the House at least six times. Now listen this one out. You recognize about three people in this House. You have done it for the last three speeches. Is it not about time—

The Acting Speaker (Ms. Thibeault): Order, please. First of all it is the privilege—

Mr. Greg Thompson: Are you going to recognize the same three people over and over and over again?

The Acting Speaker (Ms. Thibeault): Order, please.

Mr. Greg Thompson: The truth is we have a point here as well and we have the right to bring it to the floor as well. That is why we are here. That is why we are elected. If you cannot do that, let us bring in a Speaker who can.

The Acting Speaker (Ms. Thibeault): I ask the member to please listen to my reply. That is enough.

Mr. Greg Thompson: This is not the first time that this has happened. How many times do I have to stand up in this House to be recognized? I have made my point. The next time, Madam Speaker, please give me the sense of fairness to recognize me and recognize someone else—

The Acting Speaker (Ms. Thibeault): I remind the hon. member that it is the privilege of the person who is occupying the chair to choose whomever he or she wants to recognize. Right now I have recognized the hon. member for Winnipeg North Centre.

Ms. Judy Wasylcia-Leis: Madam Speaker, I am glad to hear that the Conservatives are interested in getting involved in this debate. I look forward to hearing what they have to say about universal public health care on which they have been particularly silent, perhaps given the previous Conservative government's record on this matter.

To help out the Liberal member in response to the Reform question, in fact Canada's expenditure in terms of health care as a percentage of our wealth is at about 9%. That is quite a bit lower

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than the 14% or more that is spent in the United States as a percentage of wealth. That is the best reason of all why we want to hang on to a public universally accessible health care system.

My question for the member is simple. We can argue all we want about tax points and what the share is but the fact is there is a shortfall of \$4.2 billion in cash transfers. My question relates to the purpose of our motion. Will the government restore the cash that it took out of the system in 1995? Will the government commit to an immediate share of 25% and a long term commitment of a 50:50 partnership? Will the government finally live up to its seven year old election promise for national home care? Finally, will the government take every measure possible to stop private for profit health care?

Mr. Roy Cullen: Madam Speaker, the member opposite still has not got it. I thought I had made it quite clear that tax points are the same as cash. The hon. member continues to quote the cash. The reality is that the CHST funding has been fully restored to 1993-94 levels.

If we look at the United States, Americans comment on our system and we want to keep it that way. It is one of the principal tenets of the government. It is one of the principal tenets of our party. Canadians can be guaranteed that our government will continue its commitment to health care in Canada.

• (1140)

Mr. Grant Hill (MacLeod, Ref.): Madam Speaker, I was going to approach the issue of international ranking in the middle of my speech today but just so we do not lose some of the audience, in 1993 Canada was in second place in international ranking. The member was accurate. The National Forum on Health did quote accurate figures.

Since that time we have slipped to fifth place in the world. The U.S. is still at the top. We have been passed by Germany, Switzerland and France. The figures I am quoting are not completely up to date in terms of this day, but we are still dropping in terms of international comparison. For the edification of the member across the way, internationally we are not in second place any more.

As a physician, normally I would approach a debate on health care with a big smile on my face. When I came to parliament it was an opportunity for me to try to express what it is like to be a practising physician in Canada today. I could not express how much enjoyment that would give me. I felt I would be able to bring some common sense to the debate.

I have been really disappointed with the response of the government particularly on health care. I will talk about this in relation to priorities. If I were titling my talk, the title would be "messed up priorities".

A significant budget was recently handed down. I want to compare what that budget did with grants and contributions in relation to spending on health care. My Liberal colleagues will leave because they do not want to hear this. I can understand their not wanting to listen to it.

I will not start from 1993; I will actually start from 1994 when it is fair to say that my Liberal colleagues had a responsibility for the spending in that year. In 1993 they had just been elected. I will not comment on the previous spending. In 1993 boondoggle prone grants and contributions—when I say grants and contributions, these are programs that can be misused—totalled just under \$14 billion. The expenditures for health from that party totalled \$7.5 billion. This is CHST cash for health; I am taking out the post-secondary education.

As we went along, the Liberals said there were terrible problems with the deficit, that they had to drop those important expenditures and they dropped them. The CHST component for health plunged from \$7.5 billion down to \$5.5 billion. That is the CHST cash component for health. What happened to the boondoggle prone grants and contributions component? It dropped a little, from \$13.75 billion down to \$12.5 billion.

Those were the priorities of the election ready Liberal crew. Boondoggle prone grants and contributions went as low as \$12.5 billion. The health portion of the CHST went well down below \$6 billion. Is that a messed up priority?

As the last member did, I am going at this from the financial component only. Let us count the tax points and cash. Let us compare 1993 with today. Let us do it per capita. What really matters to the Canadian public is how much money we have per person for transfers.

In 1993-94 before the cuts took place there was \$636 per capita on the cash component. In 1999, the last year we have accurate figures for, the cash component was \$483 per person in Canada. I will use the tax points in the broad figure. When they started there was a total of \$28.991 billion in transfers. It dropped down to as low as \$25 billion, and this year it is just again reaching the point.

• (1145)

In the interim, what happened to the per capita expenditures? Almost \$30 billion was spent on foolish expenditures, stupid expenditures if I could be so bold as to use a stronger word.

The grants and contributions were mishandled. The audit told us that. In the Prime Minister's riding I call them Shawinigan shenanigans. There was a golf course, which was not a high priority. There were sawmill funds. A special friend of the Prime Minister's stepped up and said "We can get you funds". He is being investigated because he is an unregistered lobbyist. There were funds for a lit fountain in the Prime Minister's riding, instead

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of emergency care, organ transplants and compensation for hepatitis C victims. We have RCMP investigations.

What did this budget do? It rewarded the minister of HRDC. It gave her more money. There was no mention of the problem, no retreat, no apology to the Canadian public and no commentary to the ministers of health for the provinces saying "We think grants and contributions are more important than health care".

What is the role of the finance minister? He is the overseer of the public purse. We trust him to look at the overall expenditures of the government. We trust him to say that health care is a high priority. We trust that, as soon as funds are available, he will put those funds into health.

He sets the broad policy by funds available. What did he do? In the next four years there will be \$2.5 billion. What does that mean per capita? It is \$83 per capita. If we only consider the health component, it is half of that, or \$41.50 per capita for health. That is the figure to which I would like the public to pay attention, the per capita expenditures of the federal government for health.

This is not apples and oranges; this is a specific comparison. If we look at 1993 and we look at 2000, we will not be impressed.

The Prime Minister should lead by example. When he was on this side of the House he said that if there were problems in a department there would be no excuses. There would be no way the minister would get out by blaming somebody else. There would be no cover-ups. The minister would take the responsibility. His responsibility, in my view, would be to remove incompetence from his cabinet.

It is obvious that medicare is under stress. I will go over the three big reasons for that. The debt the country undertook in the last 20 or 30 years is robbing us of a lot of money which we would normally put toward our social programs. Interest payments on the debt amount to \$35 billion or \$40 billion a year. That debt is a significant reason our health care system is under stress.

Let us look at our debt paydown and compare it to other countries. Australia was in trouble with its debt. It looks like Australia will have its debt paid down in three years. If the U.S. continues on its track, in 11 to 12 years its debt will be paid down. Where are we in our debt repayment program? If we continue like we are going, our debt will be paid down in 150 years. If I delivered babies I would have to be here for six generations to see that take place. That is a significant issue for our health care system.

There are other big problems. We have an aging population. The baby boomers who will be coming through the system will create a big bulge. What we are doing today is not sustainable and the health minister has finally recognized this. He is saying that the status quo is not good enough. That is a tough thing for a health minister to say, because that can raise all kinds of spectres of terrible things happening. The status quo is not good enough.

• (1150)

When I started my practice, organ transplantation was something that was done experimentally. I now see people having such things as hip replacements, extending their useful lives for 15 to 20 years. Those are very expensive things that were never even thought of when I started my practice. MRIs and ultrasounds were experimental. Now, although they are expensive, they are valuable and they do extend people's lives.

This is not an academic discussion. This is not a financial discussion. This is really and truly a discussion about individuals. I wish we could stop talking about the system and start thinking about the patient. If we could do that I think we would have a much better chance of fixing the system.

The future of medicare, frankly, is in doubt. There are long waits, inferior technology, anxiety and brain drain. Some of our finest nurses have left the country. They were turned away from secure jobs because the funding was not there.

I hesitate to go into the finances of this problem because it sounds like that is where my interests lie. That is not where my interests lie. However, I hear comments from the health minister which are inaccurate and I want to raise them. He says that we spend \$60 billion in Canada on the public component of health care. What he omits to say is that our total expenditure on health care is touching on \$90 billion.

I share the concerns of my NDP colleagues who fear privatization, who fear the U.S. style of health care. That is not the way to go. However, they should recognize and accept that 30% of our health care dollars in Canada today are private. There are many things which are not covered by medicare, such as plastic surgery, cosmetic changes and, in some provinces, sex changes. There are new technologies, such as new prostate therapies, which are not covered. Some of them should not be covered and maybe some of them should be, but 30% today is private.

When my colleagues raise the spectre of two tier American style health care I ask them only to do one thing: look at the balance of the world, look at Europe, look at Scandinavia, look at all of the other industrialized countries and find a country other than the U.S. to compare us with. Compare us in terms of private versus public expenditures on health and compare us with Europe. There is no other industrialized country in the world that has given the public purse the monopoly on health care.

I will return to the comparison of international expenditures. To be accurate, this is 1997. It is not today. The latest figures are not available to us.

Let us compare Canada in terms of its public spending, taxpayer funded spending, on health care. We are 10th in the world and falling. My colleagues ignore that completely. Other countries are spending more for public health care than Canada.

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Let us take France as an example. France is in third place, spending 7.1% of its GDP on the public component.

Where is Canada in private expenditures? We are in seventh place, at 2.8%. Fifth place overall, 9.2%; tenth place in public, 6.4%; seventh place in private.

Like my colleagues in the NDP who fear the U.S. style of two tier health care, I do not like it, but let us look at the innovative changes that have been taking place in Europe. Look at those and ask if there is something we can learn in those jurisdictions, because I think we can.

What has been the response of the provinces to this budget in relation to health? There has been a pretty vigorous denunciation.

• (1155)

Personality conflicts and politics aside, what do the Liberal provincial governments in Canada have to say about this budget? I can sum it up. I will sum it up by giving it a thumbs down.

Is it all just about a political battle? I do not think so. I think that it really and truly is because the provinces are faced with dealing with an aging population. They are faced with dealing with a population that is rising in numbers. They are faced with dealing with this new technology.

What has been the federal health minister's response? He says that money is not the only thing; it is one component, but we need physically to go at this with new proposals. Now there is a point on which we can agree: new proposals.

What are his proposals? He says that we need to have national pharmacare and that we need to have national home care. His promise is that, if the provinces will come along, he will fund 50%.

Is that not eerily familiar to a promise that was made back in the 1960s? I remember it well. The federal government said it would fund 50% of medicare. The provinces said "That is a pretty good deal. We will buy into that". Then the funds started drying up.

Why would the provinces enter into any program with a federal government which pulled the plug on funding soon thereafter? They are not stupid. They can remember. I am not surprised that the provincial response has been one of great hesitation.

I am going to talk for a moment about a subject which we might say is not exactly covered here. I am going to talk about hepatitis C. As the previous health critic for our party, I fought vigorously for hepatitis C compensation for all victims of tainted blood. I do not get a chance to speak of this daily, as I did for a long time, but I want to bring it up today.

There has not been one penny in compensation from the promise made by the government to hepatitis C victims. Not one penny has

gone to them. It has been two years. Who is happy? The lawyers are happy. The lawyers who have been involved in this process are real happy because their funds are going up. The victims' funds have not been disbursed.

The government chose the wrong mechanism. It chose a legal argument, rather than saying that if the regulators had failed it had a responsibility and would transfer funds to those poor souls who were injured. It chose a legalistic mechanism. That legalistic mechanism was wrong.

I will never forget Joey Haché, a young man who came to the House. He stood here and said "I am going to be the Prime Minister's conscience". He continues to be the Prime Minister's conscience. He rode across the country on a bicycle to raise awareness for hepatitis C.

I cannot help but think, in the order of priorities, what do the grants and contributions in the billions of dollars to get elected have to do with Joey Haché and the victims of hepatitis C? They have nothing to do with Joey Haché. I am profoundly disappointed that the victims have not been taken care of.

The debate on health care is here whether we like it or not. There are people who will tell us not to look at anything related to private insurance and not to look at anything related to the comparison of the most efficient use of resources. I simply say that today in Canada we do not have a one tier system. Our system is at least three tiered. We have a tier for the average Joe, we have a tier for the athletes and the politicians and we have a tier for those who are plugged into the system.

There are people who can leave and quickly get services outside this country. That tier is one which I want to capture and keep here in Canada. I want those individuals to feel that they have the highest quality of care here in Canada, if the wait is too long here in Canada.

The debate on medicare can turn into a slanging match. I think it is fair to say that there is a fear in Canada of the U.S. style of medicare. That is a fear which I share.

Let us look at Europe and let us get a Canadian made solution to make this program sustainable. If we do not, we are going to be criticized forever.

• (1200)

The Acting Speaker (Ms. Thibeault): Before recognizing the member for New Brunswick Southwest, I would like to let him know at this point that I do not appreciate the words that he used before nor his conduct, and it is not the first time. I would hope, that under other circumstances the member would come to me and maybe we could resolve the problem if there was such a problem. At this time, if he has a question to ask, the floor is yours.

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Mr. Greg Thompson (New Brunswick Southwest, PC): Madam Speaker, I think if you check the record my words were very conducive to the language we normally use in the House. I was upset by the fact that this has happened time and time again. However, I will get on with the question.

I have one simple point I want to make to the member for Macleod. Is there some symbolism here in the sense that the Parliamentary Secretary to the Minister of Finance was the person who shared his speaking time with the Minister of Health? Does that not send us a message?

Does the member not get a sense that there is a sort of tug of war going on between the Minister of Health and the Minister of Finance in terms of who really sets the agenda for the health minister?

What I am saying, in a sense, is that a leadership race appears to be taking place on the front benches of the government side. It also appears that the finance minister is winning this war at the expense of the health minister and at the expense of ordinary Canadians.

Before I sit down, I do want to congratulate the member for his reference to the hepatitis C victims. We should be talking about that very issue more than what we are today, but I am glad to hear the member mention them. They do need our help.

Mr. Grant Hill: Madam Speaker, I have had lots of time to get to know the member who just rose in his place and recognize that he has a great interest in the health care system as well.

It would be fair to say that there is a tug of war going on. There is a leadership battle going on, which is pretty evident to anybody in the country who is watching the debates.

I do not think it is inappropriate for the Parliamentary Secretary to the Finance Minister to follow the health minister. There is a significant financial component to this issue.

Is there in fact some kind of mini battle going on between the finance minister and the health minister with leadership aspirations? It is pretty evident that would be the case. Would it allow health care to be pushed off to the side? I hope not. I cannot imagine anybody wanting to have a political future in the country who did not take health care seriously.

I object, however, to the use of figures that are inaccurate. I would debate the parliamentary secretary vigorously on figures that are outdated. I do hope that he will get updated figures when he comes into the House. If I have one objection, it would be just that. Updated figures would be really nice.

Ms. Alexa McDonough (Halifax, NDP): Madam Speaker, the member for Macleod beseeched members of the New Democratic

Party to accept the reality that private spending is now greater as a proportion of health care spending in the country than what the federal government is spending; in other words, what started out as a 50:50 partnership between the federal government and the provincial governments has now dropped to below 14%. The member for Macleod is absolutely right when he says that a big part of the spending on health care has now been shifted onto the shoulders of families who are sick. It is like a tax on the sick and the elderly.

I hope the minister understands why the New Democratic Party will not accept that as reality. That is as a very unhappy and unfortunate outcome of the federal Liberal government's withdrawal from its responsibility to adequately fund the health care partnership on a 50:50 basis.

The member speaks about how many of these additional expenses are paid for privately and that he accepts that. Does the member for Macleod accept the recommendations of the National Forum on Health which reported to the government prior to the 1997 election and urged that pharmacare costs be contained and that pharmacare and home care both be moved into place as part of the integrated universal public health care system? Clearly the government does not accept those recommendations, but does the spokesperson for the Reform Party on this issue in debate this morning accept it?

• (1205)

Mr. Grant Hill: Mr. Speaker, I believe in giving a direct answer to a direct question. No, I do not. I do not accept the fact that we should be moving toward new programs when the program that I consider to be the most important is at risk. I would fix medicare before I would branch off into other programs.

There is room for specific home care programs. The specific home care programs that I think the federal government should be looking at are to take people very quickly from the hospital, post-operatively with some of the new operative procedures we have, and have them cared for at home. This makes economic sense and it makes people sense.

Once again, I did not ask the NDP to accept the 30% private. I asked them to simply acknowledge the 30% private. We have a complete lack of frankness and openness on this subject.

I also ask the NDP to find me another country in the world that has a greater proportion of public-private or a lesser proportion of public-private and then compare them with how we are doing. Compare them in terms of waiting lines, technology and brain drain. If we do that we will walk arm in arm as it relates to this health care debate rather than having what I consider to be a slanging match.

I want a frank, open and honest debate and, except the position of the NDP that any change in private would be awful, I would like to make sure that the debate recognizes that there is 30% private today.

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Madam Speaker, I listened with some interest to the member for Macleod speak about a slanging match. What we heard in his speech was precisely that. He talked about stupidity, about things mishandled and about all the kinds of terms that one would expect better from the very people who said that they would bring a fresh start to parliament and a new way of doing business.

Despite the member's protestations to the contrary, he and his party are the very ones who would bring Canada to a two-tier American style health care system. Canadians reject this. They reject it out of hand and they reject it for all the right reasons. He can deny and deny this but the reality is that those Reformers opposite, those holier-than-thou's, are always on the bandwagon of wanting to bring in two-tier American style politics. Even when it comes to the 17% flat tax, their right wing soulmates, the Republicans in the United States, the evangelist rednecks, have rejected this kind of nonsense. Yet, there they are clinging to it like they so desperately want to do.

I say that Canadians see through that nonsense. They see through the Reform's flat tax nonsense. They see through its ridiculous two-tier American style nonsense. Those people who claim they want to bring a fresh start to parliament are the very ones who would bring it down. We on the government side will not have any part of it.

The hon. member is a physician. I was a medical orderly and put myself through university by proudly working as a medical orderly.

The Canadian Medical Association—and I read this exactly two days ago—said that we should put aside our partisan politics, put aside the petty kind of nonsense that the hon. member opposite was slinging around and that we should work together on something as fundamental and as important for all Canadians as our health care system.

My question is simple. Why does the member not come clean right here and now and say that he and his party will put aside the petty politics, put aside all that kind of nonsense and work together for the appropriate long term solutions that are necessary in order to fix the system? This is an underlying value of Canadians and this is something that Canadians want to see happen. Why will he not do that?

• (1210)

Mr. Grant Hill: Madam Speaker, the member opposite, who also cares about health care as surely as I stand here, needs to answer to his constituents why he chose grants and contributions

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over health care and why he chose to accept that. If he could explain that to his constituents, he would satisfy me.

There is no way that he and I will agree on whether or not those programs are reasonable. The Liberal government chose grants and contributions over health care. He would have trouble explaining that to me but maybe he can explain it to his constituents.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Madam Speaker, I am pleased to say that we will support the motion by the New Democratic Party because, in general terms, we think the issue of reinstating transfers for health care to the provinces is not a partisan issue and should be agreed on.

We are very impatient for the government to hear the appeals by all of the opposition parties and by the premiers, who met a few weeks ago in Hull under the capable leadership of the Premier of Quebec.

It is very important that all members take advantage of the NDP motion to truly take note of the extremely urgent nature of the situation. In the 20 minutes I have at my disposal, I will show that if transfer payments are not restored to their 1994 level, as requested by the provincial premiers, the situation will become critical and our fellow citizens will have good reasons to be concerned about the federal government's lack of sensitiveness.

I want to make sure that those who are joining us clearly understand the meaning of this motion. At one point, we feared that the NDP might get carried away and go for national standards, but I am pleased to see that it is not the case. I will summarize the motion and ask the NDP leader to pay a great deal of attention to this.

The motion is that this House calls upon the government to stand up for the Canadian value of universal public health care by announcing within one week of the passage of this motion a substantial and sustained increase in cash transfers for health.

Let us start with the beginning. Between 1994 and 2003, the period for which data are available, we see—as is often pointed out by the hon. member for Saint-Hyacinthe—Bagot, who is our finance critic and who has been holding the fort in a remarkable way since the Bloc arrived here—that transfer payments to the provinces will be cut by \$33 billion.

The people who are listening to us must know that those who are telling us about co-operative federalism and who think that a federal-provincial conference was held to discuss these issues are wrong.

Callously, irresponsibly and without warning, the Liberals, who have brought us one of the blackest periods of federalism this parliament has ever known, decided unilaterally to cut provincial

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transfer payments. What happens when \$33 billion are slashed? Zeros start showing up on the bottom line.

I remind the House that the provinces are responsible for providing services directly to the public.

I should mention in passing that the Constitution makes it very clear that it is not the federal government that provides services to the public. What is the federal government's role? My friend the member for Beauharnois—Salaberry knows. Its responsibility is limited to aboriginals—not that they are unimportant—and veterans.

• (1215)

The government cut provincial payments by \$33 billion and the result was to threaten the delivery of services to the consumers who need them.

This is quite a remarkable state of affairs. Federal-provincial diplomacy has reached a point not often seen in recent years. All provincial governments, whether New Democratic, Progressive Conservative, or Parti Québécois, are unanimous in their conviction that things have to be changed and are demanding that the federal government restore transfer payments.

As we know, Quebec has a very advanced health care system, which is a very valuable legacy of the quiet revolution. A few days ago, and I am sure the member for Beauharnois—Salaberry will recall—Claude Castonguay, who was one of the fathers of the health care system and no sovereignist, as everyone knows, appeared before the committee studying Bill C-20. He noted the originality of the Quebec health care system and expressed concern at the federal government's totally obstinate refusal to reinstate transfer payments.

I want to be very specific. When we speak of transfer payments, I want it to be clear for those watching us at home that it can mean health care, post-secondary education or income security.

A few weeks ago at the meeting held in Hull, the Premier of Quebec asked for roughly \$1 billion per year for health care, just for the transfer payments. We agree, it should be annual. On this point, I want to be perfectly clear: this is for Quebec alone.

Between 1994 and 2003, \$33 billion will have been cut. It was initially to be \$45 billion, but then a few crumbs were handed back. Of the \$33 billion annually for health, the Premier of Quebec sought the return of \$1 billion for Quebec, at the premiers' conference. This billion dollars was traditionally split between health and the other transfer terms, that is education and income security.

The Quebec minister of health, Pauline Marois, a member of a government that is giving Quebecers very good government in the

national assembly, has shown what these cuts to the transfers mean. What does restoring \$500 million in health transfer payments mean for Quebec? The \$500 million we hope to get on an annual basis for health represent one quarter of the operating budgets of Montreal's hospitals. This is not peanuts. It represents half of the budget for all of the CLSCs.

CLSCs, as I explained yesterday—I will be brief, but I apologize to those members who are hearing this for the second time—are an innovative idea in North America. They form a front line service available to citizens at each stage of their lives, from birth to burial, from perinatal care to home support services.

The \$500 million represents close to half of the budget for all of the CLSCs or the total budget for home support services. This is where that money is important, and I will get back to this in a few moments.

Life expectancy is longer than ever before. We no longer just have seniors, but also older seniors. Quebec society is different from the others in that it is ageing faster. If we look at the various age groups, we can see that, proportionally speaking, Quebec society has more members who are 60 or more. Eventually, we will have more people 85 and over than other societies.

Let me give an example that will clearly show the situation. It will take 35 years for the proportion of Quebec's population aged 65 or more to go from 12% to 24%.

• (1220)

For all intents and purposes, 35 years from now one-quarter of Quebecers will have reached the 65 and over category. It will take the rest of Canada 45 years to get to that point and Germany 65 years. The population of France, our motherland, the republic, will be there in 65 years.

All this is not to show how erudite I am but to establish the link between the importance of restoring health transfers and the urgency of providing care to a changing clientele.

I come back to what we will do with the \$500 million and the importance of seniors in our society.

The sum of \$500 million would mean that home support could be continued. We know that Quebec has begun the shift toward ambulatory care, the goal of which is to provide services in a community setting. Hospitalization is avoided as much as possible.

I am sure that all opposition party members will agree with me that this \$500 million we are demanding should be restored. I hope Liberal members will agree as well, but I must admit that we are not too optimistic.

This figure of \$500 million is four times the annual budget of the Hôpital Sainte-Justine, a children's hospital. It is three times the

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budget of the Royal Victoria Hospital. It also represents, and this is important, one quarter of the cost of pharmacare.

We cannot say often enough how pressing this is. If, as parliamentarians, we were to close our eyes and ask ourselves what the public wanted most right now, the answer would be more federal funding for health. That is the simple fact of the matter.

I see some Liberal members who seem to be—

Mr. Yvan Loubier: Asleep.

Mr. Réal Ménard: My colleague says asleep. I would have said lethargic.

What I want people to understand is that there are structural pressures on the system. I need to point out to hon. members that \$500 million more would be required just to keep the system afloat, without any change in service delivery, without one single additional person receiving one single additional service, if in the year 2000 we were to decide that exactly the same services would be delivered in 2001. The natural growth of the system is 4%.

When we say that the number of seniors among the population of Quebec will keep increasing, this has a number of implications. I have researched this and will share my findings with the hon. members.

I see the parliamentary secretary is joining us. I trust, and I say this in the friendliest way possible, that we will be able to count on the hon. member for Anjou—Rivière-des-Prairies. He is my friend and I mean no disrespect, nor am I making any partisan remarks. I simply hope that we can count on him, as parliamentary secretary, to vote for this motion, since it is votable and that he will speak up very loudly to make this government restore the transfer payments.

If the Quebec Liberals do not speak up in this debate, we will have no other choice but to conclude that they are spineless creatures, doormats. But I do not wish to think such a thing, because there is still time for them to get hold of themselves.

Pressures on the system in 1998-99 resulted in 50,000 more people left on stretchers in emergency departments than in 1994-95. It will be no different in 2002-03. That is why more money needs to be put back into health.

As Pauline Marois has said, this does not prevent us from having a debate—in fact, she has called a summit on this—and it does not prevent us from rethinking the way we are going to deliver services. It is not true, however, that we can afford not to restore transfer payments for health.

We need to remember that this is our money. My colleague from Saint-Hyacinthe—Bagot is going to prompt me with the exact figure for the taxes we send to Ottawa.

Mr. Yvan Loubier: Thirty-one billion.

Mr. Réal Ménard: Thirty-one billion dollars yearly. It is our money, after all. This is where we realize that the money we send to Ottawa does not serve our best interests. Because, if we kept this \$31 billion at the national assembly—and this is one aspect of sovereignty, as we know, sovereignty being defined as the ability to keep our taxes and to decide our own foreign policy and to have one government—not all of it, but a very large part of it would be established as transfer payments.

• (1225)

On the subject of radiation oncology, it is important, because it is related to cancer. In the case of radiation oncology—I would ask the member for Québec not to leave; I am not done—the need increases dramatically, particularly in the case of people over 50.

If I were to ask in the House which of my colleagues were baby boomers, there would be a lot of people casting shadows. There are a lot of baby boomers, that is people between the ages of 46 and 66. The hon. member here is one, and our colleague could manage it if we gave him a chance. What I am saying is that new cases of cancer increase annually by 3%. This is important and it is not surprising; the baby boomers are reaching an age where they will be looking for this type of service.

Radiation oncology requires millions and even billions of dollars in investment.

I want to say as an aside that I will be visiting all the hospitals in Montreal during the week's break we are about to take. I will meet some 20 organizations to make sure we are all in tune, those of us representing Quebecers in this House, and that we will come up with a very specific set of claims. I will propose to my caucus a plan for a tour in April or May.

Cardiology is not a simple matter either. People's needs increase after the age of 50. There are more bypasses among older people. I can mention some eloquent figures: over the past 10 years, there has been a 3.6% annual increase in heart surgery—this is very important, and we all know people who are concerned by this—there has been a 260% increase in balloon angioplasty.

I take this opportunity to salute our colleague, the Bloc Québécois House leader, and wish him a speedy recovery. We know that he is listening to us, and we miss him. He works very hard with us and he follows our proceedings from a distance. He also shares our indignation about this government, and I offer him, on behalf of this House, our best wishes for a full recovery.

On either side of humanity, the situation is not any less acceptable. In other specialities, a longer life expectancy and a higher

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number of seniors increase current needs and create new ones. There is a type of medicine—and I know this very technical aspect will be of great interest to my colleagues—that has been developed in recent years, in connection with orthopedics.

Orthopedics concerns those who have problems with their hips, articulations, etc. I know there are many members of this House who have problems articulating, but this is not what I am referring to. I am talking about those who have problems with their legs or their hips. In a society with an increasing number of seniors and older seniors, a medical specialty developed, for which training is necessary.

I will say it again. When there is a demand, as there is from the NDP—the Progressive Conservatives will, I think, support the motion, as will the Bloc Québécois, and I hope the Liberals will wake up in time—when there is a demand that transfer payments be restored to their previous level, it is because large amounts of money are needed to keep the health care system running.

Let us consider what Mrs. Marois said. She said that the Martin budget offered \$2.5 billion over four years—is this not ridiculous, and I hope the parliamentary secretary is paying attention—when, at the premiers' conference, Quebec alone said that it needed \$1 billion a year. The provinces are being offered \$2.5 billion over four years. Is this not a far cry from what the premiers said they needed? They have three reasons for demanding that transfer payments be restored: obviously, they need enough money to run the system. Pauline Marois reminded us that Quebec's share of this \$2.5 billion would cover the cost of running the system for only three days a week.

Another reason they are demanding this money is because they have to buy new equipment. Gone are the days when it was possible to buy specialized medical equipment for a few thousand dollars.

• (1230)

Millions of dollars in investment are required. This is also necessary because of the new types of care being developed. There are new health-related problems that require funding.

I would like to express one wish in closing. I believe we can work together in this House, as we have in some other areas, shipbuilding for one. My colleague has shown us it is possible not to be partisan, whether we are Liberals, Conservative, Bloc Québécois, Reform or NDP. I believe that the government is going to find an extraordinary path of co-operation if it wishes to restore the transfer payments.

I am calling upon it to do so, in the name of our seniors, of those in hospital, the staff of the CLSCs, and all those who keep the system running but are running out of steam, and not because the Government of Quebec has not done its part. I have here a list of

the investments by the Government of Quebec in the past few years. It has done a great deal, considering the means available to it.

The Government of Quebec can be counted on to do its utmost, and I am sure that the next budget by Minister Landry will focus on health. But we will not be able to face up to the challenges to our social and health systems if the federal government does not put its shoulder to the wheel.

This is not a partisan issue. The Bloc Québécois, like all other parties here in this House, is going to work along with the government, but I beg it to loosen its purse strings and restore the transfer payments. Our fellow citizens are begging for this. It is the government's primary responsibility.

[English]

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Mr. Speaker, I listened with great interest to my colleague opposite who I know has a great interest in health care. He sits on the health committee and contributes in a very positive and meaningful way most of the time. Unfortunately that is not so today.

Today he is talking a bit about all kinds of outrageous things in terms of what the federal government is doing. Quite frankly he is wrong. What we are doing is putting aside the kind of money that is necessary, certainly in the short term. More important, and this goes exactly to the heart of where the debate is going, we need to bring all provincial and territorial partners to the meeting in May with the federal health minister to start looking at a long term solution with long term objectives and at a focus in terms of where we want to go with our health care system. It is not always about throwing money at the problem. It is about how do things better, differently, and innovatively, given the technology and change in circumstances.

Will the hon. gentleman commit today to working closely with the federal government to ensure that Madam Marois and the people of Quebec who want to work closely will do the same in a positive and meaningful way? I remind him that not so long ago the Canadian Medical Association said that it was time for us to put aside petty politics. It is time for us to get beyond the partisanship. Health care is way too important for Canadians wherever they live in this great and fantastic country of ours.

Will the hon. member commit today to working hard and effectively to try to bring about the kind of long term solutions that are necessary for Quebecers and all other Canadians? After all, this is a Canadian issue. It goes to the very heart and soul of what it means to be a Canadian. It is an underlying value that we cherish, respect and want to improve on every chance we get. I know the hon. gentleman has no choice but to agree with everything I said.

[Translation]

Mr. Réal Ménard: Mr. Speaker, I cannot take any more questions, because I have to go to a committee meeting, but I will answer this one with particular care.

First, the hon. member who just spoke—he is a friend of mine, in spite of the fact that he sometimes gets upset at me—is the chair of the Standing Committee on Health. He is the one person in this House who is in the best position to convince the federal government to restore transfer payments. I would like him to stand in his place and give us, in the respect of his oath of office, if that oath means anything, a single instance where the Quebec Minister of Health did not co-operate with the Canadian government.

• (1235)

We know full well that the Quebec government used up all its health resources. The problem is that the money is in Ottawa, but the needs are in Quebec. This is the problem with the political system in which we live.

What is the hon. member's duty? As a member from Ontario, his duty is to put pressure on the federal government so that fiscal justice can be achieved and transfer payments restored.

If this is done in the next budget, all the members of the National Assembly will be grateful to the hon. member. Finance minister Bernard Landry will solemnly rise and say “We have \$500 million extra for health, and it is coming from Ottawa. This is no handout, it is our taxes”. In fact, it is our taxes now but, unfortunately, we are not getting what we should be getting out of the \$30 billion.

The Parti Québécois government at the national assembly always co-operated when the situation warranted it. The issue is one of finance.

Of course, as I said and as the Quebec minister of health has said, this does not mean we cannot have a collective thinking process on how to structure health care. Some people question the regional management structure, while others wonder about certain types of care. The Quebec government is ready to participate in this debate.

I invite the hon. member to do the right thing—he should not leave, because I am not finished—and put pressure on the federal government to restore transfer payments for health. This is the way to go if this government wants to have some credibility with the provinces.

Mr. Yvon Charbonneau (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I wish to continue the discussion about health with the member for Hochelaga—Maisonneuve.

He was perhaps not here this morning, or perhaps he followed the debate from outside the House, as we all do occasionally—

Supply

Mr. Jean-Guy Chrétien: Mr. Speaker, on a point of order. The member, my former union president, was elected in 1997. He is well aware that he may not refer to the absence or presence of members in the House.

[English]

The Acting Speaker (Mr. McClelland): That is quite correct, but the Chair was here earlier and in the Chair's opinion if a member can dish it out the member also has to be able to take it. It is not a one way street.

In the comments of the member for Hochelaga—Maisonneuve he very obliquely mentioned absence or presence and since both were made in a spirit of friendly debate I chose to ignore it. The member for Frontenac—Mégantic is quite correct. If I am going to apply the rules I would apply them impartially and that would have caused me to interrupt the member for Hochelaga—Maisonneuve.

[Translation]

Mr. Yvon Charbonneau: Mr. Speaker, I thank you for noting that if you had enforced the standing orders, you would have had to interrupt the member for Hochelaga—Maisonneuve earlier. Thank you for this clarification.

When the debate began the Minister of Health gave an overview of the amounts transferred to the provinces, to Quebec and the other provinces. We will not repeat all the figures he mentioned, which are public knowledge, but transfers are now up to an unprecedented high of \$31 billion, if cash transfers and tax points are taken into account.

These transfers have increased by 25% in the last two years. These are substantial increases.

This morning the Minister of Health also offered to work at getting funding increased but said that the government would be working on putting new ideas together for renewing the system.

I wish to point out that this is pretty much how Mr. Landry, Quebec's minister of finance, sees things.

• (1240)

He said “Yes, we left \$860 million sitting in a bank in Toronto. This is money transferred by the federal government. We left it in Toronto because we have to discuss in Quebec how we are going to use this money”.

Mrs. Marois, his colleague, said “I have no time to keep up with what is happening in finance. I am looking after health”. Mr. Landry said yesterday and today “This requires some thought”.

He is reiterating remarks by the Arpin commission report released last September. He is repeating thoughts of the former minister of health, Mr. Castonguay. He is reiterating the comments

Supply

by Mr. Dutil, the head of the federation of general practitioners, who said it will take some thought and an attempt to find new ways to organize health care services rather than just having money thrown around here and there.

When the people of the Bloc say that Ottawa has the money and the provinces have the needs, I would like to point out that right now over \$800 million intended to meet the needs of Quebec is sitting in Toronto.

What does the member for Hochelaga—Maisonneuve have to say to that?

Mr. Réal Ménard: Mr. Speaker, I would caution our colleague from Anjou—Rivière-des-Prairies against overly simplistic reasoning, which has a tendency to cloud the basic issues.

No one in Quebec, not its minister of finance, not the Bloc Québécois members, not the Minister of Health, wishes to see another debate on the reorganization of health services, and the hon. member is well aware of this. As for what our colleague has said about the supposedly dormant funds, I wish to repeat what the Quebec minister of finance has already stated.

Quebec has made a considerable effort, through careful use of its surplus in an extremely difficult exercise of managing public funds. It kept these monies in trust as a contingency reserve fund, reminding us that next year's demand on the health system will be around 13.5% higher.

The lesson that needs to be taken from this is that the Government of Quebec has allocated a very considerable amount of resources to operating and maintaining the Quebec health system, and that the amounts it can fund independently are insufficient.

I am asking for some honesty from the hon. member. At the time of the budget speech, I met a former minister of this House, Brian Tobin, in the lobby. How is it that all provinces, regardless of political allegiance, even if they are represented by former federal Liberals, are demanding restoration of the transfer payments of the federal government? Is the hon. member not a bit rattled by seeing such a common front as is rarely seen in federal-provincial diplomacy?

I am appealing to the good faith and good will of the hon. member for Anjou—Rivière-des-Prairies.

[*English*]

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, there is no question about it that health care is in a crisis in this country. There are two reasons for it: one man and one party, that man being the Prime Minister of Canada and that party being the Liberal Party of Canada, aided and abetted by two others, the Minister of Finance who is the real health minister and the Minister of Health who is a secondary player in this equation.

The budget the Liberal Party, the Government of Canada, brought down the other day is basically an insult to the intelligence of every living, breathing Canadian. If we take a look what the government is putting back into health care, the numbers speak for themselves.

Every premier in the country, regardless of political stripe, has just simply told us that the money this government puts back into the system over the course of the next four years will run the system for three days. In the province that runs it the money put back into the system would amount to about \$15 million this year. In a small province like New Brunswick with only slightly over 700,000 people that will run the system for three days. At \$5 million a day, in three days that money is used up. That tells us how much the government has done.

What amazes me in this debate is that it has been the Parliamentary Secretary to Minister of Finance who has been on his feet this morning more than anyone else. It is quite obvious that the finance minister is speaking on this issue. He is the one who is setting the tone for the government. He is the one who is calling the shots.

• (1245)

Unfortunately it is a leadership game being played out within the Liberal caucus. On the front benches of the Liberal Party that debate is being carried out between the health minister and the finance minister. That leadership race is being carried out at the expense of every single Canadian.

When they are on their feet it is always with patronizing platitudes. They do not talk about the real issues. They do not talk about the crisis. They try to comfort it in a sense. Basically what they said this morning was, "We are going to look for some long term common goals. We are going to talk about innovative, co-operative kinds of ideas that might lead us down the road in the right direction".

We are tired of that. The Liberals have been in office for seven years. If they were serious about fixing Canada's health care system they would have started on the day they were elected back in 1993. But what did they do? By themselves they systematically and intentionally took \$17 billion out of the system.

Despite it being the so-called health budget last year, at the end of four years we are going back to the same levels of funding for health care that we had in the early 1990s. Right now we are 10 years behind the times. Let us look at some of the statistics.

Mr. Speaker, I should also point out that I am splitting my time with the member for Shefford.

There are shortages of nurses, shortages of beds and shortages of doctors. There is a shortage of pathologists. That is important because pathology is at the root of diagnostic medicine. We have to know what is wrong with us before we can be treated.

Supply

This is factual, right out of the Library of Parliament. I issued a report on this. In 1993 there were 1,200 pathologists in this country and as I speak the number is down to 1,000. In the meantime the Canadian population has grown. It is an aging population. There are fewer people to diagnose what is wrong with us.

I believe it was yesterday that the president of the United States mentioned that over 50,000 Americans are dying because of the wrong diagnosis. The same thing is happening in Canada. Unfortunately we have not commissioned a study but that is just an indication of how bad the system is. There is only one party to blame. There is only one Prime Minister to blame. That is today's Prime Minister.

Talk as they may, the Liberals cannot get out from underneath the problem. They messed up. They are very reluctant to admit it and even more reluctant to do anything about it.

Here is what the premier of Ontario had to say about our present health minister. I am quoting Mike Harris out of the *Ottawa Sun*:

I met with Mr. Rock three years ago at the first ministers conference. He thought after three minutes of being health minister he was smarter than every other premier, every other minister of health, every other department of health, the OMA, the nurses' association, said Harris. But he has no ideas, no initiatives. He's given us nothing. Now it seems like he's convinced the Prime Minister and Paul Martin that he has a secret plan to miraculously deliver better health care for fewer dollars.

If he has a plan, would he please tell us what it is? Tell us what it is. The Liberals do not have a plan. They have no ideas. Day to day they stumble along making it up as they go along. That is exactly what the Canadian Medical Association has been saying for seven years.

We have to know where we are going. We have to know where the funding is and how much is going to be there at the end of the day. We cannot continue on these one and two year ad hoc programs in terms of funding and direction. That is exactly what the Liberals have been doing. Exactly what the Liberals have been doing is making it up as they go along with no long term plan.

● (1250)

Not too many weeks ago on the CBC news show *The Magazine* many of us saw the program on health care in Canada and cancer patients. The government is what we would call penny wise and pound foolish. Think of it. We are sending cancer patients, women with breast cancer, men with prostate cancer, people with other forms of cancer from Ontario to Cleveland in the United States of America for treatment. Where it becomes so bizarre it is almost hard to believe is that the treatment in the United States costs something in the order of \$20,000 per patient. In Canada we could do the same treatment for \$3,000 a patient. Why can we not do it? It is simply because of the draconian cutbacks that have been systematic and ongoing for seven years.

Penny wise and pound foolish; the Liberals are living examples of that. How they can stand on their hind legs in this place and support that budget is beyond my belief. This is a debate that has to happen, should happen and has to be ongoing. The Liberals have absolutely nothing to brag about in that budget, particularly on health care.

Getting into the finances of the budget, everything is three or four years down the road. The hidden message is "Vote for us and in four or five years you might get a tax break if we are still in office".

That is not the way to run a country. It is not the way to run a health care system. There are 10 premiers that back me up on that statement. Every premier including the Liberal premier of Newfoundland says that our system is broken and is going to disappear unless the federal government does something about it.

The Liberals are in the driver's seat. It is their constitutional responsibility to fix health care. They set the rules. They have to work with the provinces to make sure that we sustain the best system in the world. That best system in the world has been eroding for the last seven years. It is the number one issue on the minds of every Canadian. Canadians know our system is disappearing before their very eyes. It is time we took the Liberals to task for it.

It starts and stops right at the feet of the Prime Minister. The buck stops there. He has to take his duties seriously. He has to give some direction to the finance minister and the health minister. They had better stop playing those childish leadership games.

In one or two weeks it will be pretty obvious to the national press when they sort this stuff out that it is playing out exactly as I say it and as we see it. It is one minister versus the other to become the leader of the Liberal Party, one at the expense of the other. At the end of the day, every one of us is paying the cost in terms of health care.

Mr. Peter Mancini (Sydney—Victoria, NDP): Mr. Speaker, I thank the member from the Progressive Conservative Party for his comments.

He made reference to the many people in the province of Ontario who have had to go to Cleveland to seek some kind of medical care. I take it from his comments that he condemned that and he thinks that is a bad thing. I concur with him on that. I remind him that it was the NDP health minister who refused to allow that company to move into Ontario.

This is a non-partisan issue, an issue that goes to the heart of what Canadians believe the health care system should be. We have learned many things from different experiments in different provinces in the past.

Is the member as equally offended by the fact that in the province of Ontario not for profit organizations like the Victorian Order of Nurses have been driven out of the health care service

Supply

system so that private companies can contract that service from the government? I would like him to comment on that practice in the province of Ontario.

• (1255)

Mr. Greg Thompson: Mr. Speaker, I welcome the member's question. The point we are all trying to make in the House today is that the federal government is forcing the provinces to take extraordinary measures to deliver primary care. I believe the NDP health critic has spelled this out herself.

One of the difficulties is that the provinces deliver primary care but the federal government basically sets the rules and tells them how much money they are going to get to deliver the care. No premier is going to deny any citizen the care that he or she deserves. The federal government is forcing the provinces into a corner to do the very thing they do not want to do. Mike Harris and Premier Klein say they do not want to do this. The Liberals want to pretend they invented health care. When health care was invented in this country it was a 50:50 equation.

An hon. member: You had better come to Ontario.

Mr. Greg Thompson: Mr. Speaker, I think I am touching a sensitive nerve because one man is going absolutely ballistic. He is going ballistic because he knows I am telling the truth. They are the ones who have taken away the funding. He is going ballistic.

An hon. member: You should be extricated from the House.

Mr. Greg Thompson: Mr. Speaker, please identify that member by name.

The Acting Speaker (Mr. McClelland): The hon. member for New Brunswick Southwest has a way of bringing out the best in people.

Mr. Roy Cullen (Parliamentary Secretary to Minister of Finance, Lib.): Mr. Speaker, I would like to comment on some of the statements made by the member for New Brunswick Southwest. He talked about Mike Harris. Mike Harris made some choices. He said his priority was tax cuts.

Last year our government put \$11.5 billion into health care and this year we are putting in another \$2.5 billion. We hear about the investments the Ontario government has made in health care. They are one time severances. They are one time restructuring costs because the health care system has been gutted. The Harris government laid off 10,000 nurses and a couple of years later hired them back on. I guess that is why the Harris government has to increase the budget of the health care ministry in the province of Ontario.

I am staggered and I am sure the hon. member if he were candid would also be staggered by the way the health care system is used.

There are people at different levels of the health care system and they are not really at the appropriate level. If we could move people from acute care hospital beds to a lower cost delivery system, it would save the health care system millions of dollars.

I would like to make one final point. Let it be clear that once the health minister has sat down with his colleagues, we are also prepared to come to the table with more cash.

Mr. Greg Thompson: Mr. Speaker, it has taken the Liberals seven years to figure out that they have to work co-operatively with the provinces. This is an indication of how poor they are in terms of management of health care issues.

Who but a Liberal could use those figures and get away with it? They brag about putting \$11.5 billion back into health care. This is true. But the member conveniently forgets that the government took \$17.5 billion out of the system. With the money that is going in this year and the money that went in last year, we are going to be back to levels that we enjoyed 10 years ago. In the meantime, the population is aging and the population is growing.

An hon. member: Our own program spending is down \$1 billion.

Mr. Greg Thompson: Mr. Speaker, I just cannot believe the hypocrisy of the Liberals.

Mr. Lynn Myers: Mr. Speaker, I rise on a point of order. The other day it was ruled that hypocrisy was unparliamentary. I would ask the hon. member to withdraw and while he is at it, he should remember that Mike Harris is nothing more than a two tier health care lover and so are they.

The Acting Speaker (Mr. McClelland): We have been around the circle on hypocrisy a number of times. I will go around the circle once more.

If a member refers to another member as a hypocrite, that is not parliamentary. If another member says that the minister was hypocritical, that is not parliamentary.

• (1300)

If a party or a member refers to another party's actions as a party in the abstract as being hypocritical, it is not in my opinion unparliamentary. It is the form and the context of the use of the word. The word hypocritical has meaning. It is a perfectly good word in the English language. We do not want words to be used to directly attack another member. The most innocuous of words can be unparliamentary if they are used in an unparliamentary fashion.

We will give the hon. member for New Brunswick Southwest 30 seconds to get everybody excited for the next speaker.

Supply

Mr. Greg Thompson: Mr. Speaker, when the other member gets on his feet to talk, you immediately recognize flatulence when you see it or smell it.

The Acting Speaker (Mr. McClelland): That is the end of the speech of the hon. member for New Brunswick Southwest.

[*Translation*]

Ms. Diane St-Jacques (Shefford, PC): Mr. Speaker, first I want to congratulate the hon. member for New Brunswick Southwest for his excellent speech. Like him, I support the motion tabled by the NDP.

I do, however, have some reservations about the second part of that motion, which deals with private hospitals. At this point I cannot totally reject this idea, since I have not yet looked at the pros and cons.

As we know, all Canadians are concerned about the current health care situation in the country, because no one knows when he or she will need such care, and the situation is getting increasingly worrisome.

Our health care system is in terrible shape and it continues to deteriorate quickly, because of this government's complicity. Indeed, let us not forget that the problem began when the government eliminated transfer payments for health, in 1994. In addition to this mess, the government is ignoring the provinces' cry for help. It is as if the government thinks it is the sole keeper of the truth.

In this week's budget, the Minister of Finance boasted about allocating an additional \$2.5 billion to the Canada health and social transfer, to help the provinces and territories fund post-secondary education and health care. That is pitiful. The minister is trying to cover a huge open sore with a bandaid. This government has once again refused to return the cash portion of the Canada health and social transfer to the 1993-94 level.

A single payment of unused funds does nothing for the long term stability so vital to our health care system. The funding under the Canada health and social transfer must be returned to the 1993-94 level. Right now there is a shortfall of over \$4 billion.

To illustrate the effect of this underfunding I will use Quebec as an example. How will the fine gift from the federal government be used? Of the \$2.5 billion offered on a silver platter, Quebec expects to receive one quarter of these transfers, \$600 million, which it may get in four annual parts of \$150 million. Half of this amount will go to the health care network, while the other half, \$75 million, will go to education and income security. I simply want to point out to the government that \$75 million does not go a long way in the health care network in Quebec or anywhere else in Canada.

This money represents, according to minister Pauline Marois, three days' worth of activity in the network. This is practically

nothing. Quebec's health care budget is worth \$13 billion and increases by \$500 million annually due to population aging. I am giving the example of Quebec here but in the field of health care the situation is similar across the country.

The Minister of Finance is not making a real commitment to health care. The measures announced are stop gap ones. His \$2.5 billion increase does not fix the problems his government has caused. This is why we have to get back to the base figure.

Canada's health care system is deteriorating because of the Chrétien government's unilateral decision to slash cash transfers to the provinces by \$17 billion.

What we want from the government is long term enrichment of the CHST cash transfer floor. This, in my view, is the only way to get the health care system back on track.

• (1305)

The Progressive Conservative Party has long been demanding that health care funding be restored to pre-cut levels, which is the core idea behind the NDP motion today.

With our task force on poverty, and during the consultations we held in various Canadian cities last spring and summer, I listened to many Canadians who are living in poverty or who work with people living in poverty. These people are suffering terribly and will suffer even more with an outmoded health system that is unable to respond to real needs. Once again, those who are worst off will likely be the hardest hit.

Poverty is not going to disappear tomorrow, and those who are already disadvantaged have greater health care needs. Their precarious existence means that their diet is poor. They are therefore vulnerable to all sorts of illnesses. And because they are ill, they must take medication. Too often, unfortunately, they cannot afford it. It is a vicious cycle: greater needs and fewer services.

The situation is the same for the homeless, who are often coping with mental health problems. The result of health cuts is that they can no longer remain in institutions and end up on the street. They are unable to look after themselves properly and their conditions therefore worsen.

In my riding there is an organization called La maison arc-en-ciel that helps these people re-enter society. However, as a result of the cuts there is no longer enough money to reach full efficiency. As a result the poor are penalised because of this government's inaction.

As I mentioned earlier, the aging population in Quebec costs an extra \$500 million a year and the situation is the same nation wide. The needs of this category of citizens will increase constantly. It is therefore imperative to get more money.

Supply

The time has come for this government to help the provinces and the territories. The government must increase health transfer payments substantially and consistently.

The finance minister acknowledged the need to invest more money in the health system. However, his government refuses to increase payments to provinces. It wants to have its say on the issue before increasing its contributions. Once more, this government wants to centralize and control. When will it understand that this is an encroachment and that provinces are opposed to that. What we are witnessing is the emergence of an unhealthy federalism.

A professor at the University of Ottawa, who returned from Belgium yesterday, mentioned that in Brussels 10 patients who had been on a waiting list for quite a while were called in for their surgery. Of the 10, 9 had already died and the only survivor had moved to another country. Is that the kind of health care this government wants for our country? It seems we are heading very rapidly in that direction.

Finally, I reiterate my support for the NDP motion and I urge the government to act immediately. Our health system is sick. Is the government going to wait until the system gets terminally ill? It must act now; it is urgent.

Mr. Jean-Guy Chrétien (Frontenac—Mégantic, BQ): Madam Speaker, I would like to ask my colleague from Shefford to comment on the fact that about 18 months ago, the Minister of Intergovernmental Affairs said that it was necessary to make Quebec starve. Of course, while starving Quebec, he and his government also have also starved all of the provinces, with the result that they now form a united front.

We have seldom seen such unanimity on the part of all the premiers on any subject. They have urgently demanded a meeting with the Prime Minister to have transfers restored to what they were before the government cuts of 1994.

I would like my colleague from Shefford to tell us if she senses a relationship between the desire to starve Quebec and the fact that the drastic if not savage cuts to health are making all Canadians suffer.

• (1310)

Ms. Diane St-Jacques: Madam Speaker, yes, I believe that by his statements, the Minister of Intergovernmental Affairs is carrying on the strategy of provocation used during the last 30 years by the government to get its way. It uses provocation tactics against Quebec, it tries to find solutions, but in the end it does not find any, which is detrimental not only to Quebec but to the whole of Canada.

I believe the government should listen to what the needs are. I do not know if it is whether it has difficulty understanding. If businesses did not listen to what the needs of their customers were, they would go bankrupt. We have a government that is not listening to what the people's needs are and that is continuing to manage the country's affairs as it pleases, that is by invading provincial jurisdictions. Ultimately, this leads nowhere.

I hope that after listening to the comments made by all the members the government will finally understand that the situation is critical and that it must take action immediately.

[English]

Mr. Peter Mancini (Sydney—Victoria, NDP): Madam Speaker, I listened with interest to the comments of my colleague. There was one area I was not clear on and it may have been something I missed in the translation.

The member indicated that she would be prepared to support the motion but that she had some concerns with the last portion of our motion. As I read that, it is that the government take the necessary steps to prohibit private for profit hospitals and stop the growth of private for profit health care in Canada. I just wonder if she as a member of the Conservative Party could elaborate on what aspects of that she has some trouble with me.

[Translation]

Ms. Diane St-Jacques: Madam Speaker, yes, it is true there is a part of the motion I do not immediately accept. I do not think we can simply suggest that privatization be rejected without further study.

Often decisions are made without thorough consideration. We say we dismiss this issue because it cannot be done. However, have some studies been done? Have we thoroughly considered the issue? This is often a problem with governments; they implement programs, but never examine their impact. Finally, at the end of the program, they come to the conclusion that it did not work. We have no system to assess its impact during or even before its implementation.

Consequently, I am not willing to dismiss a private system out of hand, because it has not been thoroughly examined. We must examine the issue and, if we realize this is not really the solution, then we can dismiss it. But if we do not thoroughly know the issue, we can say we should simply examine it.

[English]

Mr. Peter Mancini (Sydney—Victoria, NDP): Madam Speaker, it is an honour and pleasure for me to rise today in the House of Commons to speak to the motion introduced in the House by the New Democratic Party of Canada.

The proud legacy of this party is that of Tommy Douglas who brought into the country in Saskatchewan the first medicare system amid great opposition. It has been mentioned today by the member for Winnipeg North that he spoke about it at the time and said that we should never ever forget that once this system was introduced it would continue to be under attack. There will always be those waiting in the shadows who see money to be made in the health care system regardless of what it means for the health of Canadians.

I will be sharing my time with another member of the New Democratic Party. I know the Minister of Health would love to take 10 more minutes to try to clarify some of the muddy waters we have heard about already today, but I will be sharing my time with a member of my party who will be speaking to protect our health care or medicare system.

When the history of this place is written, I think historians will look back on budget 2000 introduced by the government and its effect on health care and say that it was a watershed budget, that it was a turning point in the history of the Liberal Party and Liberal ideology.

• (1315)

It was not long ago that the Liberal Party once saw a role for government in the lives of Canadians. That should not surprise to anyone because that is the attitude of Canadians; that is the ideology and culture of this country. That is why we had such proud institutions, such as the CBC and passenger rail services, as a notion that there should be a good standard of living for all Canadians and, more than anything, there should be protection of health care.

Madam Speaker, I will be sharing my time with the hon. member for Winnipeg—Transcona.

The ideology in the country was that no matter where we lived, whether it was in the east, the centre, the north or the west, we would be entitled to quality health care and equal health care. This is what made Canadians proud.

Over the last five to seven years the government has chipped away at those values. It has chipped away at the cultural institutions. It has chipped away at the notion of regional economic expansion. It has chipped away at some of the ideas of the founders of the Liberal Party, people like Monique Bégin and social scientists like Tom Kent. People who once had a role to play in that party do not anymore. Regrettably, the Canadian public tolerated that because we were told there was deficit. We were told that we had to sacrifice many things on the altar of deficit reduction.

Then the Minister of Finance began talking about how many surpluses he had and that budget after budget after budget resulted in a surplus. That is why I say this budget introduced this year marks a profound turning point in this country. The paltry sum of

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money allocated to protect health care in the country in a time of surplus means that the government has decided to support or allow the beginnings of a two-tier health care system. I predict it is something that Canadians will not allow to happen.

The federal funding to the provinces was once a real partnership. Today the Minister of Health and his parliamentary secretary talked about convening a meeting of ministers to work in partnership. The federal government has lost much of its moral authority to influence the way those policies will develop because of the reduction in spending. A partnership where the federal government pays 15 cents of every dollar to health care is, what we would call in the business community, a minority shareholder position. It is not in a position to influence the real direction of where health care will go. If it is not in a position to do that then it has abandoned the leadership role that is so necessary and that should be exercised by the federal government.

The transfer payments to the provinces have been cut and cut and cut. In 1993 the cash transfers to the provinces were \$18.8 billion. The explanation for that was that the government had to fight a deficit. However, it has not been restored to the previous spending levels nor will it be restored. There is also no projection for its restoration to the same level of funding, at least not as far as the government's figures show and not as far as the government can foresee.

What we know is that the federal government has relinquished its leadership role and cut its funding to the provinces by about \$4 billion or \$5 billion from where it was in 1993. How have Canadians reacted? From every part of the country and from every political leader in the country there has been condemnation. The British Columbia minister of finance said "I must also say that the federal finance minister falls far short of the need for funding quality health care and education which British Columbians have told me is their top spending priority".

• (1320)

The president of the Manitoba Nurses Union said:

This budget didn't go nearly far enough. Ninety million dollars is enough to keep the doors open (on health care) and not much more.

It's not really sufficient. It is a one-time grant and there is no commitment for long-term federal funding, and without that I don't know how we will protect medicare.

These are not partisan statements. This is not a member of the House attacking the government for political reasons. This is someone who works in the health care system.

The minister said that he will meet with the partners in health care. Let us see what they are saying, and they are from every political stripe. From my own province of Nova Scotia, Premier John Hamm said:

—the provinces were expecting the "full meal deal" on health care. . . . Instead, we got crumbs.

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In my province, where we face a deficit of close to \$500 million, the premier said that we needed a specific amount for health care and we did not get it.

The NDP finance critic in the opposition party in Nova Scotia called the budget a betrayal of Nova Scotians and suggested that it may work in provinces where there is a robust economy but not in the have-not provinces in the country. That is where the federal leadership is falling down. That is the betrayal to the country.

The Liberal leader, a former parliamentary secretary to the minister of health, Russell MacLellan, said that the \$2.5 billion transfer increase was woefully inadequate and would accentuate real problems in health care in Nova Scotia.

Premier Tobin, another Liberal, the only sitting Liberal premier left in the country, said that this was woefully inadequate.

The list goes on and on. It is not just the New Democratic Party saying that there is a problem here. This transcends political partisanship. I will be watching very carefully to see how the Liberal members of parliament, the ones from the provinces where their own provincial leaders have condemned this budget in terms of health care, vote. I am sure their constituents will also be watching.

As the leader of the New Democratic Party said today, the motion has been particularly crafted so that every member of the House who believes in a publicly funded medicare system can show their support to Canadians for that. It calls for three things, things that the Minister of Health has said here today and has recognized need to be incorporated in health care funding. It calls for more funding. I think the Minister of Health said in his own statement that we needed more funding. He said that it needed some ideas, and we have not diminished that. There is nothing in this resolution that says we are not open to new ideas.

What it says is that there will be “a substantial and sustained increase in cash transfers” to the provinces, which the Minister of Health has said he is prepared to look at. It further states “by taking the steps necessary to prohibit private for-profit hospitals and to stop the growth of private for-profit health services in Canada”. The Minister of Health has said that he is not favour of that either.

Given the fact that this resolution does not in any way contradict what the Minister of Health says he wants to do, I will be hoping and watching to see him stand in favour of the motion when it comes to the vote.

Mr. Rick Borotsik (Brandon—Souris, PC): Madam Speaker, the hon. member talked about how the other provincial governments and leaders dealt with the budget just tabled in the House and with the inadequate amount of dollars that flowed from that budget to the health care system. Could the hon. member just expand on that a little bit more?

I am now told that the Minister of Health and the Minister of Finance have said in some news reports that, eureka, there may well be some more dollars available that they will put into health care if and when the health ministers sit down with them and talk about the system and how they will put those into place.

Does the hon. member have an awful lot of confidence in the co-operative federalism that has been demonstrated by the government previously and on other issues more so than health care? Does he believe that the Minister of Finance and the Minister of Health will negotiate in good faith? If they were, then why were those dollars not mentioned prior to the budget being formulated? All of a sudden they are backtracking a bit and saying “Of course, there is more money there if in fact we can negotiate the way that should be distributed”. Would the hon. member please like to expand on that topic just a bit?

• (1325)

Mr. Peter Mancini: Madam Speaker, I do think there will be more money forthcoming to health care but not because it is in the works now. I think it is because of the reaction that the Canadian public had to this budget. I might also say that it is because of the opposition, led by this party in the House of Commons, that there is a wave beginning. The government has recognized that and is now saying “Yes, there will be more money for health care”.

However, for the provinces to do any kind of long term planning, the extra money should have been announced on the day of the budget. I honestly do not understand why a sitting government would not say that it was going to do that and that x amount of dollars would be allotted for that. If it is there, surely Canadians should know about it.

On the question of co-operative federalism, I hope that the health ministers, the premiers and the federal ministers can put aside differences to ensure that this most important program for Canadians—I think the most important program in the country—is protected and preserved. I hope those things will take place.

I do not know why it has taken so long to pull everyone together. I have only been in the House for two and a half years but in that time I think we all saw that the health care system was crumbling and that we could have done this a little more expeditiously.

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Madam Speaker, I am very glad to have the opportunity to debate this motion today. I am glad to see the Minister of Health here. I think that is what ministers should do on opposition days; hear out the opposition. I hope that I will have his ear for just a few minutes and be able to pass on to him some observations of my own and

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those of my party with respect to what has happened to medicare over the last several years.

I begin by saying that I have been an observer of what is happening to Canada's health care system for a long time. I was the NDP health critic from 1980 to 1984 in the lead-up to the Canada Health Act. I remember very well being in the House speaking at the close of the debate on the Canada Health Act. I want to commend the health minister of that day, Monique Bégin, for bringing in the Canada Health Act, albeit after considerable encouragement on the part of the opposition, which she herself acknowledges in a book about her experiences at that time.

At the end of the debate at that time, I said—and I regret to say that it has come true—that no amount of standards, no amount of principles, no amount of ideals with respect to medicare would save medicare in the absence of adequate funding. In the end, we can have a Canada Health Act as strong as we like in terms of enforcement and in terms of its ideals, but if the publicly funded health care system in this country, that we call medicare, is slowly but surely starved to death, these principles will mean nothing.

If we cannot get the kind of health care that we want and need when we go to the publicly funded health care system this creates two problems. First, there is an immediate problem. We cannot get the health care that we need. We cannot get that diagnostic test, we cannot get the bed that we need or whatever the case may be. We cannot get the treatment that we need. But it creates a longer term problem for the system beyond the problem that it creates for an individual and that is, it builds pressure on the body politic to create an alternative to that system.

More and more Canadians, both those with money and those without very much money, begin to wonder about whether or not it would be in their interest to have another system that they could go to when the public system fails them as a result of it being slowly starved to death.

That is taken advantage of by two groups of people, the insurance companies and the multinational health care corporations that never liked medicare in the first place. The more that medicare is starved to death, the more an opportunity is created for them to make an argument for their kind of health care system.

• (1330)

It creates an opportunity for politicians of various right wing ideologies, like the Harris' and the Kleins, who see in the slow starvation, at least that starvation which is attributable to the federal government, a political excuse for doing what they want to anyway. It sets them up nicely as politicians who would like to create a context in which they could bring in more private funding of health care.

I say to the Minister of Health that this is a genuinely dangerous situation. We had a crisis in the late 1970s and early 1980s with

respect to extra billing and user fees, and that was solved through the Canada Health Act. But we have a crisis of an entirely different order, a kind of metacrisis now.

I say to the Minister of Health, in all sincerity, that there is a real danger that medicare will be fatally wounded on the watch of the Liberal government, on the watch of the minister. I do not think that is something the minister wants to have on his record. I do not think it is something that he wants. I caution him not to let it happen by stealth, not to find out that some day he is in a position where this is going to happen whether he wants it to happen or not.

I think, unfortunately, what happened in the context of the federal budget is that the day which I do not think the Minister of Health wants, which certainly we in the NDP do not want, has been advanced. That day has been brought closer. The possibility of medicare being fatally wounded on the Liberal watch has been brought closer and made more likely. We will see today. I think it is today that Premier Klein will be bringing in legislation.

The minister may argue, and certainly Mr. Klein will argue, that this is totally in keeping with the Canada Health Act. We can get lawyers on either side of this one, but I think most Canadians would say that what Mr. Klein has in mind and what Mr. Harris is musing about is against the spirit of the Canada Health Act.

Even if it can be argued by the minister, by Mr. Klein and by Mr. Harris that this is somehow not technically a violation of the Canada Health Act because these hospitals will still be paid by the publicly insured system, it will bring these private hospitals into being. Once they are there, do we not think that they will begin to have a political presence, that they will have a presence in medical and health care communities? It will be the thin edge of wedge. It will be the wide edge of the wedge. This will be very, very significant.

I say to the minister that I think he needs to revisit the 12 point plan which a former minister signed, she says under duress, with the province of Alberta. He needs to come down hard, but he needs to come down hard with money, and not for the sake of Alberta. As far as I am concerned, Alberta is a big culprit in this. Alberta could solve all of its medical problems tomorrow by simply having a sales tax like every other province.

When it comes to Alberta, it is not a question of limited resources, it is a question of ideology. But I will tell the minister that in a lot of other provinces it is not a question of limited will or ideology, it is a question of limited resources.

The government cannot say that it cannot afford to carry 50%, while at the same time, by implication, say that it expects the provinces to carry 75% of the load. It just will not happen. It cannot be done.

Even provinces whose governments are committed, whose premiers are committed with every cell of their bodies to medicare,

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will not be able to do it. At some point public demand to transcend or avoid waiting lists, et cetera, will be too much and other options will have to be sought.

This is what I say to the minister. We are in a very, very dangerous situation.

• (1335)

The original insight behind medicare was that medical decisions would be made on medical grounds; not on market grounds, not on the grounds of profitability or seeking profit, but to take medicine out of the marketplace and make medical decisions for medical reasons.

What has happened over the last 20 years, slowly but surely, is that medical decisions are not made for medical reasons any more. They are not made according to the market, but they are made for fiscal reasons. That too goes against the spirit of medicare, because the spirit of medicare was to make medical decisions medical, not market and not fiscal.

We now have a situation where too many medical and health care decisions are being made for fiscal reasons. If we want to restore the spirit of medicare, then we have to have enough resources in the system so that doctors and other health caregivers can begin to make those decisions; not on the basis of what the finance ministers of the various provinces say or what the federal Minister of Finance says, but on the basis of what they know their patients need.

Going to a private for profit health care system will not do that either. There are health management organizations, HMOs, or whatever they are called in the United States, in which all kinds of decisions on procedures and treatments are restricted or not available because of the profit strategies of that particular health care corporation, so it is a delusion to think that is a solution. What we need is what we had, a health care system where people got what they needed because they needed it and there was adequate funding.

There is not adequate funding at this time. The \$2.5 billion extra that we got the other day in the budget is not enough, and I think the health minister knows it is not enough. But it is not enough to say that it is coming. It has to come soon and it has to come in the form of re-establishing a real federal partnership with the provinces. Otherwise the minister can have all of the meetings he likes with his provincial counterparts, but if he does not have the moral high ground, if he is not willing to reclaim the moral high ground—and unfortunately money has a lot to do with that—then it will just be an endless series of seminars where our medicare system keeps getting worse and worse.

Mr. Roy Cullen (Parliamentary Secretary to Minister of Finance, Lib.): Madam Speaker, I listened to the comments of the member opposite with great interest.

As I said earlier, our Minister of Finance has indicated that he is prepared to come to the table once the Minister of Health has met with his provincial colleagues and has worked up some kind of plan to make sure that the health care system will operate as efficiently as possible.

I do not stand in the House and claim to be an expert on health care, but we would all agree that health care delivery is a provincial responsibility. If there are problems in the deliver of the health care system, that is a provincial issue.

The question is: Is there a funding issue or a finance issue? That is what is under debate in the House today.

I had the opportunity in the late 1970s to work on health care cost containment. I am speaking now as a citizen of Canada. It was amazing. We looked at health care from the acute care bed, which is the most expensive part of the health care system, right through to intermediate care, long term care, home care and home makers, down to where someone needed a helping hand to make lunch. We looked at the low cost solutions and the very high cost solutions. That was 20 years ago and we still do not have it right.

We have patients in acute care beds who should be in home care. We have elderly patients in acute care beds who should be in long term care or extended care. We all know that. I know it is not an easy problem to solve. I accept that. However, we have to deal with this and other issues, like prevention, promotion and lifestyle issues, on which we have made some progress.

The member opposite said 50%. My question to him is, 50% of what? Where are health care costs going?

Mr. Bill Blaikie: Madam Speaker, the member raises a lot of things that people have talked about in the House for a long time. I would agree with them that we are facing a demographic situation as well as a number of other things which have put pressure on the health care system. Technological innovation, demographic circumstances and all kinds of things have converged to put pressure on the health care system. Nobody is denying that.

• (1340)

However, if we are going to work together, federally and provincially, then there has to be a commitment to equal burden sharing while we solve the problem. That is all I am saying. This is everybody's problem.

The federal government has used the federal spending power and the Canada Health Act to lay down certain conditions and to be involved in medicare, and we do not quarrel with that. If there are problems to be solved, as the member has identified, and I think identified well, then people should do that in a collegial, partnership, sharing kind of way; not by saying "There is a problem and

until we solve it you guys carry 75% of the problem and when we get it solved maybe we will go back to 50:50". I do not think that is a viable approach.

The member said that we still do not have right some of the things that were wrong 20 years ago. I would agree that there are many people in acute care beds who should be in long term care. That is a question of money. It is a question of creating those long term care facilities and beds. Or, it is a question of home care. It is probably both.

What I am concerned about when I listen to the Minister of Health and the Minister of Finance is that some months from now they will say to the provincial ministers of health "We want to have a national home care program. This is where we want to put our money". The provincial governments will say "Wait a minute. Why should we trust you to cost share this thing with us when the last thing you cost shared with us you pulled out of unilaterally?" Then we could have—and this is the scenario I am afraid of—the Minister of Health saying "We wanted to have a national home care program, but the provinces would not let us. We offered to work with them, but no, they did not want to do it", the same way it was done with the national day care program, which was pinned on the provinces. They said "We wanted to have a national day care program, but we talked to the provinces and they were not interested". I can see the same kind of scenario developing with another national program, whereby we would get more politics and not the re-infusion of money into the system which is really needed.

As far as other matters, there are many people who go to the hospital and before they know it they are out, whereas 20 or 25 years ago they would have stayed two, three, four or five days. Let us not pretend that nothing has happened. There are many people who do not spend anywhere near the amount of time in hospital they used to. We have done all of that and we still have a problem.

Mr. Paul Szabo (Mississauga South, Lib.): Madam Speaker, I will be splitting my time with the hon. member for St. Paul's.

The issue before the House is generally about health care and the condition of health care and how we address the challenges of health care today.

This morning I had the opportunity to listen to the debate and I was most impressed with the presentation of the health minister with regard to resisting getting into the trenches with others in pointing fingers at who is at fault. It was a responsible approach to saying that we have challenges, we have the opportunity and we are committed to addressing those challenges and to working in co-operation with all of the stakeholders in the health system of Canada. I congratulate him for taking the high road.

The federal government's principal responsibilities come under the Canada Health Act. I think most members will know that the Canada Health Act contains five principles. Those principles are:

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universality, accessibility, portability, comprehensiveness and publicly funded. If we think about the Canada Health Act, it really is expressing a value statement for Canadians.

I was told at one time that about 75% or more of the health care costs in the lifetime of a human being will be incurred in the last year of his or her life. When we consider the enormity of the costs at the end of our years, we wonder whether there would be an automatic pressure to save money by simply reducing our standards of health care, reducing our care for the aged and asking why would we spend the money to prolong death rather than spending it elsewhere to extend life. It is a significant ethical issue.

Canadians have made their choice with regard to the ethics of our health care system. We have people who are living longer and we continue to invest in our health care system to make sure that Canadians not only live longer, but they live a high quality of life throughout all of their years. Those are some of the underlying principles. It is not just about dollars. It is about the values that Canadians hold.

• (1345)

The National Forum on Health did two years worth of work. It had the best experts in Canada in health care delivery. It went across the country and consulted very broadly. It came to the conclusion when it reported to the health minister and to parliament that there were enough funds in the system. It said there many areas within the health care system had dollars which could have been spent much more wisely and productively in terms of getting healthier outcomes for Canadians.

I believe that was the first instance in which it was time for the federal government and the provinces to sit down to start to discuss how to plan for the health care system in the future, knowing that we have an aging society and that our lifestyles, stress and activity levels make us more at risk for having health needs. The world changes and people change but our values do not. Our values have remained firm and consistent. We want to provide quality care in terms of medically necessary services for Canadians.

A few issues were raised by the National Forum on Health on which I believe the health minister has already had consultations with the provinces. On the issue of privately funded services, I understand that over 70% of health care expenditures in Canada are financed from the public purse with the remaining coming from private sources.

Some would say the public expenditures are too high and should be restricted to a basic array of services, basic bare bones, medically necessary life threatening type activities, emergencies or obstetrics type stuff. Others say we need to maintain a high level of public funding for health and, if anything, the funding should be expanded to cover services that go beyond physicians and hospitals, which has been traditionally federal responsibility or federal obligations with regard to funding.

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The National Forum on Health also raised the issue about whether there was enough money. From an international perspective it found that the Canada health care system did not appear to be underfunded and was one of the most expensive systems in the world. These are issues which have to be agreed upon with the provinces.

There was also the combination of health reform and fiscal restraint to give rise to rationing and issues around the fringes of the principles of the Canada Health Act. It is important for Canadians and legislators to look at these issues and at how Canada is evolving and responding to the health care needs of Canadians.

Canadians have made it very clear that health care is their number one priority. The Government of Canada responded in the last budget with \$11.5 billion for health and a further \$2.5 billion in budget 2000. That is not the end of it. That is the beginning of supporting our health care system. Very clearly a scope of discussion is necessary for the federal government and all the stakeholders, the provinces, the territories and others, to address a broad range of issues to ensure that the health care priority of Canadians is being met in a co-operative and collaborative fashion by all stakeholders.

In the remaining time I want to talk about my experience in the health care system. Before I became a member of parliament I was a member of the board of trustees of the Mississauga hospital for about nine years. During that period I acted as treasurer for some five years and one year as the vice-chair of the board. I did have an opportunity to deal with all aspects of financing of health care funding.

In my experience after nine years on the board of trustees of the Mississauga hospital I developed a sincere and deep respect for our health care professionals. Doctors and nurses in Canada have the highest standards for which we could ever ask. In a number of cases we were faced with issues where corners were being cut. Not in one instance do I remember the medical staffs or the nursing staffs saying that they would compromise the quality of their work. They would rather not do the procedures or not attempt to do the job unless they could do it to the best of their ability. The professional code of conduct of our health caregivers is absolutely irrefutable, and I want to make that known.

• (1350)

The whole idea of a health care crisis is possibly more show than anything, only from the standpoint that our health care system is an enormous system with many stakeholders and many aspects to it. Things do not happen very quickly in the health care system. It is a gradualist approach. It is a reflecting strategy as priorities move and things happen within our value system. We negotiate, compromise and discuss ways in which we can meet priorities.

We have had a tremendous improvement in the health care system not only in technology but also in medicine, the pharmacare side of things. Hospitals and medical procedures can now be performed in ways which were never contemplated before. The average length of stay for a patient at the Mississauga hospital actually went down from approximately 6.8 days per patient to 4.2 days. The average length of stay went down significantly. This means that bed days were saved and that money for the hospital and our health care system was saved. This had no impact on the re-admission rate. The work that was done showed that it was taking advantage of new technology.

During this period the Mississauga hospital reduced its beds from 650 to 600. At the same time it actually served more people with less beds in their catchment area by making this move, again showing the progress of our health system. Not only are the lifestyles of Canadians changing but also the technology in medicine in Canada is changing. It means that there has to be a constant dialogue.

I congratulate the Minister of Health for making a firm commitment to interim funding for health care as well as a firm commitment to deal with all stakeholders to ensure a safe and healthy system for all Canadians.

Mr. Gordon Earle (Halifax West, NDP): Madam Speaker, the hon. member mentioned that the health care system was not just about dollars, that it was about more than dollars, that it was about the value Canadians hold. This motion is about the value of our publicly funded health care system. I am sure many Canadians right across the country were looking to the budget to support that system and to give some real meaning and input into it.

I had the honour of meeting with several people in my constituency last week regarding mental health issues. There was quite a cross-section of people representing various interests including the police, young peoples associations, community mental health workers, doctors and so forth. The one common concern that came out of this meeting was the lack of resources to provide adequate health care for those suffering from mental illness.

When we refer to the values that Canadians hold, they can be of no value unless we attach value to the health care system and support it with the proper resources. What would be the hon. member's comments in this regard?

Many of our seniors have difficulty with the high cost of drugs and dental care. A gentleman asked me the other day if I could get the federal government to provide some kind of dental care program so seniors could meet the high cost of having their teeth looked after. These are small things to people, but they are all part of Canadians taking control of their lives. People feel they have lost control and that control is being put more and more into the hands of the private for profit corporations and companies. Would the hon. member comment on my remarks?

• (1355)

Mr. Paul Szabo: Madam Speaker, in answer to the hon. member, there is no question that this is not a matter of dollars. We found out that the province of Ontario had \$3.5 billion available and only used \$800 million. We found out that Newfoundland also did not use all the money it was provided in the last budget, as well as Quebec and another \$800 million. It is very clear that in those three provinces, and I suspect in others, the pressure with regard to it being not enough money is really not the point. There is a much broader question being raised and the money thing seems to be the proxy for the question.

The member raised an interesting issue, though. In a situation where home care facilities or community care is not available, hospital beds are used by people who are looking for long term care facilities. I believe that home care is a very important part of the long term solution to alleviating the pressures on existing hospital services. I for one, and I think other members will share the view, think that we have to look very carefully at home care as one of the solutions that we should discuss with the provinces.

STATEMENTS BY MEMBERS

[English]

INTERNATIONAL WOMEN'S DAY

Ms. Jean Augustine (Etobicoke—Lakeshore, Lib.): Mr. Speaker, March 8 is International Women's Day. This day provides us with an opportunity to reflect on the progress made to advance women's equality and the challenges women face worldwide. The national theme of the day "Canadian Women Taking Action to Make a Difference" builds upon the commitment of women's organizations and the Government of Canada to end poverty and violence against women.

In the spirit of the day, thousands of women in all regions of the globe will participate in the World March of Women beginning an international campaign aimed at raising awareness and mobilizing people to join in the effort to improve the lives of women.

I call upon all my colleagues in the House to participate in the march or other educational activities in their ridings and to support the Beijing platform for action currently under review. Our collective efforts can make a difference.

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GASOLINE PRICES

Mr. David Chatters (Athabasca, Ref.): Mr. Speaker, all week the finance minister has been huffing and puffing about how he has delivered Canadians from high taxes and hidden tax grabs. Curiously, though, his budget made no mention of lowering gas taxes which make up almost half the price of a litre of gasoline.

The finance minister must be too busy to explain that the current gas price crisis can partially be blamed on the fact that the government refuses to remove an excise tax that was put in place in 1981 to pay for the creation of Petro-Canada. This tax costs Canadians an extra 8 cents per litre every time they fill up.

In the 19 years this tax has been in effect the government has skimmed approximately \$30.4 billion from Canadians. The original cost of Petro-Canada was \$1.46 billion. That is an extra \$28.9 billion that the government has quietly been pinching from Canadians over the last 19 years.

When the finance minister howls with delight over his supposed tax cuts, Mr. Speaker, you will forgive me if all I hear is a lot of hot air.

* * *

AGRICULTURE MUSEUM

Mr. Mac Harb (Ottawa Centre, Lib.): Mr. Speaker, three and a half years ago a terrible fire destroyed one of the barns at the Agriculture Museum. Two great heritage buildings were lost in the fire and 57 animals perished. The only survivor was a Limousin cow named Rosanne. Today Rosanne is well and she is about to get a new home. It is my pleasure to announce that the new horse and cattle barn will open on Friday, March 3.

The Agriculture Museum is one of Ottawa's best kept secrets. It is a fully functional farm, open to the public, where everyone can learn about the importance of agriculture and experience the sights, sounds and smells of the country without leaving the city.

On behalf of Rosanne and her barn mates, I invite everyone to the grand opening of their new home tomorrow.

* * *

SANDRA SCHMIRLER

Mr. John Harvard (Charleswood St. James—Assiniboia, Lib.): Mr. Speaker, Canadians across the country are saddened today by news that Sandra Schmirler, Canada's Olympic gold curling champion, died of cancer in hospital earlier this morning at the age of 36. She had been ill since last fall when doctors found a cancerous tumour.

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• (1400)

Few Canadians will forget the emotional news conference Ms. Schmirler held in Moncton on February 11 when she bravely said, "It's been a hell of a fight". Well, it turned out to be a five month fight and she fought valiantly right to the end.

Ms. Schmirler brilliantly skipped her rink to Olympic gold two years ago in Japan. Her team also won three world championships. She was a great sports woman who set an example for athletes across the country. She was loved and admired by all curlers and her many, many curling fans. She will be greatly missed.

Mr. Speaker, please join me in extending my sincerest condolences to her husband Shannon England and their two young daughters.

* * *

GOVERNMENT GRANTS

Mr. Ken Epp (Elk Island, Ref.): Mr. Speaker, for a number of years I taught mathematics and finance to banking students at the Northern Alberta Institute of Technology.

I had a very unfortunate experience when I caught three students cheating on an exam. I recommended that these students be immediately withdrawn from the program, arguing that they were people who would be handling large amounts of other people's money in their careers and their absolute trustworthiness was absolutely essential.

Now we have the top banker in Canada, the finance minister, not lifting a finger in protest over the lack of trust generated by the mishandling of billions of taxpayers' dollars. I do not know why he or the Prime Minister does not take action. Of course, it is uncomfortable to remove people from their positions, but it has to be done or the public trust will be lost.

* * *

NATIONAL FARM SAFETY WEEK

Mr. Larry McCormick (Hastings—Frontenac—Lennox and Addington, Lib.): Mr. Speaker, next week, March 8 to 15, is National Farm Safety Week. It is a time to renew the message to Canada's farmers and their families that they can take steps to protect themselves from injury on their farms.

There is a high risk of on the job injury and death in the farming profession. Farming accidents are often a needless tragedy for families and the communities affected, creating emotional financial hardship and significant loss to farming communities of valued contributors.

This year the theme is "Use ROPS and a Seat Belt". Accidents with tractors and self-propelled vehicles are the leading cause of death and injury to Canadian farmers. We encourage farmers to equip their tractors with a rollover protective structure and to buckle up. It is a small effort to keep a loved one safe.

The government's rural caucus is well aware of this issue. It commends the Canadian Federation of Agriculture, the Canadian Coalition for Agricultural Safety and Rural Health, Agriculture and Agri-Food Canada, the Farm Credit Corporation and others for their support of National Farm Safety Week.

Please farm safely. Do it for you, for your loved ones and for your community.

* * *

[Translation]

RAILWAY INDUSTRY

Mr. Michel Guimond (Beauport—Montmorency—Côte-de-Beaupré—Île-d'Orléans, BQ): Mr. Speaker, yesterday we learned in the *Journal de Montréal* that Canadian railways are nothing more than vast open air toilets.

I would like to pay tribute to the Liberal government's leadership, management and concern for the environment in the railway sector.

Let us hope that, during the two years of reflection he has set aside to consider the future of the railway industry in Canada, the Minister of Transport will look into the lack of basic hygiene, which harks back to the dark ages.

The Liberal government's budget cuts have left VIA without the means anymore to modernize its cars and to equip them with suitable holding tanks for the toilets.

Soon, the Quebec City-Windsor corridor will look like a vast open sewer.

The result of good Liberal management is a bad smell offending a lot of people.

* * *

FEDERAL TRANSFERS FOR HEALTH

Mr. Guy St-Julien (Abitibi—Baie-James—Nunavik, Lib.): Mr. Speaker, while it continues to cry out for more federal health transfers, the Government of Quebec of Lucien Bouchard and his deputies Rémi Trudel and André Pelletier has done nothing with the \$842 million allocated in the 1999 federal budget that was available to them anytime.

These PQ officials have let \$842 million sit in the Toronto Dominion Bank, in Toronto, in the province next to Quebec. They did not even have the courage to transfer it to a caisse Desjardins or

to a bank in Quebec, which might improve health care in hospitals in Abitibi—Témiscamingue and throughout Quebec.

According to the government of Lucien Bouchard, “The health care problem is not a money problem, it is a planning and management problem”.

So, Messrs. Trudel and Pelletier, why leave this money sit in the Toronto Dominion Bank in Toronto? The people of Abitibi are still waiting for you to wake up and transfer the money to Quebec.

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[English]

SANDRA SCHMIRLER

Miss Deborah Grey (Edmonton North, Ref.): Mr. Speaker, Sandra Schmirler, a daughter, a wife, a mother and a curling hero, succumbed to cancer today at age 36 in Regina. She had three world championships, three Scott Tournament of Hearts championships and the famous Olympic gold medal that she and her team won in Nagano.

• (1405)

I was in New Brunswick during the 1998 Winter Olympics. I set my alarm for 3.30 in the morning so I could get up and watch her great team play. I loved every minute watching those games.

Sandra is the most decorated women’s curler in Canadian history. Her teams are legendary. We grieve with all of her teammates who have lost their skip and a dear friend today.

The world was her stage but Sandra’s life is her legacy. On the ice, on the hospital bed, on the airwaves, she showed us how to have drive, determination and above all, love and laughter.

To her husband Shannon, her children Sara and Jenna, and to her entire family, we say thank you for sharing this marvellous woman with us. We grieve and we pray with you. The eternal God is your refuge and underneath are the everlasting arms.

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HEALTH CARE

Mr. Jerry Pickard (Chatham—Kent Essex, Lib.): Mr. Speaker, Mike Harris says that health care funding is inadequate. That tax cut tyrant has made a disaster of the social programs in Ontario. He prefers to put money in the pockets of millionaires rather than tend to the sick and needy.

Last year’s federal budget and this year’s budget have increased cash transfers in the amount of \$3 billion annually. That is a 25% increase in cash transfers. But it does not stop there. There is \$3

billion next year, \$3 billion in 2002, and \$3 billion every year beyond. That is a strong response.

In the long term our health minister has asked the provincial ministers to meet and develop a strategy. When an agreement is reached, the federal government will be there with added funding.

* * *

VOLUNTEERISM

Mr. Gurbax Singh Malhi (Bramalea—Gore—Malton—Springdale, Lib.): Mr. Speaker, I would like to commend the outstanding volunteer efforts of Mr. Thomas McKaig from my riding of Bramalea—Gore—Malton—Springdale. Mr. McKaig recently travelled to Costa Rica to help a local bank with new banking regulations.

Canadian Volunteer Advisors to Business is supported by many Canadian organizations, including CIDA. Last year their volunteers contributed 23,000 days of aid in various regions, including developing nations.

Every time a Canadian travels overseas as a volunteer, Canada’s international image is enhanced. Since many organizations depend on volunteerism, I encourage more Canadians to volunteer at the local or international level.

I would also ask all my fellow MPs to lend their support to CESO initiatives like Mr. McKaig’s.

* * *

SANDRA SCHMIRLER

Hon. Lorne Nystrom (Regina—Qu’Appelle, NDP): Mr. Speaker, it is with deep regret and sadness that I rise today on behalf of all members of parliament to honour the life and contributions made by Regina’s Sandra Schmirler. Sandra died this morning after an intense battle with cancer. She was only 36 years old.

We all remember how Sandra and her rink captivated the world when they won their first ever gold medal for women’s curling at the Nagano Olympics two years ago.

Sandra was a role model for all of us. She was a six time Saskatchewan women’s champion, three time Canadian champion, and three time world champion.

She was a true fighter not only bravely battling cancer but also other issues close to her heart. Her skill on the ice was matched by her courage for life.

I would like to extend on behalf of all of us our deepest sympathy to her husband Shannon England, her two young children Sara and Jenna, and the rest of her family. Our prayers and our thoughts are with them.

S. O. 31

We may have lost Sandra but her spirit lives on for her family, for her community, for the people of Saskatchewan and for all the people of Canada.

* * *

[*Translation*]

THE ENVIRONMENT

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, in its first red book, the Liberal Party wrote that environmental protection “will be the cornerstone of Liberal foreign policy”.

In its second Red Book, the Liberal government said it agreed “that climate change is one of today’s most crucial environmental issues, posing a threat to Canada’s ecological and economic well-being—The costs of inaction on climate change are too high”.

• (1410)

Yet the 2000 budget contains nothing more in connection with greenhouse gases than the investment of a mere \$285 million over the next four years, when the Liberals ought to have invested at least \$1.5 billion over five years in order to fulfil their Kyoto commitments.

Today, the Liberals are betraying their commitment and adopting a short-sighted approach. It is high time that the Liberals’ red books were recycled.

* * *

HEALTH BUDGET

Mr. Marcel Proulx (Hull—Aylmer, Lib.): Mr. Speaker, Minister Bernard Landry has confirmed that his government deprived the people of Quebec of \$841 million in the health system.

According to Mr. Landry, the problem in the health system would appear not to be financial. What a scandalous statement.

Let Mr. Landry try that explanation on for size with the people travelling to the United States for medical care.

Let Mr. Landry try that on for size with the people backed up in emergency department waiting rooms.

Let Mr. Landry try that on for size with the people in the Outaouais region of Quebec who have just lost some of their physicians.

Once again, this is a real scandal.

* * *

[*English*]

CFB SHILO

Mr. Rick Borotsik (Brandon—Souris, PC): Mr. Speaker, I rise today with great pride to congratulate and recognize one of the finest military training facilities and some of the finest military personnel that we have anywhere in North America.

Over 150 soldiers from CFB Shilo embarked on a six month tour of Bosnia yesterday. Most of the troops on tour are from the 1st Regiment of the Royal Canadian Horse Artillery along with soldiers from other sections and branches of CFB Shilo.

This marks the largest deployment out of CFB Shilo since 1992 when troops departed for Cyprus. It also marks the historic occasion of the first operational use of Canadian artillery since the Korean war. Our troops will be replacing a British light artillery unit in Bosnia. The first rotation of troops left yesterday and will be followed by a second rotation in April.

I would like to extend my congratulations to all the soldiers at CFB Shilo and wish them a safe return in October.

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MOZAMBIQUE

Ms. Aileen Carroll (Barrie—Simcoe—Bradford, Lib.): Mr. Speaker, in the first week of February torrential rains began to fall in Mozambique causing the worst floods in 50 years. Before it could recover, Mozambique was hit again last week by a cyclone leaving 65,000 people homeless.

I am proud to say that Canada has responded to this natural disaster by providing the people of Mozambique with \$1.6 million in assistance. This money will provide food, blankets, medicine, clean water and urgently needed air support.

In the latest budget Canada has increased bilateral international assistance to \$435 million over the next three years. This means Canada can continue to help other countries like Mozambique that face catastrophic natural disasters.

This budget demonstrates that Canada continues to be a generous and fair country.

* * *

FUEL PRICES

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, fuel prices are exorbitant and yesterday crude oil hit a record high of over \$31 a barrel. The impact this is having on the trucking industry is beginning to affect all consumers as blockades are preventing supplies from getting to retailers. Truckers feel this is their only option to get the government’s attention, but so far they have been ignored.

The federal government collects significant amounts of tax dollars from the excise tax on fuel. Unless there is some assistance provided to truckers, many of them who have contacted my office have suggested that they may be forced to sell their trucks and may even face bankruptcy.

Other people are dependent on fuel too. Seniors on fixed incomes are dependent on fuel. Students who travel to university

are dependent on fuel. Everyday ordinary Canadians who travel to work are dependent on fuel. It is a federal and a provincial responsibility. So far the federal has been ignoring its responsibility.

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[Translation]

THE BUDGET

Mr. Antoine Dubé (Lévis-et-Chutes-de-la-Chaudière, BQ): Mr. Speaker, the National Council of Welfare, a federal lead social policy agency, was very critical of the finance minister's budget at a press conference.

Its vice-president, Armand Brun, recalled that the government had promised a budget for children. "Where is that budget?", did he ask. He went even further, saying "It is the people who do not vote in an election who have been ignored".

• (1415)

And he is right. The Liberal Party chose to ignore the poor and to be generous to those who are better off. For example, the Minister of Finance preferred to lower the tax rate on capital gains, thus allowing investors to save \$135 million in 2001 and \$230 million in 2002.

This is the compassion shown by this Liberal government, which would rather provide new tax shelters to its rich friends than put bread and butter on the table for those who do without.

ORAL QUESTION PERIOD

[English]

EXPORT DEVELOPMENT CORPORATION

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, this year's budget calls for taxpayers to hand over about \$160 billion of our money to the government and taxpayers expect those dollars to be used wisely.

Earth Canada is a company that lost millions of dollars over the last four years but all of a sudden, despite its losing record, it gets a \$10 million line of credit from the Export Development Corporation. Why would a company with a losing track record like that qualify for \$10 million of federal government aid and support?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I thank the opposition leader for his question. I will look into the precise file that he has raised with me and with the House. I will give him a full answer when I can really look into the particular case that he is raising here today.

Oral Questions

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, the former minister of human resources development is about as enlightening on this subject as the current minister.

I wonder if there is not a better explanation for the sudden improvement in the fortunes of Earth Canada. Last year Earth Canada added to its board of directors none other than René Fugère of illegal lobbying fame and Gilles Champagne of illegal trust fund fame, the cronies of the Prime Minister. Is it the close connection between these people and the Prime Minister that got them this reception from the minister's agent?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I will look into the file of Earth Canada that the member raises. I know that EDC has very strict criteria when it deals with businesses. We will look into it and I will refer back.

The Leader of the Opposition did not warn us that he would raise a particular company so that we could check it ahead of time.

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, Earth Canada has a track record of doing nothing but losing money. A fiscally responsible government agency would laugh them out of the office if they came there looking for \$10 million of support, but not this government. It does not ask about the track record. It asks if Mr. Fugère or Mr. Champagne is on the board.

My question is for the Deputy Prime Minister. Why is it that every time we turn over a rock one of the Prime Minister's cronies crawls out from underneath it?

Hon. Herb Gray (Deputy Prime Minister, Lib.): Mr. Speaker, the hon. member's insinuations do not resonate with Canadians. If he were serious about what is going on in Canada he would ask questions about the budget.

Once again, by his baseless insinuations, by his questions which are full of rocks, he is giving a wonderful endorsement to the overall budget of the hon. Minister of Finance and this Liberal government.

Miss Deborah Grey (Edmonton North, Ref.): Mr. Speaker, I would like to tell the Deputy Prime Minister that this is the budget. If millions and millions of Canadian taxpayers dollars are not part of the budget, I do not know what is.

This scandal is spreading from the HRD minister. Now it is through international trade. The Prime Minister himself is involved in it. We know that. It is amazing how much money you can shake loose when you have friends in high places.

Fugère and Champagne have a long history of delivering cash. Now they have secured Earth Canada a \$10 million line of credit, and I doubt if it was an accident. How is it that the very mention of their names turns on the taps?

Oral Questions

Hon. Herb Gray (Deputy Prime Minister, Lib.): Mr. Speaker, the member is making an accusation. She is creating an innuendo and an insinuation but she has given no facts to back them up. Let the record show there is no factual basis for her question in the text of that question.

Miss Deborah Grey (Edmonton North, Ref.): Mr. Speaker, let us just go through a few facts. The 1995 net loss, \$800,000; the 1996 net loss, \$500,000; the 1997 net loss, \$260,000. Are there any more facts that we need?

• (1420)

Miraculously Fugère and Champagne came on the board and they were given a \$10 million line of credit. Now these are the facts and they speak for themselves. Why is it that Fugère and Champagne have such an amazing command over the public purse?

Hon. Herb Gray (Deputy Prime Minister, Lib.): Mr. Speaker, the hon. member has not demonstrated in any way, shape or form in her question a connection between these individuals and the decision on the grant.

If she had given notice beforehand to me or the minister, we would have got the facts faster and replied to her question. If she were serious she would have given us notice. As she has not given us notice, that shows what is missing in the hon. member's approach, especially in her question.

* * *

[Translation]

HUMAN RESOURCES DEVELOPMENT

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, the Deputy Prime Minister is asking for facts. Surely he must have a few. There are nine investigations involving Human Resources Development Canada, three of them in the Prime Minister's riding alone. I imagine that there were facts for there to have been investigations.

Since 30,000 projects are involved, the picture will not become clear overnight if we take it one investigation at a time.

Does the minister not think it is high time there was an independent, public inquiry into all the projects? We want a clear picture.

[English]

Let us make it clear, as she says.

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, as the hon. member mentioned, we are talking about tens of thousands of grants and contributions. They are found in the ridings of all members of parliament. I would encourage members of parliament to take the information we have

provided to them and go and visit these projects to see their money at work.

[Translation]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, the deeper we dig, the more the Liberal Party and the government look like the family compact.

I have here a list of transitional job fund projects dated November 29. There are two troubling discrepancies. First, six projects received \$1,618,970 but it is not known whether any jobs were created. Twenty-five other projects, which received a total of \$11,969,497, created no jobs at all.

Does this not warrant an inquiry? When is she going to wake up?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, let us review some of the facts. Again, if the hon. member wants to provide the details on those particular projects, I will find the information for him, and remember, Mr. Speaker, in all the transitional jobs fund projects the Government of Quebec had to concur before moneys flowed.

Again we are talking about a program that created opportunities for Canadians where there were none before, and from our point of view that is a good role for the Government of Canada to play.

[Translation]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, on top of the administrative boondoggle, there have been a number of partisan deals going on, involving friends of the government.

We have learned from Mr. Vallerand that the person at the centre of the CITEC affair is Paul Lemire, a person who has been found guilty of tax evasion.

Is the minister going to again deny the evidence that, on top of the administrative boondoggles going on within her department, it is also rife with partisan bias, particularly in the riding of Saint-Maurice?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I categorically reject the allegation made by the hon. member. With regard to that particular project, he knows full well that it is before the RCMP and I will say no more at this time.

[Translation]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, the minister cannot use the RCMP investigation as justification for her refusal to reply. The argument of its being before the courts does not apply, because it is in fact not yet before the courts.

Oral Questions

Given the way that this affair is expanding, particularly in the riding of Saint-Maurice, is the minister going to bow to the only possible conclusion and institute a public and independent inquiry?

Hon. Herb Gray (Deputy Prime Minister, Lib.): Mr. Speaker, there already is an independent investigation by the auditor general, an officer of this House. Is the hon. member now saying that he does not have faith in the auditor general?

Some hon. members: Oh, oh.

Hon. Herb Gray: If this is the case, he is wrong, in my opinion.

* * *

• (1425)

[English]

THE BUDGET

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, the government tabled a budget with two cents for health care for every dollar in tax cuts. Now, not surprisingly, it has swung into full damage control. Now it is hinting, no, no, there will be more money.

I ask the finance minister if there will be more money for health care. With the health care system in such crisis, why is the government withholding it?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, if the leader of the NDP wants to talk about money, let us talk about money. The NDP's own platform in the 1997 election said it wanted a floor of \$15 billion in cash for the CHST. We have exceeded that.

NDP members said they wanted to restore \$7 billion for health. We have doubled that already. On November 4, 1998, the leader of that party in the House called for an additional \$2.5 billion for health. Since then we have invested over \$14 billion.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, we talked cash this morning and we will talk cash again. Let us talk changes. The health care system does need change.

Some hon. members: Oh, oh.

The Speaker: Order, please.

Ms. Alexa McDonough: Mr. Speaker, we will talk money again but let us talk about the change the minister says we need. Very conveniently he omits the references to the home care and the pharmacare promise and the money needed for that.

We need the government to be a leader in the changes that are required if we hope to maintain a Canada-wide health care system.

Federal cash is the ticket of admission to participating in those changes. No cash, no clout. No clout, no Canada-wide health care. Will there be more federal cash, and if so when and how much?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, as to clout and cash, as I mentioned yesterday the Government of Canada now contributes over one-third of all public health spending in the country every year.

I also emphasize that apart from the additional money we are working constructively for the kinds of changes that are needed. The provinces recognize it is not just a matter of money.

[Translation]

Minister Bernard Landry's statement yesterday made it clear. He said "The problem in health is not a problem of money, it is a planning problem, a management problem". I fully agree.

* * *

[English]

EXPORT DEVELOPMENT CORPORATION

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, it seems that wherever the Prime Minister's good friends René Fugère and Gilles Champagne go taxpayer money is sure to follow.

Would the Minister for International Trade please explain how the addition of these two individuals to the board of directors of Earth Canada suddenly qualified that company for a \$10 million credit? And, would the minister tell us what matters most here? Is it qualifications or friendship to the Prime Minister?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, as I told the Leader of the Opposition very well earlier, I will look into that file very carefully.

I can say that the Export Development Corporation has a very good record of helping Canadian companies to export around the world. Are we against exports? No. EDC is doing a wonderful job assisting a lot of Canadian companies to do better on international markets, and I will look into this particular file later on.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, there are a few basics the minister should keep in mind. For example, René Fugère is under criminal investigation by the RCMP. Neither Mr. Fugère nor Mr. Champagne has registered under the Lobbyists Registration Act.

My question is for the Minister for International Trade. Why is his department even dealing with these individuals? For the sake of the integrity of the system and of saving taxpayer money, will the minister suspend this loan until we get to the bottom of this, until the air has cleared?

Oral Questions

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, the EDC takes its full responsibility. It has its way of dealing with Canadian companies that is fair and equitable.

Some hon. members: Oh, oh.

The Speaker: Order, please. Members have heard the question. I think we should hear the answer.

• (1430)

Hon. Pierre S. Pettigrew: Mr. Speaker, it is quite clear that the EDC is working on a commercial basis with a lot of Canadian companies. It is helping Canadian companies do well in international markets, exporting Canadian goods and creating job opportunities in this country. The EDC made a profit of \$118 million last year for the Government of Canada. It is doing a great job.

I will look into the particular file which the opposition party—

The Speaker: The hon. member for Calgary—Nose Hill.

Mrs. Diane Ablonczy (Calgary—Nose Hill, Ref.): Mr. Speaker, Mr. Fugère first popped up four days before the last election, announcing a big grant in the Prime Minister's riding before that grant had ever been approved. Since then he has been directly connected with at least four other grants of public money. He is under RCMP investigation for unregistered lobbying. Now we find that with his appointment to the board, another company magically receives a transfusion backed by the taxpayer.

Will the government please explain to Canadians why their money is anted up so promptly for this friend of the Prime Minister?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I find the opposition a little repetitive today. It is unfortunate that the budget is not able to provide them with opportunities to put questions of interest.

I have made it very clear that I will look into the specific file of the hundreds or thousands of files that we have. Members of the opposition did not indicate that they would be raising the matter of a particular file. I will look into it and report back to the House. I am confident that the EDC is doing a wonderful job for Canadian companies in international markets.

Mrs. Diane Ablonczy (Calgary—Nose Hill, Ref.): Mr. Speaker, I have a news flash for the government. We are going to keep asking these questions until we get answers.

Here is something from Earth Canada's website after the Prime Minister's friends joined its board: "Meetings were held in Ottawa in connection with the export financing of future sales". Boy, were these meetings ever successful. They netted a \$10 million line of

credit from the Export Development Corporation, backed by the Canadian taxpayer.

What is it about these men that has such influence with the Liberal government?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, if the opposition were really serious about getting an answer on a specific file it would have given notice to the government.

* * *

[Translation]

HUMAN RESOURCES DEVELOPMENT

Mrs. Francine Lalonde (Mercier, BQ): Mr. Speaker, I have here two lists, one obtained under the Access to Information Act and the other from the minister, with two sets of figures.

In the first list, Household Finance received \$2,505,000 in the riding of Mercier to create 522 jobs; in the other, the same company received \$2,841,600 in Hochelaga—Maisonneuve to create 592 jobs.

How does the minister explain this difference of 70 jobs and \$300,000?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, as I have said on a number of occasions, there are no master lists. Indeed, we have collected the information from seven different databanks. The information does change. Companies have name changes. There are circumstances when companies do not survive. The lists may change with a specific request made. The 10,000 pages that we presented to parliament last week are there. I would be glad to confirm the difference in the information the hon. member has if she wants to provide me the details.

[Translation]

Mrs. Francine Lalonde (Mercier, BQ): Mr. Speaker, the problem is far more serious than the minister is saying.

The list obtained under the Access to Information Act referred to a payment \$2,505,000. The director of the East Montreal human resources centre told us that only \$120,000 was paid out. And she told us that it was initially intended to be \$2,841,000. Where did the money go?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, as I said before, I will be glad to reconcile the lists for the hon. member. Again, let us be clear. There were no master lists.

Oral Questions

• (1435)

In response to the hon. member, when the human resources development committee asked for information on the details of federal grants and contributions from my department on a riding by riding basis, we provided it.

* * *

EXPORT DEVELOPMENT CORPORATION

Mr. Monte Solberg (Medicine Hat, Ref.): Mr. Speaker, we would have been happy to have given the government notice, except that we were very doubtful it would have been able to find the file the way things have been going lately.

Fugère and Champagne seem to be magnets for taxpayers' money, but especially so when the international trade minister is the one who is making the decisions. When he was at HRDC they were on the gravy train. Now he goes to international trade and who shows up? Fugère and Champagne.

What is it about the minister's relationship with these guys that causes him to open up the cheque book whenever they come calling?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I reject the allegations of the member. This is ridiculous. I have said that when he really wants an answer, instead of making cheap political shots as the opposition likes to do, he can serve notice on a particular file so we can look into it.

I will tell the member that I have every confidence the EDC serves Canadian companies well. It made \$118 million last year helping Canadian companies do well in international markets.

Mr. Monte Solberg (Medicine Hat, Ref.): Mr. Speaker, surely the minister does not expect us to believe that he has not heard of René Fugère lately. His name has been in the papers every day. We have talked about him every day in this place. He should have some sense that Mr. Fugère has been very involved with his department in the last little while; in fact, in both of the departments he has overseen in the last little while.

Given that this man has been involved in an RCMP investigation and that Champagne has been involved in an investigation about an illegal trust fund, why is it that these people can come to his department, no matter which department it is, and wring taxpayers' money of his pocket?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, let us make it clear. There is an arm's length relationship between the EDC and the Department of International Trade. We should be careful, this is not the minister.

I can tell that these people have never been in government and probably never will. If they think a minister just gets out the cheque

book and writes a cheque, that is irresponsible. Canadians deserve better information than this.

Frankly, this was the first time I heard of the company called Earth Canada. How could I know that Mr. Fugère was the director of that company when it was the first time I heard about it?

* * *

[Translation]

HUMAN RESOURCES DEVELOPMENT

Mrs. Suzanne Tremblay (Rimouski—Mitis, BQ): Mr. Speaker, this morning before the Standing Committee on Human Resources Development, the deputy minister confirmed that she could not report the actual number of jobs created or the amounts actually spent for each project under the transitional jobs fund.

Can the minister say otherwise?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, as we have promised, there will be a review of the transitional jobs fund. First, an external corporation will look not only at the transitional jobs fund, but also at the Canada jobs fund. Second, the auditor general will look at all of the grants and contributions. Surely, as an officer of the House, the hon. member will accept him as having an unbiased view.

[Translation]

Mrs. Suzanne Tremblay (Rimouski—Mitis, BQ): Mr. Speaker, really, the answers are incredible.

What is keeping the minister from initiating a public and independent inquiry, which would be the only investigation we would have any faith in?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, let us remember that there are transitional jobs funds and now Canada jobs fund dollars working in the ridings of Bloc members. It is those members who write in support of these programs and talk about how valuable they are to Quebecers.

• (1440)

Let us remember that the Government of Quebec approves and participates in the decisions for all of these projects. Surely they are not now saying that they did not want the money in their ridings.

* * *

EXPORT DEVELOPMENT CORPORATION

Mr. Grant McNally (Dewdney—Alouette, Ref.): Mr. Speaker, it looks like the international trade minister is starting to do the HRD shuffle. He says he is going to look into the file, but his fingerprints are already all over this scandal. He goes to interna-

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tional trade and guess who shows up? René Fugère and Gilles Champagne. His fingerprints are all over this scandal.

Why is it that taxpayer dollars start to flow when these two friends of the Prime Minister show up at his doorstep?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I will look into that file very carefully. The innuendoes and the allegations of the opposition member seem to be completely wrong again, because on the first verifications that have just been made this company would not even be a client of the EDC.

We will look into it again, but they look completely wrong again. They are just trying to move dirt around. That is what they like to do. We lead them in the country, Mr. Speaker—

The Speaker: The rhetoric is starting to rank up a bit. Take it easy. The hon. member for Dewdney—Alouette.

Mr. Grant McNally (Dewdney—Alouette, Ref.): Mr. Speaker, likely the file is sitting right on top of his desk with his fingerprints all over it.

René Fugère is under RCMP investigation. He is an unpaid aide to the Prime Minister. He is a close personal friend of the Prime Minister. Gilles Champagne is a two-time political appointee. He set up an illegal trust fund. He is a Liberal Party fundraiser and he is a close friend to the Prime Minister.

These two show up at the international trade minister's doorstep and they get instant access to millions of dollars. How can he possibly explain this scandal?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, it is remarkable to see members of the official opposition line up for a question on a specific case which they did not even warn us about. The first information we have is that Earth Canada is not even a client of the EDC and that all of these allegations seem to be, again, completely wrong.

* * *

[Translation]

HUMAN RESOURCES DEVELOPMENT

Mrs. Christiane Gagnon (Québec, BQ): Mr. Speaker, a Globax statistical report released by Human Resources and Development Canada indicates that the number of jobs at Placeteco fell constantly between May 1997 and May 1998, when the bankrupt company was bought by Claude Gauthier.

However, that individual benefited from a \$1.2 million grant, which was supposed to create 174 jobs. At this point, there are only 75 to 80 jobs left.

Could the minister tell us how the \$1.2 million given to Claude Gauthier, in violation of Treasury Board rules, was used?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I have commented on this particular project a number of times. I would like to remind the House that Placeteco has just signed a three-year collective agreement with its employees and, as well, has signed a five-year contract of \$8 million with a major aeronautical company. It will continue to create jobs in Shawinigan.

I find it passing strange that this member has time and again asked me about the importance of providing improved parental benefits to Canadians, and yet she has no interest in that now because with our budget we have clarified that we are doubling parental benefits for Canadians across Canada.

* * *

AGRICULTURE

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, my question is for the Minister of Agriculture and Agri-Food.

Admittedly, the Government of Canada has already provided an additional \$1 billion in funding nationwide and a further \$240 million for Manitoba and Saskatchewan farmers to help them through these trying times.

Can the government give its assurance that service fees to be levied by the Canadian Grain Commission would not pose a new financial burden to our farmers?

• (1445)

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, Canadians know this government is there as much as we possibly can be to assist Canadian farmers.

The Canadian Grain Commission has a world-renowned reputation for ensuring the quality and reputation of Canadian grains. Over the last number of years, the volume of grain has decreased and, in spite of efficiencies that have been put in place, a deficit has accumulated.

I am pleased to announce today that the Government of Canada is coming forward with \$20 million to cover that debt and \$63 million over the next four years to ensure that the mandatory fees are frozen for another four years on top of the ten years for which they have already been frozen.

* * *

INTERNATIONAL TRADE

Mr. Deepak Obhrai (Calgary East, Ref.): Mr. Speaker, the Minister for International Trade has been talking about the EDC and its good record. I would like to remind him that we are talking

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about a money-losing corporation with the Prime Minister's cronies on its board.

Why did the taxpayers get hooked for \$10 million for the cronies of the Prime Minister?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I thank the official opposition for its questions on a supposed EDC loan to a company called Earth Canada. It is a very specific case which I do not happen to have in my books right now. I will look into it very carefully.

I can tell the House that EDC is doing a very fine—

Some hon. members: Oh, oh.

The Speaker: Order, please. The Hon. Minister for International Trade.

Hon. Pierre S. Pettigrew: Mr. Speaker, let us be very clear. The EDC is doing a very constructive job helping Canadian companies export on international markets. It is doing that on a commercial basis and it is making money for the Government of Canada year after year. That is the reality.

Mr. Deepak Obhrai (Calgary East, Ref.): Mr. Speaker, we need the binder boy to move from over there to here.

Some hon. members: Oh, oh.

The Speaker: Order, please. I would prefer that we address each other by titles.

Mr. Deepak Obhrai: Mr. Speaker, Canadians have a right to know. Why are the taxpayers funding deals for the friends of the Prime Minister?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I reject the allegations of the hon. member. These innuendoes are not acceptable in the House. I think it is absolutely ridiculous to come back on one particular case which I have already volunteered to look into very carefully. I will look into it with our responsible people at EDC.

The one thing I can say is that EDC lends on a commercial basis and does a very good job for Canadian companies on international markets. That is the reality.

* * *

CANADA HEALTH ACT

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, we now know enough about the Alberta legislation on private for-profit hospitals, to be tabled in one hour's time, to realize that Premier Klein's bill is contrary to the Canada Health Act. We know it is a clever ruse and that it is a crafty strategy. It separates out some procedures done in hospitals and it establishes overnight stay patient surgical facilities. It is truly a Trojan horse for the privatization of health care.

Will the minister now act immediately to close the door to two-tier health care?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I understand that the legislation will be tabled later today. It has not yet been released publicly. I have already told the House that I will look very carefully at that legislation. I have already expressed real concern about many aspects of this proposed policy. I raised serious questions with the minister of health of Alberta.

I can assure the hon. member and the House that as soon as we receive that legislation we will examine it very carefully to determine whether it complies in letter and in spirit with the Canada Health Act.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, the minister will know, as we know, that the act very clearly opens the door to private for-profit health care in Canada. It is a dangerous precedent and I would hope that he would have a more definitive answer today.

The minister will also know that the best defence against the likes of Premiers Klein and Mike Harris and others who advocate two-tier health care is cash for health care.

Will the minister finally agree to fully restore the cash transfers to health care today?

• (1450)

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I have already made the point. The government has significantly increased cash transfers and overall payments for health care. It takes more than just money. It takes the additional money. It takes planning, ideas and constructive change.

What is very disappointing about the NDP's position is that by talking this way, by pretending that we are not doing our share financially, it is opening the door to people like Mike Harris to talk about two-tiered medicine.

Will the NDP stop helping Mike Harris? We will never accept two-tiered medicine in this country.

* * *

DEPARTMENT OF INDIAN AFFAIRS AND NORTHERN DEVELOPMENT

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, my question is for the Minister of Indian Affairs and Northern Development.

Can the minister confirm that selected journalists have been or are being offered by a member of his department a briefing on an internal departmental audit?

Hon. Robert D. Nault (Minister of Indian Affairs and Northern Development, Lib.): Mr. Speaker, I can confirm that indeed we are not.

Oral Questions

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, will the minister confirm that an internal audit of his department has been completed, and can he inform the House when it will be released?

Hon. Robert D. Nault (Minister of Indian Affairs and Northern Development, Lib.): Mr. Speaker, as I understand it, at the department of Indian affairs we do audits on every first nation. We do hundreds of audits every year. Exactly which one is the member referring to?

I can tell you, Mr. Speaker, so you will know, that we are letting the press know exactly what the department of Indian affairs is doing so that they will have all the facts before they write the stories.

* * *

[Translation]

VOLUNTARY CHALLENGE AND REGISTRY PROGRAM

Mrs. Marlene Jennings (Notre-Dame-de-Grâce—Lachine, Lib.): Mr. Speaker, the voluntary challenge and registry program, which was established in 1995, is an integral part of Canada's National Action Program on Climate Change. That program now includes 900 businesses across the country.

Could the Minister of Natural Resources tell us what benefits this initiative has had?

[English]

Hon. Ralph E. Goodale (Minister of Natural Resources and Minister responsible for the Canadian Wheat Board, Lib.): Mr. Speaker, the voluntary challenge and registry was created by my department in partnership with the private sector a number of years ago. It is now entirely under private leadership.

By proactive, voluntary means, it shows exactly how to marry strong environmental stewardship with strong economic success. It is saving energy. It is saving greenhouse gas emissions. It is saving money.

In the budget recently we have added another \$600 million to our search for climate change solutions. Tonight, the Minister of the Environment and I will award the 1999 awards to the VCR champions from all across Canada.

* * *

INTERNATIONAL TRADE

Mrs. Diane Ablonczy (Calgary—Nose Hill, Ref.): Mr. Speaker, the Minister for International Trade is clearly clueless, so let us paint the picture for him yet again.

Some hon. members: Oh, oh.

The Speaker: Order, please. The hon. member for Calgary—Nose Hill.

Mrs. Diane Ablonczy: We have a money losing company. In fact just last year it lost nearly \$2 million. After finding two friends of the Prime Minister on its board, and after meetings in Ottawa,

which it posted on its website, it comes up with a \$10 million taxpayer backstop line of credit. The man supposedly in charge of all this pleads ignorance. I guess he backstops so many companies with \$10 million loans and lines of credit that they just get lost in a blur. Maybe this is the question—

• (1455)

Some hon. members: Oh, oh.

The Speaker: Order, please. The hon. secretary of state.

Hon. Martin Cauchon (Minister of National Revenue and Secretary of State (Economic Development Agency of Canada for the Regions of Quebec), Lib.): Mr. Speaker, maybe I could help the opposition.

My colleague has so far said that there is nothing in his department. However, there is an agency called Canada Economic Development, of which I am in charge. Our role is to get involved and to help corporations to better develop, not only in the national market but at the international level as well. We were involved with a corporation called Earth Canada. Since their facts are not straight we are not sure if it is the same corporation.

Let me tell the hon. member that we are talking about a very small amount of money and we are talking about the repayment of those contributions. They are doing well. We will keep being involved in such corporations—

Some hon. members: Oh, oh.

The Speaker: Order, please. The hon. member for Lac-Saint-Jean.

* * *

[Translation]

MINISTER FOR INTERNATIONAL TRADE

Mr. Stéphan Tremblay (Lac-Saint-Jean, BQ): Mr. Speaker, yesterday, the Minister for International Trade said that he had had very good conversations with his deputy minister, that he had every confidence, and that he wanted to reassure the House.

The minister must also have had some good conversations with his former deputy ministers at CIDA and Human Resources Development Canada. But we see nothing but disaster and scandal in his wake.

How can we believe the minister and have confidence in him when he has in his hands a budget of over \$1 billion that is completely exempt from the Access to Information Act?

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I must say that I obviously do not agree with the allegations of the member for Lac-Saint-Jean.

I spoke with my deputy minister at International Trade and I can assure the House that the funds we have been allocated fully

respect the criteria of our programs to help SMBs do well internationally.

I can also assure the House that the Export—

Some hon. members: Oh, oh.

The Speaker: Order, please. Members will please listen to the response. The hon. Minister for International Trade.

Hon. Pierre S. Pettigrew: I wish to tell the House that I did have a good conversation with my deputy minister, and I have every confidence that Department of International Trade programs are in good shape right now.

I also have every confidence that the Export Development Corporation is doing a good job.

* * *

[English]

HEALTH CARE

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, the failing health of our aboriginal peoples is a direct result of the life they were forced into by Canadian government policy.

Last night CBC told Canadians from coast to coast about the crisis on Island Lake. Those same conditions exist in numerous first nation communities.

The budget ignored the aboriginal health crisis. There was not one new dollar for first nations' health care. How long do aboriginal people have to wait before the government does something? How many must die?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, last year's budget dedicated over \$200 million to aboriginal health and added the capacity of Health Canada to develop home and community care on reserves in first nations communities and to increase the number of medical personnel, including nurses.

It is very difficult, as the member will know, to engage the services of doctors and nurses to provide services in far-flung communities in the north. We are doing the best we can. We are improving our resources and we will work toward meeting those health care needs.

* * *

• (1500)

NATIONAL DEFENCE

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, in the hours following the budget, the Minister of National Defence was on television pitching a grocery list of the new expenditures of his department. The minister is on the record as saying that the Sea King replacement is his top priority but he has also recently said that CF-18 refits is his top priority.

Will the minister please get up in the House and tell Canadians when he is going to replace those Sea King helicopters that are so dangerous and should not be in the air?

Supply

Hon. Arthur C. Eggleton (Minister of National Defence, Lib.): Mr. Speaker, let me make it clear. My top priority is to make sure that our troops who do a great job for us get the tools they need to do the job. Replacement of the Sea Kings is a matter we are proceeding on at this moment. It is our top procurement priority and one on which we are finalizing the strategy because we need to replace those Sea King helicopters and soon.

* * *

BUSINESS OF THE HOUSE

Mr. Chuck Strahl (Fraser Valley, Ref.): Mr. Speaker, I think Canadians would be interested to know what the government is going to bring forth in legislation or motions or whatever for tomorrow and the week after our break.

Canadians are probably particularly interested to know whether debate will be allowed or whether it is going to be shut down. We are interested in whether the minister has reconsidered his motion on the order paper which will restrict the democratic rights of members of the opposition or whether he plans to bring it in forthwith.

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I think the hon. member is referring to the restoration of the rights of members and nothing else.

This afternoon we shall complete the allotted day of the New Democratic Party which I understand will result in a vote later this day.

Tomorrow we shall consider the motion to improve the rules of the House of Commons albeit temporarily, a motion which is in my name. Should we complete these improvements early tomorrow, we would then follow it with Bill C-10 and Bill C-13.

When we return on March 13, we shall attempt to complete the study of the motion should it not be completed tomorrow and then commence report stage of the clarity bill, Bill C-20, under the very distinguished leadership of the Minister of Intergovernmental Affairs.

GOVERNMENT ORDERS

• (1505)

[English]

SUPPLY

ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion and of the amendment.

Supply

Ms. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, it is a pleasure to speak to the motion. It calls on the government to stand up for our most cherished value but unfortunately it picks a method which will not work. We need to look at the whole health care crisis as one of planning.

The 1999 budget in terms of the initial possibility provided a \$3.5 billion infusion as well as the other \$8 billion. There was an opportunity for the provincial and territorial governments to begin some planning. Also the 1999 budget provided real money for investing in health information systems that would begin to look at what was committed in the social union framework agreement in terms of dealing with information that could help Canadians understand how their health care dollars are being spent, by whom and with what results.

What is happening with the provinces is similar to when I had to try to explain to my father why I was asking for a raise in my allowance.

I do not quite understand this crisis. We heard time after time in the finance committee that this was a crisis of mismanagement not a crisis of dollars. Patching it with more infusions in a piecemeal way will not remotely help our health care system. It reminds me of Michael Ignatieff's statement that the most important barrier to progressive movements in this country is some sort of nostalgic vision of a paradise in the past.

Money is not going to fix it without an absolute commitment to real reform. Time after time the finance committee heard, even from the employer committee of health care of Ontario, that putting more money into the health care system even if it were available is not the answer. International comparisons indicate that the total level of financial support for Canadian health care as a percentage of gross national product is among the highest in the world.

We emphasized the need to start focusing on an integrated system of delivering health care rather than continuing to support the current system of inefficient, cost ineffective suppliers and stakeholders. Our focus is for the best quality health care at the lowest cost, a goal which we believe is shared by all levels of government.

The Canadian Health Care Association said it was aware that money alone would not solve all of the challenges facing the health care system. We have to commit to do things differently. The federal government must set an example. The pointing of fingers in all levels of government should stop. We have to regain our position as the moral authority but that is not done by continuing to patch a system that needs real reform.

Monique Bégin in her speech to the health care economists at the Emmett Hall lecture last August said that we have to remember that

between 1985 and 1995 Canada had increased its total health expenditures dramatically without offering better services, or more services, or different services to the public. Canada had become and still is the second most expensive country in the world in terms of total health care expenditures.

We have to figure out what does and does not work and stop doing what does not work. It is a concern of mine that continuing to patch a system that is inherently not a system, a patchwork quilt of non-systems, is a huge barrier to progress. It is a huge barrier to the ultimate sustainability of the the system. It is too important to get on with real accountability.

It is important that we listen to Doug Angus of the University of Ottawa and Queen's University who said that significant cost savings are valuable. His 1995 paper said that there would be a \$7 billion in savings in the system if people were in the right level of care. We need to benchmark better practices and share those across Canada.

We need to invest. Hopefully the CIHR will do that. The Council for Health Research said that we can no longer just do disease based health research. We have to do real research on the health care system itself to ensure we effectively use our health care dollars in health care delivery.

● (1510)

This nation needs a plan. The plan must be based on accountability. It cannot be some romantic vision of doing things the same old way. We have to do things differently. The *British Medical Journal* reported that if the airline system were run the same way the health care system is run in North America in terms of accountability, a 747 would be coming down once a week and we would be doing something about it.

If 20% to 30% of admissions for seniors are because of drug interactions that are totally preventable, we should be moving on those policies. The minute the smoking rate comes down in youth, we see a decrease in dollars for prenatal care, for premature babies and for post-operative pneumonia. Removing scatter rugs from the homes of seniors would dramatically prevent broken hips. There are serious issues we have to get on with in terms of prevention.

I am totally frustrated when childhood asthma goes up that people just ask for more respirators. We cannot do this. Air quality goes down, childhood asthma goes up. We have to deal with the air quality.

It is extraordinarily important to note when looking at this big underfunding crisis, which unfortunately is supported by our NDP colleagues across the way, that the underfunding is going to get us into big trouble. The evil dark forces from the Fraser Institute to some of the medical associations are crying. In terms of Alberta and Ontario, I believe they are desperately trying to break medi-

care. They are trying to show us that there will never be enough money, that the government pockets will never be deep enough and that the only possible solution is privatized medicine and user fees. We know user fees do not work. They are only a deterrent to the most fragile in our society, the pregnant teens and the fragile diabetics.

Private hospitals cost more money to society. I was in Alberta last month when the Calgary hospital was blown up. It is extraordinary that we ended up with this worry about waiting lists. At least seven operating rooms were blown up and now private operating rooms are needed to help with the waiting lists. This is not okay and I must say I am not sure that it was by accident.

There is absolute mismanagement or misplanning. Even Duncan Sinclair said that the hospital restructuring process in Ontario was done backward. If we build up the community support, we will eventually need fewer hospitals and fewer beds. Doing it in the opposite order creates a crisis.

A crisis has been created similar to what Michael Decker talked about in that there would be a huge crisis if bank branches were closed and people were not taught how to use ATMs. It is exactly the same in closing hospitals without having the supports and services in the community.

We must be smarter. We have to talk about real outcomes in health care. How much money we spend is no longer good enough. Mr. Harris spent \$400 million in the severance package to lay off nurses, \$400 million to hire them back and \$200 million to pay the consultants to tell them how to fire them and hire them back. This is not good spending of health care dollars. I do not want \$1 billion spent that way and I do not think we should give him another \$1 billion so he can do the same thing again.

It is extraordinary that we are in a position of being blackmailed to give people more money when there is no evidence as to how it is being spent. Canadians want it to be spent properly. They do not want us throwing money at things if it is not.

The social union framework agreement says that we will share best practices with transparency and accountability. When I chaired the World Health Organization's breakfast on TB, Canada did not submit its TB numbers for last year. We have a zero at the World Health Organization because the provinces would not hand in their TB numbers. This is not co-operation. It is no way to plan a health care system and we have to get on with it.

Harvard medical school professors have shown us that in the for profit hospitals the costs were 25% higher than in the not for profit hospitals. That is not in keeping with the social union framework agreement. In the social union framework agreement we promised that there would be an equitable way of looking at things. I am hugely enthusiastic and optimistic. We can have a perfect health care system with 9.3% of the GDP.

Supply

• (1515)

We need the provinces to come to the table with their best practices. Let New Brunswick speak about its level of care. Let us see the fabulous software program from McGill dealing with drug interactions which could prevent unnecessary admissions. Let Edmonton bring its knowledge on the flu epidemic. Let B.C. bring its prevention knowledge.

If at the meeting with the minister in May every province shows what it is doing perfectly well, we would have a fabulous health care system. It will take them to drawing down the dollars that have not been used in Quebec, Newfoundland and Ontario. We have to get information technologies in there and make it an accountable system which protects all Canadians, one that we can be totally confident in.

Mr. Keith Martin (Esquimalt—Juan de Fuca, Ref.): Mr. Speaker, I believe all members of the House have the same objective of ensuring that the health care system is available to all Canadians and has no financial barriers to it. We have a serious problem. As the member knows we have an aging population. The population of people over the age of 65 will double in the next 30 years.

Ralph Klein is proposing in Alberta that if the public system cannot take care of patients he will pay those in the private sector to provide health care services. Then people on waiting lists will get medical care when they need it at a cost lower than the cost in the public system. How will this damage the public system?

Ms. Carolyn Bennett: Mr. Speaker, the hon. member knows perfectly well that there is no evidence to show that a private health care system is cheaper. The evidence we have seen from around the world shows the administrative costs in a public system are at 9%. In a private system the costs are at 25%.

My major concern is that human beings, the physicians and the caregivers, are seduced to the private system, which makes the public system waiting lists longer.

I have another concern about the private system. My experience is with the tiny ones that exist in Toronto. What happens after hours in private hospitals? Who looks after the complications? The patients go straight back into the public system with even less accountability.

I think we want a system that is properly organized, not one that will actually allow doctors to be seduced into a private system with no accountability. In a for profit system the administration costs go up for some reason.

Mr. Peter Mancini (Sydney—Victoria, NDP): Mr. Speaker, I listened to my colleague carefully. In her answer just now she

Supply

clearly indicates that she is opposed to private for profit hospitals in health care. I take it she has no problem with that part of the motion which we in the NDP put forward today. I know she agrees that public health care is cherished by Canadians, so she does not have a problem with the first part of the motion.

Is there a problem with the motion where it calls for substantial and sustained increases in cash transfers to the provinces? She talks about a partnership and sitting down with the provinces and getting the best ideas. If the federal government as a partner is only putting in 15 cents on the dollar, does it not lose the moral authority to direct how the health care system operates?

Ms. Carolyn Bennett: Mr. Speaker, I agree with the member's comments on the private sector. I do not agree that cash transfers without accountability is the answer at all. Canadians do not want us to be pointing fingers and dividing up loonies in fifteens and thirties. Nobody really cares. It is the same taxpayer. Whether it is a tax point or a cash transfer or anything, people want the system to work. We as the federal government should be able to share in the best practices across the country.

I am hugely worried. We planned a system last year which was a five year plan in terms of health care dollars. Because they mismanaged they get to come back asking for more cash, more cash, more cash, when they did not put in the information technology and there are not accountable.

• (1520)

When I ran for office Mr. Harris was complaining that it was our fault that Women's College Hospital on Wellesley was being closed when the reduction in the transfer in that year was \$1.3 billion. His 30% tax cut was \$4.9 billion. He had more than the ability to absorb that. I think Canadians are starting to get it, that this is not about more and more and more. It is about doing it better.

Mr. Charlie Penson (Peace River, Ref.): Mr. Speaker, I listened to the member talking about the potential for losing doctors to the private system. I think she called it being seduced into the private system and away from the public sector.

I ask for her opinion on what is happening right now with Canadian doctors being seduced into the private sector. It is even worse than that. They are being seduced into the private sector in the United States. We are losing all kinds of doctors to the United States.

Ms. Carolyn Bennett: Mr. Speaker, a lot of those doctors are coming home. The reason for that is that in Canada we understand that the social determinants of health are extraordinarily important. Good doctors have to work on poverty, violence and the environment. There is a huge disincentive in terms of family for doctors to

want to stay there very long, and the best and the brightest are coming home.

Mr. Keith Martin (Esquimalt—Juan de Fuca, Ref.): Mr. Speaker, I thank the NDP for bringing the motion to the floor of the House. It is the most important issue affecting Canadians today. While we have a different way of getting to our end point, our end point is the same. We want to make sure that all Canadians have access to health care when they need it and not when the bottom line allows it, which is contrary to the situation of today.

We must recognize that we have a problem. What are we asking for? The problem is that the demand on our health care is exceeding and stripping our ability to supply the resources. That is why provinces like Alberta and Ontario are looking at ways to ensure that their people, their citizens, will get health care when they need it.

Speaking personally as a physician I can tell the House that too often Canadians are not getting the health care they need. For example, people in the province of Quebec are waiting 14 weeks for essential cancer treatment. It is the same situation as in the province of British Columbia. Some are being forced to the United States at a cost that is far greater than what it would cost in their own provinces. Why? It is not because the provinces do not want to provide the system but because they simply do not have the money to do it.

Right now every tenet of the Canada Health Act is being violated. I will just go through them for the House. On the issue of accessibility, is waiting 14 weeks accessible health care for essential cancer treatment? Is waiting six months for open heart surgery accessible health care?

The first day I walked into my hospital at Christmas when I worked for a week, I did not think it was fair that 12 out of 14 beds in my emergency department were filled with patients waiting to get into the hospital. They were not geriatric patients but people waiting to get into the ICU because they had unstable angina. There were patients with compound fractures, sick children who needed admission to the hospital for investigation, and many other people.

Why? It is because we do not have any beds. Why? It is because the hospital does not have any money to open hospital rooms. It does not have money to pay for nurses. That is why people are not getting accessible health care.

The next day we had a disaster. A bus full of children was hit by a logging truck. Only two of them were critically injured. Let us imagine if more were injured. We would have been in a situation that I do not even want to comprehend.

I would like to speak to the myth of universality. Quebec has not signed on. Although 90% of the people of the province of British Columbia have done, so some 10% of people have no health care.

Supply

On the issue of portability, can people take the same health care from one province to another? In theory, yes, but in practice they cannot because different things are covered in different provinces.

On the issue of public administration, one-third of all health care dollars spent in the country today comes from the private sector, from people's pockets.

• (1525)

People do not have access to home care. They do not have access to dental services. They do not have access to certain drugs or only have access if they have dollars in their pockets. The nonsense portrayed by members on the other side who say that we have a single tier system is absolute bunk. We have had a multi-tier system for years and it is getting worse.

As I mentioned in my earlier question, the population is aging. The cold hard reality is that the number of people aged 65 will double in the next 30 years. People use 70% of health care dollars after the age of 65. As they get older, the number of people who are working declines. This means the tax base declines substantially. As our demand goes up, our tax base goes down. We have more expensive technologies today than we had in the past and that will be the case in the future.

The discrepancy between supply and demand will widen. Who will be hurt but the poor and the middle class? The rich will always have an opportunity to purchase their health care when they need it. They will go south or will have connections so that they can jump the queue.

Let us talk about facts and not rhetoric. We have to put politics aside. For too long the health care issue has been used as a political football by members on various sides. Hide behind the Canada Health Act and we are looked upon as the great white knight that will defend the health of Canadians. Try to propose alternative solutions and we are labelled and branded as enemies of the state. Nothing could be further from the truth.

Not a person in the House wants an American style health care system. Everyone in the House is committed to a health care system that enables all Canadians to have access to services when they need them. The question is how do we do it. If we recognize the facts I just mentioned then we must recognize that we need more money in our system. As other members have mentioned, we need to do other things, but the cold, hard reality is that we need more funding. That funding will not come from tax dollars that we will be able to raise now or in the future. Therefore, how do we get the money?

I will speak personally. If we amend the Canada Health Act to allow private services to strengthen the public system, not detract from it or weaken it, we will be able to access some of those resources. Canada is among a small family of countries including

Cuba and North Korea that do not allow private services to occur by legislation? What a great group to be in.

If private services are used intelligently and have proper restrictions placed on them to address the issue of manpower so that medical personnel are obligated to work, say, a minimum of 40 hours a week in the public sector, Canadians will have access to the medical personnel they require.

If we allow a private system to work in parallel and separate so that there is no co-funding, we will ensure that people have a choice. If people want, they can access the private system or the public system. Ultimately the people on the private system will take pressure off the public system and there will be more money available within the public system on a per capita basis. The most impoverished people in the country who do not have a choice could then access the public system quicker than they could today.

Is it unequal? Yes, it is. I would argue it is better to have an unequal system that provides better access to health care for all Canadians than we have today, particularly the poor and middle classes. Then we would be on the right track. At the end of the day the only reason to change anything would be to ensure that the poor and middle classes have health care when they need it. There would be a better health care and better access than we have today. The government is certainly not doing that.

The government likes to trot out and say that it is defending the status quo. If a person in the province of British Columbia is injured while working he or she jumps to the top of the line in the public system. That is not fair. Public money should not be available so that a certain group, say the rich, have quicker access than the poor. If they are to legislate this area, and I personally advocate that they do, they have to ensure a complete separation. Not a nickel of public money, not a nickel of taxpayer money, would be used in the private system. A private system must be completely separate from the public. If we could do that we would get away from what has happened in England and in the United States where people can queue jump within a public system. I and every member of the House would completely and utterly oppose that to the end of our days.

• (1530)

We must also look at the issue of manpower. Within the nursing profession there will be a lack of 112,000 nurses in the next 10 years. In my profession, the physician population, we have an enormous lack of specialists, which will only get worse.

If one takes the case of nephrology, we will have an enormous lack of nephrologists, that is, kidney specialists, and as our population ages and as the case of end stage renal failure expands, we will have a greater demand for those specialists. Where will

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they come from? They will not materialize overnight. With the cutbacks at the universities we are not able to keep up with the physician or nursing populations that will be required in the future.

A colleague from my party made the very cogent observation that people are going south. Why are both nurses and doctors going south? It is not necessarily because they want more money, although certainly some of them do. It is because most of them are sick and tired of having to tell patients "I'm sorry, your surgery is cancelled today, it will be done in six months".

No one wants to look into the eyes of a patient at 8 o'clock in the morning and have to say that the operation cannot be done that day because the OR has been shut down due to the hospital's lack of money. It is crushing for the patient. It should never ever happen in this country but it does.

We must talk about specific solutions to deal with this problem. We cannot hide behind the rhetoric any longer.

One sidebar and one potential economic opportunity for the solution I mentioned is that patients from the United States and international patients will be able to come to Canada and receive private sector health care. This would be an incredible boon in terms of job creation and it would generate billions of dollars to Canada's medical system. Yes, it would be a private system, but billions of dollars in our country generates thousands of jobs.

Why do we not allow that to happen? We do not allow it to happen because of a philosophical myth that the government continues to portray. If we do that we will be able to reverse the brain drain that has been occurring for so long, keep our medical professionals in the country, the doctors, nurses, techs and others, and we will have an infusion of capital into our medical system. If we do not do this, the situation we have today in the country, which is far less than desirable, will only get worse.

I ask members from all sides to please put aside the rhetoric. It is no use trying to scare the public by saying that the private sector is the demon that will destroy the public system. It could if it was not dealt with properly but we can channel a private system to ensure that it will strengthen the public system not weaken it. It is not difficult to do and it can be done.

If Tommy Douglas, a man I greatly respect, saw what we have done to our health care system today he would be rolling in his grave. He would be appalled because it was never designed to do what we are asking it to do today. It is not and never was designed to be all things to all people. It was designed to ensure that Canadians got their essential health care when they needed it.

Today, when we are asking for many other things, such as alternative medicine, home care, dental services and pharmacare,

things that will cost billions of dollars, where will we get the money? The cold, hard reality is that we do not have it.

When the health minister starts trotting out solutions, such as 24-hour call lines and saying that geriatric patients are the reason hospital beds are full, is, to put it kindly, naive. It is true that there are some patients who occupy acute care beds. It is true that the geriatric population puts a great strain on the system. However, the people waiting in the emergency departments for a hospital bed are people who need ICU, people who need their fractures treated, people who have medical problems that are complex and simply cannot be treated at home.

• (1535)

The health minister likes to say that with technologies getting better, laparoscopic surgery patients will be able to go home earlier. That is true if it is done properly. What is happening now is patients are being discharged earlier and are sicker and the responsibility for their care is placed on the shoulders of families who do not have the wherewithal to treat them.

It is very disheartening to look into the eyes of an 80 year old woman who is taking care of her 85 year old spouse who is sick, sicker than she is I might add. Both are ill but she is forced to deal with this. We need to look at other ways not only from the funding perspective, which I focused this speech on, but also into some other intelligent ways of dealing with various problems.

One issue is to take a cold, hard look at administration. In some hospitals administration has expanded dramatically. That needs to be cut down. On the issue of the geriatric population, I can only implore the health minister to look at the experience of Saskatchewan. It has incorporated a very intelligent program, an outreach program that has brought geriatric people with medical problems into centres where they have had basically one stop shopping. Many of their health care problems have been treated and dealt with there so that they can go home. The bottom line is a higher quality of health care for them, a higher quality of life, which is the most important, and also the saving of millions of dollars to the health care system. We need to look at that.

It is disingenuous to claim that by defending the status quo and by just saying that we need to make changes without expressing what those are only enables this issue to go around in a big circle once again. The only way we will solve this is for the health minister to bring together his provincial counterparts and say "We can't allow this to occur any longer. We've got to stop the political nonsense and start putting patients first".

As I said at the beginning of my speech, too often patients have been put last on the list of priorities but politics have been put as

the prime priority because it has been far too attractive to stand and defend the status quo and say limply that we want to have changes without addressing it.

We need to look at experiences in other countries. If we look at the European experience, they have allowed private services to occur but also support the public system.

We also need to look at prevention. I proposed a national headstart program in the House in 1997 which passed. It was on models in Moncton; Ypsilanti, Michigan and in Hawaii. An integrated approach to that would save billions of dollars and save thousands of children's lives. It is a practical and pragmatic approach. I know the Minister of Labour has been leader in this in her town of Moncton. I commend her for the outstanding work that she and her husband have done for many years. However, this motion, although passed, has been moribund because the government has failed to act.

I have said to the Minister of Health, the Minister of HRD and the Minister of Justice that they should get together with their provincial counterparts and look at all the programs they have that deal with early childhood intervention. They should rationalize these programs, throw out what does not work, keep what does and have a seamless integrated approach for our children that starts at the prenatal stage and deals with the medical community at time zero, deals with the mentorship program that has worked in Hawaii and also the school system up to the age of eight. If children grow up in a loving and secure environment where their basic needs are met, they will have the greatest chance of growing up to be productive and integrated members of society.

This morning I filmed for my television program an outstanding young woman who has a program called the Sage project here in Ottawa. For roughly \$7,000 she educated 550 immigrant children who did not know how to speak English. Those children have all gone on to post-secondary education and all of them have done well. Some of these children were on the lowest socioeconomic rung in our society. Many of them come from impoverished backgrounds and abusive situations, but the beauty of it is that she has focused on the basic needs of children. By using volunteers, she has managed to save the lives of 2,000 children in Ottawa by giving them a head start. She has done this with no government money and only a few thousand dollars. It is a model that can be used all across this country.

• (1540)

I implore people to contact my office or the young lady in charge of the Sage project so they too can us that model. It is an outstanding project that helps people learn English. It could also be expanded to all children.

The best way to deal with prevention is to start even before a woman becomes pregnant because then we could address issues

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such as fetal alcohol syndrome, which, incidentally, is the leading cause of preventable brain damage in our country today.

I have worked in jails, both as a guard and as a physician. I can tell the House that the number of people in prison suffering from FAS or FAE is epidemic. This is irreversible brain damage. The average IQ of these people is 67. Their cognitive functions are impaired and their learning functions are impaired. They have emotional difficulties and cannot function properly in school. They are ostracised. Many, unfortunately, turn to crime. They are often in home situations that are less than desirable. They have a one way ticket to a life that none of us would wish upon anyone.

This is a preventable problem and I do not hear a peep from the other side. I implore, plead and beg the ministers on the other side to use the head start program, listen to their cabinet members, look at the three models I have described, Moncton, Ypsilanti and Hawaii, and work with members from across party lines to do what they said they would do for kids. They should use existing resources to employ the head start program. The House has adopted it, supported it and passed it. They should do it for our children and do it now.

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, I enjoy the debates of my colleagues, both in the House and in the medical profession.

I would first like to say that patients come first as far as our health care system is concerned, but profit, never. When the member made the comment that not a penny was coming from the public purse for private health care, I must remind him that when a profit institution exists through our tax system, some money does come from the public purse.

Second, he said that doctors have gone to the United States. I must say that it has been my privilege to have trained in the United States and decided to be a Canadian. Just because we have an excellent medicare system it does mean that we have to settle for the status quo? Of course not.

The Minister of Health has made it clear that we have to go forward and institute meaningful reform. What he said earlier this afternoon was that money alone, important as it is, was not the only means for a solution. He said that we must have leadership and that leadership means we must have ideas, vision, planning and good management.

I was surprised that the member debating did not consider the option in his debate that we can reform the health care system and make it even better without creating a parallel private system. For example, we can have a national health information system. We can re-orient our practice guidelines.

I ask the member opposite if his party is opposed to the CHST transfer. Is he committed to a full privatization if he believes that this is so good?

Supply

• (1545)

Mr. Keith Martin: Mr. Speaker, first of all we support access of patients to health care.

The member mentioned that the minister talked about meaningful change. He said we want to talk about reform, ideas, vision, planning. What reform? What vision? What ideas? What planning? I have not heard a single reasonable specific suggestion from the minister ever on how we can ensure that people will have access to health care when they need it.

Money is not all of the answer but it is part of it. When every single hospital in Quebec is running a deficit, no one can tell me that all of those hospitals are mismanaged. Those hospitals and the nurses and doctors in them are trying to cobble together a system for the people of Quebec but they do not have the resources to do the job. No one can tell me that when I cannot find a pillow for a patient with congestive heart failure in the emergency department that it is good health care, or that money does not make a difference. We need both. We need ideas for reconstructing our health care system and we need the money to do the job.

I will put it in a nutshell. The member knows full well what I am talking about. There is the aging population, the more expensive technology, the fact that we are asking for more, that we have more demand, the fact that our tax base will shrink because more people will be retired than working. Those are the facts and that is where the squeeze exists.

We have to put patients first. Is an institute that puts patients first and makes a profit a bad thing? Will we begrudge that? That is not the issue. The issue is to make sure that no Canadians will be deprived of health care because they do not have enough money in their pockets. All of us would support that to the end of our days.

What we do not support is the system right now where governments prevent Canadians from getting access to health care because they are withdrawing and withholding support because they do not have the money. And because governments do not have the money, patients are not getting access to health care.

In the 1960s people did not have access to health care because they did not have money in their pockets. Now it is governments that are depriving people of health care because they do not have the money in their pockets. Surely there is a middle ground. I have articulated it. We want to make sure that patients get health care. I have shown them the way.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, I appreciate the hon. member's remarks; it was a very good speech. I want the member to comment on the ad hoc approach, the undisciplined approach, the year by year, day by day approach the government has taken in regard to health care for seven years.

The minister this morning when he was in the House talked about this new idea of co-operation and getting together with the health ministers. The government has had seven years to do it. I wonder why the government has waited so long to come up with this so-called meaningful dialogue with the provinces. Obviously the provinces are the primary care givers and an important part of the equation.

I want to couple the lack of funding with the biggest issue before the House in the last month or so, the difficulties within HRDC. If we look at the estimates the Minister of Human Resources Development has received an additional \$1.3 billion this year alone. Health care, supposedly the number one issue in Canada, is receiving \$2.5 billion over four years. The other point is the minister of HRDC is receiving \$200 million in discretionary funding.

Why is there this disjointed approach within the present government in terms of addressing the number one issue, yet giving back money to a department that has clearly mismanaged what it does have?

Mr. Keith Martin: Mr. Speaker, my hon. colleague has been a very strong spokesperson for better health care for Canadians for a very long time.

I cannot answer some of the questions and only the government can answer some of them itself. We would all be very interested in knowing the answers.

That the government has waited seven years is absolutely outrageous. For reasons I do not understand, on the issue of health care the government has been in intellectual purgatory for a very long time. That is a crying shame.

• (1550)

My hon. colleague has worked with me on the issue of organ donation. We gave the government a plan supported by our respective parties that would save 175 lives a year. The plan is there. What has the government done? Nothing. It has done nothing on this issue. It is a motherhood issue and it has done nothing on it which is absolutely bizarre.

On the issue of why the government has a piecemeal approach, I want to reiterate that it has been far too attractive for the government to hide behind the Canada Health Act and say, "We are the defenders of health care. We are the defenders who make sure that people have access to health care when they need it". It has been far too attractive for the government to do that because that is what Canadians want. But it has been done at the expense of invigorating and changing our health care system so that Canadians do get access to health care, so that they are not financially deprived.

The people who get hurt the most by the government's inaction and posturing are the poor and middle class. That is a shame because none of us in the House want to see that happen. Again

health care is a political football and it has been used to political advantage instead of to the patient's advantage.

Mr. Ken Epp (Elk Island, Ref.): Mr. Speaker, I have enjoyed the debate on health care today. It is healthy for us to get down to the nitty-gritty of what makes the health care system work.

These days we are remembering the first anniversary of the death of my aunt who was in a publicly funded hospital in Saskatchewan. I wanted to say that because otherwise people would think that this has to be Ralph Klein's fault. But she was in Saskatchewan, the home of medicare. Basically she got terrible care. I hate to say this but it is true. She fell out of bed after having a stroke, not once, not twice, not three times but four times because there was no staff available. When she rang for help no one came. Finally she tried to get out of bed herself in order to go to the washroom and she fell and injured herself terribly.

Finally her family said enough of this. They moved her from that publicly funded hospital to a care centre that is operated by a religious organization. She got excellent care there until she passed away about a year ago.

No matter how we cut it, there is deep trouble in the public health care system when for whatever reason, and whether it is the federal or the provincial government that is involved, there is not enough money to hire enough staff so that people who are in hospital can be looked after in a reasonable fashion. It is atrocious that the Liberal government with all its cuts to health care has hampered the ability of provinces like Saskatchewan to provide health care for its citizens.

Provinces simply do not have the money. They are still forced to send taxpayers' dollars to Ottawa and they do not get them back in proportion. I would like the hon. member to comment on the actual funding part of it.

Mr. Keith Martin: Mr. Speaker, the bottom line is the government has ripped out \$21 billion from transfers to the provinces over the last seven years while it has been hammering the provinces and continues to hammer the provinces to ensure that people get the health care when they need it. That is the cold-hearted reality.

As I said before, we cannot say to the taxpayers that more money will be forthcoming in the future to cover all that we ask for. Certainly the government should put back what it has taken away. That is the minimum obligation. We will continue to fight the fight to ensure that happens.

[*Translation*]

Mr. Bernard Patry (Pierrefonds—Dollard, Lib.): Mr. Speaker, for your information I will be sharing my time with the hon. member from Abitibi—Baie-James—Nunavik.

Supply

I am pleased to speak on the opposition motion, which I consider very important. I too have concerns about access to necessary health care, including emergency room services.

Crowded emergency rooms create numerous problems involving various factors. As we know, there is a shortage of doctors after hours, there are not enough beds available, and a good number of the available beds are occupied by patients requiring long term care because home care and community services do not meet the needs of these people.

• (1555)

Those are but a few of the reasons why emergency rooms may have to turn back ambulances for example.

As the health minister already said, this long-standing situation is unacceptable. That being said, we cannot logically deal with the issue of short term hospital services without studying the whole care program. We need an integrated health care system.

To increase accessibility, we have to change our practices and our way of delivering health care services. However, we must make appropriate changes that will ensure the future of our medicare system.

As was mentioned by my colleague, the Minister of Health, two elements are essential. First, a change is needed in the way primary health care services are delivered in our communities. Second, home and community care must be provided so as to ensure that long term, rehabilitative and chronic care beds are available as required, and to free beds for short term care in hospitals.

Those are also the main priorities that health ministers have indicated at their last annual meeting. We all agree on the need to resolve those urgent concerns. Now we must take action. We need a plan to implement these changes.

If primary health care were provided in a different way in communities across the country, the problem of crowded emergency rooms would be resolved. Different models were proposed. However, if we do not change the way primary health care services are provided, we will not meet the needs of the communities. We will not succeed in alleviating the pressure on the emergency rooms.

If we do not put the emphasis on prevention and health promotion, we will not be able to take maximum advantage of the skills of all the health care providers.

Therefore, we must agree first on the kind of reform needed to provide integrated and full primary health care services. Then we must develop outside hospitals ways of dealing with those who need home and community care. I think there is a direct link between the availability of home and community care and the pressure on the hospitals.

If emergency wards are crowded, it is due in part to the shortage of space caused by patients who cannot go home, but do not have

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access to chronic, rehabilitative or long term care beds. They are stuck there and they occupy the beds that those on stretchers in the emergency wards could use. In this respect, home care is one solution among others.

Through facilitation, co-ordination and co-operation, the government will help the provinces and territories to implement a clear and coherent vision of a renewed, integrated and comprehensive health care system.

Let us talk about funding. As we know, the premiers expressed the need for additional funding for the health care system and will continue to do so. Last year the federal government invested \$11.5 billion in health care through the Canada health and social transfer, or CHST. It was the most important one-time investment ever made by this government.

Increased federal funding for health care was provided to the provinces and territories to them alleviate immediate public concerns, such as overcrowded emergency rooms, long waiting lists and diagnostic services.

As we all know, budget 2000 increased by \$2.5 billion over four years CHST funding for health care and post-secondary education. This increase raised the level of transfers to \$15.5 billion for 2000-01 and subsequent years. Through the increase in cash transfers, coupled with increasing tax transfers, the CHST will reach an all time high of \$30.8 billion in 2000-01.

By 2003-04, total transfers to the CHST should reach \$32.7 billion.

Increased federal transfers will provide for a stable growth of transfers and will ensure that high quality health care will be available to anyone who needs it.

• (1600)

We have fully restored what was commonly known as the health component of the CHST to the levels existing before the spending reduction period of the mid 1990s.

However, this is not only about money, it is about the way this money is used. It is crucial to understand that the Canadian medicare system will not be able to give Canadians an appropriate access to quality health care in the years to come if it is not renewed considerably through co-operation and innovations. Status quo is not an option.

With respect to the management and delivery of health care services, innovative approaches to renewing Canada's public system of health care will be necessary.

Clearly, the challenge will be to find a way to accomplish this while maintaining the fundamentals of medicare. Through the health transition fund, the Government of Canada provides funds

for innovative pilot projects, based on four priorities, including primary health care, home care and community care.

Many projects funded by the HTF look at ways to improve the use of emergency rooms and access to alternative services.

HTF projects allow us to collect and analyse data on what works and what does not. We must cope with change, learn from the past and use the knowledge we gain from the pilot projects carried out across our country.

Consequently, in order to settle the crisis in the emergency rooms, we must start by dealing with primary health care, home care and community health care.

To this end, the Minister of Health wrote to his provincial counterparts, proposing a meeting in May to develop a plan that would make these items a reality. The minister will certainly keep you informed of any new development arising from this meeting.

I repeat that the answer is not simply to increase funding. The federal government, the provinces and the territories must work together. If we keep on doing what we have always done, we will continue to achieve the same results, with emergency rooms turning away ambulances and problems regarding accessibility to services.

We have the necessary resources, incentives and environment to implement changes that will allow us to improve our health care system and to provide Canadians with a comprehensive, integrated health care system.

Canadians are proud of their health care system, which was built over the years. We will protect it and make the changes necessary to ensure that it remains a part of our Canadian heritage.

[*English*]

Mr. Gordon Earle (Halifax West, NDP): Mr. Speaker, I listened with interest to my hon. colleague's comments regarding our motion and the health care system.

He talked about the importance of pharmacare, home care and community care. I would be the first to agree that those are very important aspects of our health care system. I am wondering if the hon. member has any comments as to why the government would not have given something very concrete in providing assistance or resources for those areas of concern.

I realize the budget has indicated that further down the road there will be discussions with the provinces around some of these issues. Knowing that the budget was coming up and knowing that health care was the number one priority of Canadians right across the country, I am wondering why we are looking further down the road. Why could there not have been some leadership taken prior to the budget to establish a very clear indication of the resources that would be available to assist provinces with these very important areas of concern?

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It sounds as if this is an afterthought, something left hanging out there, something that is up to the provinces to initiate. I would suggest that the federal government has the responsibility to show leadership and make sure there is a good national standard of health care right across the country. Leadership should be taken by the federal government to ensure that those kinds of programs are put in place and are properly resourced.

• (1605)

[*Translation*]

Mr. Bernard Patry: Mr. Speaker, I want to thank the NDP member for his question.

This is a very good question, but the member knows that this is a funding issue and not a leadership issue. We know that there is a provincial jurisdiction in that matter and that we cannot move forward without a consensus of all provincial and federal health ministers.

In Quebec, my home province, we are ahead of all other Canadian provinces in that we have local community service centres or CLSCs as well as home care.

We have thus taken a shift to ambulatory care, which is very important and quite appreciated by the people. But, before applying this to all provinces, there must be consensus and true dialogue between the provincial ministers and the federal minister.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I would like to ask my colleague a question and make a comment.

In 1969, if hon. members will recall, the federal government's share of the health care system costs in Canada was 50%. Today, in the year 2000, its share has dropped to 15.3%, and that includes the new investment of \$2.5 billion. This is quite a difference.

If we look at the American system, people have to pay to get real health care. This is what Canadians want to avoid. Since the the budget was brought down in the House on Monday, Canadians from all across the country have expressed their opinion and the premiers of all the provinces indicated their disagreement with the way the federal government supports health care.

For instance, if the federal government contributes only 15%, the provinces have to kick in 85%. Can we imagine what that will cost the provinces? If the federal government really wants to preserve health care and avoid privatization, is my colleague across the way ready to admit we are facing an urgent situation, especially when we consider the reactions of the Premier of Alberta, of Premier Mike Harris and of the Premier of Newfoundland, Brian Tobin? He said "We will have to come to Ottawa to get the money, because this makes no sense whatsoever".

Those were the words of an important member of the Liberal Party, a man who is respected by the Prime Minister of Canada. He

supported the other premiers, who claim that there is not enough money for health care. There is nothing more important than health. Health is what matters. We need the federal government and its 50:50 partnership.

Mr. Bernard Patry: Mr. Speaker, I thank the member for Acadie—Bathurst for his question. I totally agree that we should not fall for what the Reform Party and the Progressive Conservative Party propose on this issue. We have to maintain a public system open to all Canadians.

As for the funding issue, I think we should question quite a number of things, but the main issue is that we must put the patient first. This is what is missing now. In Canada, there are too many technocrats, who deal with all sorts of things, and the patient is not the major concern.

When provinces get the opportunity to do whatever they can to make the patient the top priority and when the medical and nursing stakeholders return to the decision making circles within provincial governments, then I am sure we will have the necessary funds to provide adequate medical services to people.

Mr. Guy St-Julien (Abitibi—Baie-James—Nunavik, Lib.): Mr. Speaker, let me set the record straight as to the level of priority our government places on health care, particularly with regard to federal transfers to the provinces and territories.

On February 18, for the fourth consecutive year, our government chose to increase transfers to the provinces and territories through the Canada health and social transfer.

In the 2000 budget, we announced the transfer of a further \$2.5 billion to the provinces and territories to be used over four years for post-secondary education and health care.

The \$2.5 billion is in addition to the greatest investment in the history of our government that was announced in the 1999 budget, an investment of \$11.5 billion for health care alone.

• (1610)

The 2000 federal budget proves once again that the health of Canadians and the future of their health care system are among the federal government's top priorities.

The Canada health and social transfer is the most important federal transfer to the provinces. It provides cash transfers and tax points to the provinces and territories to support health care, post-secondary education, social services and welfare programs.

The Canada health and social transfer is a block funding mechanism. It allows provinces and territories to grant funds to social programs according to priorities.

Why am I taking part in this debate on the issue of transfers? Because these last few weeks in my region, Abitibi-Témiscamin-

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gue, the members of the Parti Québécois have often talked about the issue of federal transfers, and I wish to present a summary of what was said.

In 2000-01, the Canada health and social transfer to provinces and territories will reach a new height, \$31 billion. Of this, there will be \$15.3 billion in tax points and \$15.5 in cash transfers.

A transfer of tax points is an important part of the ongoing support provided by the federal government to provincial and territorial social programs. A tax point transfer occurs when the federal government reduces its tax rate and allows the provinces to raise their tax rate by an equivalent amount. With such a measure, the provinces can get more revenues without increasing the total tax burden of Canadians.

By next year, CHST transfers to provinces and territories will be \$960 per person and, by 2003-04, \$985.

My friends of the Parti Québécois in Abitibi-Témiscamingue should know that, under the CHST, the Government of Quebec will obtain \$992 per person in 1999-00, \$1,026 in 2000-01, \$1,011 in 2001-02, \$1,024 in 2002-03 and \$1,038 in 2003-04.

However, as the government has said many times, we cannot stop there. The challenge facing the health care sector does not involve only money, it primarily involves changes to the health system.

In its last throne speech, the government reaffirmed its commitment to move forward with its provincial and territorial partners and with the health care sector on common priorities.

Those priorities include testing of innovations in integrated delivery of services in areas such as home care and drug insurance, making sure that citizens from every region of Canada, and rural areas in particular, have improved access through a modern health information system to up-to-date information on health issues and treatment options, to enable them to make better informed choices, and protecting the health of Canadians by strengthening the Canadian food safety program.

The challenge for the government is to identify what changes are required and how the various governments can co-operate to meet the health needs of Canadians now and in the future.

The federal government took the commitment to protect the five tenets of health care as stated in the Canada Health Act. These are: public administration, comprehensiveness, universality, portability and accessibility.

They reflect the will to give all Canadians reasonable access to insured hospital and medical services in accordance with the prepayment formula and under the same conditions everywhere.

This past year, the health ministers of Quebec and the other provinces made substantial progress in identifying what must be done to meet the short and long term health needs of Canadians.

They acknowledged unanimously that co-operation was the best way of ensuring Canadians of access to quality care and to the information required to make informed decisions for enhanced health and well-being.

• (1615)

We realize that dollars and cents are not enough. There must be investment in health care in order to have an accurate idea of the quality of care provided and the extent to which the system yields good results as far as health is concerned.

Quality of care is not merely a matter of funding. Consideration must also be given to the efficiency and appropriateness of care, treatment and services delivered to the Canadian people, and the integration of those services.

The federal, provincial and territorial governments cannot afford to use our limited resources for health care in an inefficient manner.

That is why the federal government is vigorously in favour of striking a partnership for reforming and renewing the health system.

The provincial and territorial ministers of health have been invited to meet together in May of 2000 to discuss three key issues that must be settled in order to fully resolve the recurring problems in the system and to restore public confidence in health insurance.

The first issue is this: to change the way primary care is delivered, in order to improve access and to adapt human resource-related policies in order to facilitate change.

The second: to enhance home and community care and to examine national objectives in order to integrate these types of care into the health system.

The third one: to strengthen co-operation between the federal government, the provinces and the territories in accounting for the system's performance for the Canadian public, in releasing information on the results obtained and in establishing the bases for public debate on the standards for health care.

As the 1999 and 2000 budgets have shown, the federal government recognizes that stable and predictable federal funding in the health sector is important to ensure the provinces and territories can meet the immediate needs of their residents and plan for the future.

The Canada health and social transfer provides this stability and predictability by guaranteeing an annual financial transfer of \$15.5 billion starting in 2000-01 and an overall transfer that will increase to nearly \$33 billion in 2003-04.

It is time the governments stopped debating about levels of funding of six or seven years ago and began facing challenges of the Canadian health care system before them today.

The federal government, like the provincial and territorial governments, recognizes that in the future decisions on investments in health care will have to be based on a plan reflecting this desire of Canadians, that the approach to health care will have to be better integrated, new resources will have to be used to meet this need of Canadians, which is to have a quality system.

We have to work together to achieve this shared objective of revitalizing our health care system so it will provide accessible, viable and high quality health care to all Canadians.

In closing, to the nurses, hospital staffs in Canada and to all the doctors who, today, are caring for Canadians, I say thank you for your support.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I listened to the member for Abitibi—Baie-James—Nunavik talk about the health care system, about the billions and billions of dollars that the federal Liberal government has put into health.

I have some more percentages. I do not know whether my colleague remembers that, in 1969, when the Liberal government was in power—the governments that followed did the same thing—it began to make cuts, with the result that transfers to the provinces are now 15% of what they were.

Would the member agree with me that today in Canada our children or our parents have to wait for treatment in hospital corridors, that people have to wait six months for cancer treatment or for a heart operation?

One of my sisters-in-law was operated on for cancer in Quebec City in January. She had to go to Augusta in the United States for her treatments. She had to stay five weeks and the treatments cost Canada or Quebec \$18,5000. Here in Canada we are not even capable of treating our own citizens. I would like to know where the member stands on this.

Would he agree that the federal government should change its approach to provincial transfer payments so that our parents and our children do not find themselves stuck in hospital corridors waiting for care?

Mr. Guy St-Julien: Mr. Speaker, the NDP member told us about 1969 and made reference to the province of Quebec. He told us about how his sister-in-law had to go to the United States for an operation.

• (1620)

In 1994 Quebecers paid \$28 billion in taxes to the federal government, which then gave back between \$34 billion and \$35 billion to the province. Quebec always stood to gain.

It is deplorable to see patients in hospital corridors and people being transferred to the United States. But we learned one thing

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yesterday: it is not strictly a matter of money. The fact is that Quebec left money dormant in the Toronto-Dominion Bank, in Toronto. Meanwhile, the Quebec minister of health, Pauline Marois, was making every attempt to get money in February of last year. There was none for the hon. member's sister-in-law. The money was dormant in Toronto and people were not receiving the treatments they need. This was dereliction of duty on the part of the separatist government in Quebec.

Mrs. Christiane Gagnon (Québec, BQ): Mr. Speaker, it is easy to assess the situation in Quebec when we are not there to look at the finances, but the problem is the same for Quebec and the other provinces. Quebec is not the only one in that situation.

There is money in trusts and there are funds for ad hoc needs, but this does not allow the provinces to set up a longer term management structure.

In Quebec, some money is in trust and some is in the Quebec government's overall budget. The Minister of Finance decided to use the surplus money, not the money in trust, because that money will be needed next year to meet the 4% annual budget increase for health.

Before making such comments, the member should look at what the federal government has done to the provinces. The Liberals may boast about the \$2.5 billion over four years, but this is not what the provinces need to meet the requirements relating to the restructuring of our health system.

Mr. Guy St-Julien: Mr. Speaker, one day people will talk about the Quebec minister of finance and his statement that "the health problem is not a matter of money". That is what Mr. Landry said yesterday.

The hon. member has referred to trust funds. The amount was put in trust by the federal government, but Quebec could have immediate transferred that amount of \$842 million for the care of all those people lined up in hospital corridors or on waiting lists, instead of sending them to the States. That is quite a substantial amount, \$842 million, not to mention the interest. One has to remember the interest. We learned this last evening, 12 months after the federal government gave the money in question to the province of Quebec. And they talk of shortages.

Let us not just talk about trusts. Let us talk about the region of Abitibi—Témiscamingue. I have an excerpt here from a daily newspaper in the Vallée-de-l'Or region, the *Parlemenu*. The article by Denis LaBrecque addresses the shortage of physicians in remote areas.

The region is far from Quebec City and far from Ottawa, and there is a shortage of doctors. In part, the article reads as follows:

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Representatives of the health, education and business sectors met together in Val-d'Or Tuesday evening to address the situation. At the same time, they reviewed all of the initiatives taken to date in an attempt to remedy the situation, none of them as yet successfully.

Solutions must be sought together. With all the political parties and all the provincial governments, new approaches must be found. Let us move on this, and perhaps we will manage to improve things for those who are sick.

Mrs. Christiane Gagnon (Québec, BQ): Mr. Speaker, I am very pleased to take part in this debate, because I feel particularly concerned as a Bloc Québécois member.

Today, we are debating a motion from the NDP asking that adequate moneys be put back into health to meet the various expectations in that sector.

A number of members addressed this issue, including some who are doctors by training.

• (1625)

Depending on which party we represent, we have a different reading of the situation. The Liberal Party—a fellow member who is a doctor addressed the issue—tends to put the blame on public servants, on those who manage health services.

Personally, I would rather agree with the opposition's reading of the health care situation. Obviously, this view does not agree with that of the Liberal Party. Members from opposition parties who have some experience in the health sector told us that there is also a serious funding problem.

This does not mean there is no need to review our ways of doing things, to adjust. We know that several factors are disrupting the traditional ways of doing things in the health sector.

I will talk about this issue, before dealing with our minor disagreement with a Liberal member about the \$841 million in trust that were given by the Liberal government and that were supposed to be spent within three years. We could ask why the Liberal government is not putting back into the Canada social transfer moneys that come back year after year, to meet regular expenditures.

These are non recurrent amounts and the provinces probably have a hard time anticipating the necessary margins to deal with very urgent problems.

The dynamic in the health care sector in Canada and particularly in Quebec is such that a greater adjustment will be required for the ageing population. Fortunately for Quebec, although unfortunately in other ways, we have the lowest infant mortality rate of all Canadian provinces. That having been said, funding is needed so that we can meet the need for more health services.

For example, in Quebec the mortality rate is 4.6% for every 1,000 births while in Canada it is 5.6% or 5.7%. Earlier, I was a bit insulted to hear the Liberal member say that in Canada, and in Quebec in particular, they are doing a poor job of managing their budgets, that they are not spending them on the right services and that our health care system is not effective enough.

I would qualify this. If, for instance, our infant mortality rate is lower than the rest of Canada's, this means that our health care services—we must not be too partisan—generally meet the population's needs.

For five years now, there have been cuts to the system that have gone a long way towards eliminating the deficit. We know that public finances are in very, very good shape in Canada. The surplus was originally estimated at \$95 billion, and is now estimated at \$137 billion. Some put it at around \$167 billion.

With such a large surplus, this government could have committed a much larger amount. But it announced \$2.5 billion, again in a trust, that the provinces will be able to spend over a four-year period. It may well have thought this was enough but I think that the needs of the health care system are much more pressing than the government wants to admit.

The result is increasing pressure on demand. We know that there have been demographic changes, technological developments and the emergence of new needs. I will go into this a bit later on.

• (1630)

Major changes have been made to the organization of social and health care services in a very short period. Quebec had no choice. It was already behind other countries and some provinces.

Significant gains were made in the move to ambulatory care and in the increased efficiency of the health care network. However, there are weak spots and sectors to be consolidated, waiting lists for surgery, emergencies to be recognized, human resources to be shouldered and equipment to be replaced. All of this brings with it the challenges of rectifying the situation in the health care sector.

The network's financial situation must also be rectified and its functioning improved. We agree on that. However, the federal government has to help with financial support for the provinces.

Looking at the course of the health care system, we see that, between 1975 and 1994, public spending often grew faster than did the public purse. Since 1994, the Government of Quebec has taken major steps to balance the budget.

Health care spending increases by 4% annually. In the coming years, we will have to come to terms with this urgency to meet needs.

On the subject of the trust fund in Toronto, a certain perspective is required on the demands that will be made in the coming years, and this involves a variety of reasons, which I can give later. The population is ageing and this will lead to increased demand in various areas of health care.

The shift to ambulatory care means moving some medical procedures out of hospitals. We know we have to learn how to better deal with the new demands on the health care system. We have to increase the proportion of actual day surgery as compared to potential day surgery from 72% to 88%, bring down the hospitalization rate for surgery from 32.8 to 23.9 per 1,000, and lower the total number of hospitalizations by 11.5%. This is the approach we have to follow with regard to the shift to ambulatory care.

The average hospital stay needs to be shortened. In medicine, it should be 7.5 days instead of 8.8, and in surgery, 8.2 instead of 8.7.

There is still room for improvement to better deal with these new demands and meet the challenges of the shift to ambulatory care.

From a financial point of view, since 1994-1995, the Quebec government has been trying to put a lid on its expenses while still doing a good job, and it has worked. I will not get into the details of the cases reported on a daily basis by the papers over the last couple of years. I believe the Quebec government is trying hard to bring some measure of efficiency to the health care system while giving it the tools necessary to respond quickly and appropriately to health care needs.

Even in the institutions experiencing financial difficulties, there has been a significant effort to streamline operations. However, it has not been enough to offset the impact of the upward pressure on costs.

We are faced with dealing with new technology. We are faced with dealing with a more expensive approach to care than 20 years ago. The shift to ambulatory care has allowed the streamlining of the system, but other factors are putting upward pressures on expenses, namely demographic changes, the development of new technologies, and new needs.

• (1635)

It is said that the number of people over the age of 65 will be 60% higher in 2011 than it was in 1991, and the increase will be even greater for the 85-plus age group. In 2011, there will be 84% more people aged 85. In 2030, 25% of Quebecers will be over the age of 65.

This means that the changes that have just been made in the health system are intended precisely to respond to the fact that the population of Quebec is ageing more rapidly than elsewhere in Canada and other countries as well.

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I have a table here which illustrates the fact that it will take 35 years for the percentage of the Quebec population aged 65 or over to rise from 12% to 24%. It shows 35 years for Quebec to reach that level; Canada, 45; Germany, 65; France, 70 and England, 75. There were many children born at a certain time in our history. A number of my colleagues are baby-boomers, and they will reach the honourable age of 60 or 65 in about another ten years and be users of the health system.

The population of Quebec is ageing at an amazing rate. This must be addressed. A strategy is needed for the approach to health care, but money is needed as well, in order to support all the new technologies and all the new methodologies. It is said that the ageing of the population of Quebec will be twice that of the European countries.

The health system is experiencing the pressures of demographic change. I will explain the implications of this.

In the emergency departments, for example, there were 50,000 more people lying on stretchers in 1998 and 1999 than there were in 1994 and 1995. Of these, 56% were age 75 and older. The reason for overcrowding in emergency rooms is that more people have been going there since 1994.

In radiation oncology, needs are increasing rapidly, particularly for people over 50. The first baby boomers have already reached that age. New cases of cancer are increasing at the rate of 3% a year. We must be able to respond to this increase.

The same is true in cardiology. Needs are increasing, particularly from age 50 on. More coronary bypasses are being performed on seniors. The number of heart surgeries is increasing by 3.6% a year and there has been a 260% increase in angioplasties in the last ten years.

In other specialties, the fact that people are living longer and that there is an increase in the number of very elderly people is adding to needs. The number of cataract surgeries has increased by 8% in the last three years, and 30% in the last two.

There is an increasing need in various specialties to cope with all those who need treatment and who require new technologies, more doctors, and more people who are able to respond adequately to all these emergencies.

There was a boom in the 1980s, particularly with respect to medical technologies, drugs and information. For example, medical imaging technologies now allow speedier and more effective intervention but cost more. The Liberal member who says that we are not capable of spending money effectively has a short term view of what is going on in the health care sector.

• (1640)

She really does not know what is going on. She really must not be familiar with the new dynamics, the new pressures resulting

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from demographic change or the system's difficulties in meeting these needs.

Spending on medication can be said to have increased, and Quebec is a leader in this area with a drug plan. There are also new requirements in the field of health, new problems have arisen, such as AIDS, Alzheimer's disease and related illnesses. In 1999, there were 66,183 such cases, and today there are 103,783. Some people require more services in their community.

In looking at the annual 4% increase in spending in the health sector, we must also look at all the new dynamics. We cannot say it is the fault of the provinces for having badly managed health services. We must take a new tack in dealing with this.

I do not think anyone is acting in bad faith. There are new dynamics, perhaps they were unforeseen, but they must be dealt with in the coming years. With the money we get from the federal government, more has to be done with less.

The Canada social transfer was higher in 1993 than it is today. When we are told the figure will be \$2.4 billion compared with what we were given prior to 1993, when there were fewer requirements, I can understand why everything is going awry. I can understand as well that the problem does not lie in Quebec alone. It is present in other provinces.

We heard members of the NDP, the Reform Party and the Progressive Conservative Party from all regions of Canada describe the same problem. Therefore, I am a little disappointed to hear overblown speeches that are disconnected from the reality of everyday life, this for the sole purpose of boasting about giving \$2.4 billion, again in a trust.

A trust is not what will enable us to implement long term strategies to determine how much hospitals can spend on supplies and on staff.

We are certainly prepared to look at the situation, but we still need money to support those who work in the health sector. We hear that some people feel exhausted and belittled. I think that even nowadays the pay, the work and the achievements of these people should make them feel appreciated. A decent salary allows a person to take a vacation and to feed his or her children.

We should look at the health sector as a whole and not use a piecemeal approach to avoid doing our duty. If we ask a lot from the federal government, it is because we give it billions of dollars in taxes, \$31 billion to be precise.

I would have a lot more to add, but I will conclude by saying that the way the government intends to fund the Canada social transfer, that is in an ad hoc fashion, through trusts, will not allow the provinces to plan in the long term and to meet long term needs in the years to come.

I spoke about our ageing population. We need to pay attention to this phenomenon, as we may be the next ones to ask for adequate care, because of health problems.

• (1645)

Mr. Claude Bachand (Saint-Jean, BQ): Mr. Speaker, I want to congratulate my colleague from Quebec for her eloquence. I thought her speech was just brilliant. However, I also heard brilliant but demagogic speeches from certain Liberal members, in particular with regard to the \$842 million being mismanaged.

I heard my colleague say, at the beginning of her speech, that she would get back to that issue, but I suppose she got carried away and did not have time to do so. I want to give her the opportunity to give us and particularly to give our colleagues opposite an explanation about the headlines which we saw in the newspapers today and which have been used extensively by our political opponents to try to show us once again that we are incapable of good management.

I ask my colleague to make a brief comment on that.

Mrs. Christiane Gagnon: Mr. Speaker, I thank my colleague for giving me extra time to explain what a malicious deed the setting up of the trust by the government really was.

We know that the federal government invested \$3.5 billion in the last budget and gave the provinces the right to spend this over the following three years.

The governments also planned to inject some funds into the financial area, and Quebec had decided on a figure of \$2 billion in investments. Initially, its plan was for \$1.7 billion, plus an additional \$300 million for health during fiscal 1999-2000 and 2000-2001.

The Government of Quebec made that investment. Instead of taking the \$841 million from the fund—knowing that it will need this money for the next budget, investment in health being far from over, for all the reasons I have given—the Government of Quebec is going to have a surplus because the government made that investment. The Government of Quebec is going to draw upon the surplus instead of the trust fund, because what is in that fund will be needed for a long term health investment strategy.

I am not worried about how the Government of Quebec is going to spend that trust money. We know it will go for health, but a strategy is needed, and that is what the Government of Quebec is going to address. By taking the \$841 million from the budget surplus, the Government of Quebec has made health a priority, rather than setting having a budget surplus as its priority, as this government has.

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, it was with great interest and attention that I listened to my colleague, the member for Québec.

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I wish all government members had been present to hear what is going on in the health care sector, not just in Quebec, but throughout Canada. I think we have just been given an accurate picture of what is going on throughout Canada, and the member for Québec has just outlined for us the long-term needs of the provinces and of Quebec.

I would like to ask my colleague whether she thinks that this government needs to interfere so blatantly in health care with the Canada social transfer. That was what it wanted to do with the CHST, but the Government of Quebec refused to go along. I would like her to tell us about Quebec's real concerns in the health care sector.

Mrs. Christiane Gagnon: Mr. Speaker, I will begin by saying that the Canada social transfer represents an annual shortfall of \$1.7 billion. When the government announces that the provinces will be getting back \$2.5 billion over four years, that leaves Quebec terribly short.

The Canada social transfer is \$1.7 billion, but \$875 million go to health, \$375 million to education and \$450 million to social assistance. Do people realize what the loss of \$875 million means in practical terms?

It means 3,000 doctors and 5,000 nurses. The \$375 million would hire 5,800 university professors and there would be another \$325 million for income security for those on social assistance.

• (1650)

The provinces are being given a difficult choice. This is terrible and has got to stop. I hope that the meeting of the health ministers will lead to something, that this government will be made to understand that it is up to the provinces to meet the public's pressing demands. It is not up to the federal government to take over from the provinces.

If there had been enough money, if the government had done its homework, if \$18.8 billion had been made available—the amount the provinces are entitled to expect in order to meet health care needs—I could perhaps say the provinces had not done their homework and had mismanaged their budget. Instead of increasing this \$18.8 billion, what has the government been doing? It has been cutting it back. To date, \$31 billion has been taken away from the education, health care and social assistance network.

It is high time the public understood and the government stopped blaming the provinces.

I can speak for Quebec, while you may be able to speak for your region, Mr. Speaker. Honestly, I think that the Government of Quebec is trying to find practical and valid solutions. It can meet the needs of its people. We do not need the federal government, and

certainly not the members on the government side, to give us any lessons.

[English]

Mr. Alex Shepherd (Durham, Lib.): Mr. Speaker, I will be sharing my time with the member for Broadview—Greenwood.

I am very happy to engage in this debate dealing with health care spending by the federal government and the provinces. It seems to me that the problem is the whole issue of accountability. To the people who are in their living rooms watching this debate and who are concerned about the health care issue, it is appropriate for us to ask not about whether it is new money we need, but how the money was spent in the past. We can judge the sincerity of secondary levels of governments by how they are spending the actual moneys we transfer to them.

A number of people have mentioned the report on what the province of Quebec did with some of its money. It has taken it out of the account we provided last year and invested \$841 million in Quebec savings bonds and Hydro Quebec. It has earned something like \$16 million in interest. The point is the money was not spent on health care.

We have had a lot of complaints from the province of Ontario, and Mr. Harris in particular, that it needs more money because the money provided in the last federal budget was not adequate. Ontario is pounding on the table and is really upset because it did not get enough money. It is very appropriate that we sit down and ask what the province of Ontario did with the money it already had.

I am drawing my information not from my notes but from the Ontario government's budget book, pages 38 and 55 and from its third quarter fiscal results dated February 4, 2000. Looking through those pages I see that of the \$3.5 billion allocation that was made in fiscal year 1999-2000, the province of Ontario's share was \$1.323 billion. I also see in the same books that the province of Ontario drew down \$755 million on that account. For those people who are watching the debate, it is very hard to relate billions and millions when most of us have a hard time finding \$25 to put some gas in our tank. It does not buy very much today.

Getting back to the equation, \$1.323 billion was transferred to Ontario and it drew down \$755 million, which left a balance of \$568 million. Of the money we gave it last year, \$568 million has remained unspent.

• (1655)

I do not know if, like the province of Quebec, Ontario has invested it in securities and is earning interest on it. The fact is that money is still sitting there. It has not spent it at all. The important part is \$755 million went into the Ontario government coffers.

In addition to the \$755 million of new money, we had increased our normal allotment under the CHST by \$190 million to the

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province of Ontario. To get all my figures together, \$190 million plus the \$755 million comes to \$945 million. That is \$945 million of new money that went to the province of Ontario in fiscal year 1999-2000.

The question is what did the province of Ontario do with this new money? The opposition party is saying it wants more money but what did Ontario do with the money it received?

I have looked through the pages of the Ontario government expenditures. What have I discovered? I have discovered that the new spending on health care for the province of Ontario for the 1999-2000 fiscal year was \$320 million.

Think about that. The federal government put the money in a trust account. Ontario took \$755 million out of the trust account. We gave Ontario another \$190 million of new money. It had \$945 million of new money. How much new money did it spend on health care? Only \$320 million. The difference is \$625 million that the federal government transferred to the province of Ontario that it did not spend on health care.

When thinking of a trust account, what is the concept of trust? We put money in trust and say, "We put it in trust for you and we trust you as a provincial government to spend it on your people and spend it for its original intention which is health care". What did the province of Ontario do? Ontario withdrew this money in trust, \$755 million, added it to another \$190 million in new money that we gave, and only spent \$320 million in new dollars.

There is \$625 million missing, \$625 million of Canadian taxpayers' money that was transferred to the province of Ontario to undertake new spending in health care that never happened.

We talk about accountability in government. This is the problem with this whole debate. People blame us for the health care system but we do not control how the money is being spent. This is a clear example. Mr. Harris has the audacity to shout all over the land today, "We need more money. We did not get enough money from you guys", when in fact the province of Ontario got \$625 million new dollars which it stuck in its back pocket and never spent on the people of Ontario.

If that were not enough, in its fiscal estimates the province of Ontario now anticipates an additional \$1 billion surplus this fiscal year. Is that not an amazing thing. There is \$625 million seemingly missing and the province of Ontario now has a \$1 billion surplus, a surplus \$1 billion larger than it was going to have in the first place. What did the province of Ontario do with this money? I do not know.

We do know the province of Ontario spent \$4.7 billion in tax cuts. Perhaps that is what the Ontario government did with it. We know that it has done all kinds of other spending. Worse than that

we know it also raised its deficit by \$20 billion. Those people in Ontario are spending money like drunken sailors, but it is not going into the health care system.

• (1700)

Members of the opposition have been saying that only 3 cents went to health care.

An hon. member: Two cents.

Mr. Alex Shepherd: Two cents. Should we give the province of Ontario or the province of Quebec another 2 cents when that has been the track record? Ontario took \$625 million of our money, said it was going to spend it on health care and did not spend it at all.

It took money out of a trust account, which was being held in trust for the people of Ontario, and then did not spend it on them. For all the people who are lined up in the wards, and for all the people who are having trouble with health care in Ontario, and in Quebec, ask where the \$625 million went.

Maybe that is a better answer than blaming the federal government, because we gave it to them. We spent it on the province of Ontario, but the province of Ontario did not spend it on the people. It did not spend it on the sick. It did not spend it on those people who are being threatened on a daily basis by disease. It did not spend it on the frail. It did not spend it on the aging. I do not know what the province spent it on. It spent it on its rich friends, I guess, or the \$4.7 billion in tax cuts, but it did not spend it on the province of Ontario.

We are not going to give the province any more money. We should not have given it that money, if that is the way it spends. We need an accountability system in the country which will tell us where the money has been spent and will ensure that it goes to the people. Do not tell me it is about more money.

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, it is somewhat hypocritical to have members of the governing side talk about the accountability of taxpayer dollars after what we have been listening to for the last number of weeks concerning the human resources department.

I do not think there is any question that if taxpayer dollars for health care are not going to health care, the government should be doing something about it. There is no question.

If the government knows that is happening and it is not doing anything about it, then it is at fault because that money should be going to health care. There is absolutely no question.

It is along the same lines as the EI dollars, the EI premiums that come in to give employment insurance benefits to the workers in Canada, for jobs and training throughout Canada, and to assist employers. What did the government do with that money? It used it

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to create a surplus. It sounds an awful lot like the member's version of Mike Harris.

What does he have to say about that?

Mr. Alex Shepherd: Mr. Speaker, looking at the motion which is before us today, members of the NDP are co-conspirators with the Harris government because they have come to this place and said "Give us more money. Mr. Harris wants more money. Give us more money".

They are the co-conspirators with the likes of Mr. Harris and Mr. Klein, who have no intention of spending it on the people.

[*Translation*]

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, now I have seen it all in this House.

The Liberals have the gall to pass judgment on the way the provinces are managed. If the member wants to pass judgment on a province's administration, he should run for election in that particular province. I have always respected other levels of government. If I were him, I would be ashamed of what he just did.

Is he not ashamed of what his government has been doing since 1993-94, when it cut health, social and education transfer payments to the provinces by \$38.7 billion? This has meant a shortfall of \$30.5 billion for all the provinces since 1993. It is \$11.1 billion in Quebec and \$10.5 billion in Ontario.

I think the member would be well advised to clean up his own backyard before he tries to clean others.

[*English*]

Mr. Alex Shepherd: Mr. Speaker, I think the essence of that question was that I should be ashamed because I am standing here trying to prevent taxpayers' money from being misspent. I am not ashamed at all. I will defend the taxpayers of the province of Quebec if I have to. The finance minister for Quebec is saying "It is not about money. It is not about spending money. We cannot find the doctors, so we are not going to spend the money anyway".

Am I ashamed of defending the taxpayers of Quebec? Not on your life.

• (1705)

Mr. Dennis J. Mills (Broadview—Greenwood, Lib.): Mr. Speaker, I appreciate having the opportunity to participate in this debate. I have always held a very high level of respect for the New Democratic Party and its commitment to this issue, but the notion that it would, without any discussion or exchange of ideas, want an immediate, substantial and sustained increase in cash transfers to the provinces absolutely boggles my mind.

An hon. member: Do you have another idea over there?

Mr. Dennis J. Mills: The member for Saint John is another member for whom I have immense respect, but I say to the members opposite that this is not just about sending money to the provinces.

In my community, in downtown Toronto, a young man died in an ambulance because he could not get admittance to a hospital.

When my constituents listen to us talk, I think most of them would be lost in all of these numbers: billions here, hundreds of millions there.

In no way, shape or form am I trying to put down my constituents or members, but I think we are going at this issue the wrong way. The member for Durham talked about this the other day. We should be talking about re-engineering the health care system. We should be going back to Emmett Hall's report to give our whole system a health check. I have not heard one speech in the House today which mentioned health prevention. How much emphasis do we put on health prevention in the debate today?

I will give a couple of specific examples. A year and a half ago, in our sport committee where we were looking at the importance of having a physically active nation, we were told that men and women should spend at least half an hour a day doing some physical exercise. The best doctors in our country appeared before us. Those surgeons had studies that were ratified not only by our best, but by the best in the world, which stated that if we could increase Canadians' commitment to physical activity an additional 10% we could put downward pressure on health care costs within 18 months to the tune of \$5 billion annually.

As a government we have a responsibility to mobilize the people of the nation to become more responsible toward themselves and to become more physically active. Again I will go back to my colleague from Durham. This is not just about giving Premier Harris or Premier Tobin blank cheques. It is not about that.

I would not give anybody a blank cheque in this area because it would delay the process of re-engineering the system. We need to go back to Emmett Hall's report, take some of those principles and reapply them.

What about the whole realm of alternative medicine? What about mental health? What about the environment?

When will we talk not only about sending cheques here or sending billions there? When will we have a debate on the creative things we can do as members of parliament, as the House of Commons of Canada, which we can bring to the ministers of health and the premiers of the provinces? We all have a part to play. I do not think we are talking about it enough in the House. All we want to talk about is sending cheques here and there. Is that what the House of Commons has become, a cheque writing machine?

• (1710)

We have many intelligent men and women in the House and we should be using our brains to put forward creative ideas. Where are

Supply

the creative ideas on fixing the health care system? To quote my colleague from Durham, we should be re-engineering the system. Is there anyone who disagrees that we have to re-engineer the system?

We have heard the notion of Premier Klein wanting to privatize the system. Let me tell my colleague from Cape Breton that with all of the eye surgery that was done in the province of Alberta, all the analyses show that private clinics cost more. One of the things that makes this country great is the fact that everybody has access to the health care system. That is one of our trademarks as a nation.

The notion that we would create an environment where premiers would be allowed to experiment with private health care boggles my mind. NDP members would give blank cheques to Premier Harris and let—

An hon. member: No, 50:50.

Mr. Dennis J. Mills: That is what the motion says. The motion says, announcing within one week of the passage of the motion a substantial and sustained increase in cash transfers. The NDP did not even put an amount on it. It did not put an amount on what it would give. I would not give my dear friend Brian Tobin a blank cheque.

Let us stop talking about money and start talking about creative ideas. What about mobilizing people to become more physically active? What is wrong with that?

I say sincerely that I do not believe there is a single member of parliament who wants to be sitting here with a fragile health care system, and we all admit it is fragile.

An hon. member: It is your fault.

Mr. Dennis J. Mills: Members of the New Democratic Party point to our Minister of Health and ask for lump sum transfers of money to the provinces, but that is not the right way. I think the Minister of Health has it right. He has said that he will sit down with the provincial ministers to negotiate a plan.

This is not a partisan issue. I would appeal to all members to approach their premiers and let us cause them to think creatively on how we can bring down health care costs. Let us get into the prevention business. Anybody can write a cheque.

[*Translation*]

The Acting Speaker (Mr. McClelland): Unfortunately, the time for questions and comments has expired.

[*English*]

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.

Is the House ready for the question?

Some hon. members: Question.

• (1715)

The Acting Speaker (Mr. McClelland): 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. McClelland): All those in favour of the amendment will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. McClelland): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. McClelland): In my opinion the yeas have it.

And more than five members having risen:

The Acting Speaker (Mr. McClelland): Call in the members.

• (1745)

[*Translation*]

(The House divided on the amendment, which was negated on the following division:)

(*Division No. 756*)

YEAS

Members

Alarie	Asselin
Bachand (Saint-Jean)	Bergeron
Bernier (Bonaventure—Gaspé—Îles-de-la-Madeleine—Pabok)	Blaikie
Bigras	Canuel
Brien	Chrétien (Frontenac—Mégantic)
Cardin	Davies
Crête	Desjarlais
Debien	Dockrill
Desrochers	Duceppe
Dubé (Lévis-et-Chutes-de-la-Chaudière)	Earle
Dumas	Gagnon
Fournier	Godin (Acadie—Bathurst)
Girard-Bujold	Gruending
Godin (Châteauguay)	Guimond
Guay	Laurin
Lalonde	Lill
Lebel	Mancini
Loubier	Marchand
Marceau	McDonough
Martin (Winnipeg Centre)	Mercier
Ménard	Perron
Nystrom	Plamondon
Picard (Drummond)	Rocheleau
Robinson	St-Hilaire
Sauvageau	Tremblay (Lac-Saint-Jean)
Stoffer	Turp
Tremblay (Rimouski—Mitis)	
Wasylycia-Leis —54	

NAYS

Members

Ablonczy	Adams
Alcock	Anders
Anderson	Assad

Assadourian
 Axworthy
 Baker
 Bélair
 Bellemare
 Bernier (Tobique—Mactaquac)
 Bevilacqua
 Bonin
 Boudria
 Breitreuz (Yellowhead)
 Brown
 Bulte
 Cadman
 Cannis
 Carroll
 Catterall
 Chamberlain
 Charbonneau
 Clouthier
 Collette
 Cotler
 DeVillers
 Discepola
 Drouin
 Duncan
 Eggleton
 Finlay
 Fontana
 Gagliano
 Goldring
 Gray (Windsor West)
 Grey (Edmonton North)
 Guarnieri
 Harb
 Hill (Prince George—Peace River)
 Ianno
 Jaffer
 Jones
 Karetak-Lindell
 Keddy (South Shore)
 Keyes
 Knutson
 Lee
 Limoges
 Longfield
 MacKay (Pictou—Antigonish—Guysborough)
 Malhi
 Manley
 Martin (Esquimalt—Juan de Fuca)
 McCormick
 McKay (Scarborough East)
 McNally
 McWhinney
 Mifflin
 Mills (Red Deer)
 Mitchell
 Muise
 Myers
 O'Brien (Labrador)
 O'Reilly
 Pagtakhan
 Parrish
 Penson
 Pettigrew
 Pickard (Chatham—Kent Essex)
 Pratt
 Proulx
 Redman
 Richardson
 Rock
 Scott (Fredericton)
 Sgro
 Solberg
 St. Denis
 St-Julien
 Stewart (Northumberland)
 Szabo
 Thibeault
 Torsney
 Valeri
 Wappel
 Whelan
 Williams

Augustine
 Bachand (Richmond—Arthabaska)
 Beaumier
 Bélanger
 Bennett
 Bertrand
 Blondin-Andrew
 Borotsik
 Bradshaw
 Breitreuz (Yorkton—Melville)
 Bryden
 Caccia
 Calder
 Caplan
 Casson
 Cauchon
 Chan
 Chatters
 Coderre
 Copps
 Cullen
 Dion
 Dromisky
 Duhamel
 Easter
 Epp
 Folco
 Fry
 Godfrey
 Goodale
 Grewal
 Grose
 Hanger
 Harvard
 Hubbard
 Jackson
 Jennings
 Jordan
 Karygiannis
 Kenney (Calgary Southeast)
 Kilger (Stormont—Dundas—Charlottenburgh)
 Kraft Sloan
 Leung
 Lincoln
 Lowther
 Mahoney
 Maloney
 Manning
 Mayfield
 McGuire
 McLellan (Edmonton West)
 McTeague
 Meredith
 Mills (Broadview—Greenwood)
 Minna
 Morrison
 Murray
 Normand
 O'Brien (London—Fanshawe)
 Obhrai
 Paradis
 Patry
 Peterson
 Phinney
 Pillitteri
 Proud
 Provenzano
 Reed
 Robillard
 Saada
 Sekora
 Shepherd
 Speller
 St-Jacques
 Stewart (Brant)
 Strahl
 Telegdi
 Thompson (New Brunswick Southwest)
 Ur
 Vanclief
 Wayne
 Wilfert
 Wood—172

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PAIRED MEMBERS

*Nil/aucun

The Deputy Speaker: I declare the amendment lost.

[*English*]

The next question is on the main motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

The Deputy Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Deputy Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Deputy Speaker: In my opinion the nays have it.

And more than five members having risen:

● (1755)

(The House divided on the motion, which was negated on the following division:)

(*Division No. 757*)

YEAS

Members

Alarie	Asselin
Bachand (Saint-Jean)	Bergeron
Bernier (Bonaventure—Gaspé—Îles-de-la-Madeleine—Pabok)	Blaikie
Bigras	Canuel
Brien	Chrétien (Frontenac—Mégantic)
Cardin	Davies
Crête	Desjarlais
Debien	Dockrill
Desrochers	Duceppe
Dubé (Lévis-et-Chutes-de-la-Chaudière)	Earle
Dumas	Gagnon
Fournier	Godin (Acadie—Bathurst)
Girard-Bujold	Gruending
Godin (Châteauguay)	Guimond
Guay	Laurin
Lalonde	Lill
Lebel	Mancini
Loubier	Marchand
Marceau	McDonough
Martin (Winnipeg Centre)	Mercier
Ménard	Perron
Nystrom	Plamondon
Picard (Drummond)	Rocheleau
Robinson	St-Hilaire
Sauvageau	Tremblay (Lac-Saint-Jean)
Stoffer	Turp
Tremblay (Rimouski—Mitis)	
Wasylycia-Leis —54	

NAYS

Members

Ablonczy	Adams
Alcock	Anders
Anderson	Assad

Routine Proceedings

Assadourian	Augustine
Axworthy	Bachand (Richmond—Arthabaska)
Baker	Beaumier
Bélair	Bélanger
Bellemare	Bennett
Bernier (Tobique—Mactaquac)	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Borotsik
Boudria	Bradshaw
Breitkreuz (Yellowhead)	Breitkreuz (Yorkton—Melville)
Brown	Bryden
Bulte	Caccia
Cadman	Calder
Cannis	Caplan
Carroll	Casson
Catterall	Cauchon
Chamberlain	Chan
Charbonneau	Chatters
Clouthier	Coderre
Collenette	Copps
Cotler	Cullen
DeVillers	Dion
Discepola	Dromisky
Drouin	Duhamel
Duncan	Easter
Eggleton	Epp
Finlay	Folco
Fontana	Fry
Gagliano	Godfrey
Goldring	Goodale
Gray (Windsor West)	Grewal
Grey (Edmonton North)	Grose
Guarnieri	Hanger
Harb	Harvard
Hill (Prince George—Peace River)	Hubbard
Ianno	Jackson
Jaffer	Jennings
Jones	Jordan
Karetak-Lindell	Karygiannis
Keddy (South Shore)	Kenney (Calgary Southeast)
Keyes	Kilger (Stormont—Dundas—Charlottenburgh)
Knutson	Kraft Sloan
Lee	Leung
Limoges	Lincoln
Longfield	Lowther
MacKay (Pictou—Antigonish—Guysborough)	Mahoney
Malhi	Maloney
Manley	Manning
Marleau	Martin (Esquimalt—Juan de Fuca)
Mayfield	McCormick
McGuire	McKay (Scarborough East)
McLellan (Edmonton West)	McNally
McTeague	McWhinney
Meredith	Mifflin
Mills (Broadview—Greenwood)	Mills (Red Deer)
Minna	Mitchell
Morrison	Muise
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Obhrai
Pagtakhan	Paradis
Parrish	Patry
Penson	Peterson
Pettigrew	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora
Sgro	Shepherd
Solberg	Speller
St. Denis	St-Jacques
St-Julien	Stewart (Brant)
Stewart (Northumberland)	Strahl
Szabo	Telegdi
Thibeault	Thompson (New Brunswick Southwest)
Torsney	Ur

Valeri	Vanclief
Wappel	Wayne
Whelan	Wilfert
Williams	Wood—174

PAIRED MEMBERS

*Nil/aucun

The Deputy Speaker: I declare the motion lost.**ROUTINE PROCEEDINGS**

[English]

SUPPLEMENTARY ESTIMATES (B), 1999-2000

REFERENCE TO STANDING COMMITTEES

The House resumed consideration of the motion.

The Deputy Speaker: The House will now proceed to the taking of the deferred recorded division on the motion of the President of the Treasury Board relating to Supplementary Estimates (B).

• (1805)

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 758)

YEAS

Members

Ablonczy	Adams
Alcock	Anders
Anderson	Assad
Assadourian	Augustine
Axworthy	Bachand (Richmond—Arthabaska)
Baker	Beaumier
Bélair	Bélanger
Bellemare	Bennett
Bernier (Tobique—Mactaquac)	Bertrand
Bevilacqua	Blaikie
Blondin-Andrew	Bonin
Borotsik	Boudria
Bradshaw	Breitkreuz (Yellowhead)
Breitkreuz (Yorkton—Melville)	Brown
Bryden	Bulte
Caccia	Cadman
Calder	Cannis
Carroll	Casson
Catterall	Cauchon
Chamberlain	Chan
Charbonneau	Chatters
Clouthier	Coderre
Collenette	Copps
Cotler	Cullen
Davies	Desjarlais
DeVillers	Dion
Discepola	Dockrill
Dromisky	Drouin
Duhamel	Duncan
Earle	Easter
Eggleton	Epp

Finlay
Fontana
Gagliano
Godin (Acadie—Bathurst)
Goodale
Grewal
Grose
Hanger
Harvard
Hubbard
Jackson
Jennings
Jordan
Karygiannis
Kenney (Calgary Southeast)
Kilger (Stormont—Dundas—Charlottenburgh)
Kraft Sloan
Leung
Limoges
Longfield
MacKay (Pictou—Antigonish—Guysborough)
Malhi
Manley
Marleau
Martin (Winnipeg Centre)
McCormick
McGuire
McLellan (Edmonton West)
McTeague
Meredith
Mills (Broadview—Greenwood)
Minna
Morrison
Murray
Nault
Nystrom
O'Brien (London—Fanshawe)
Obhrai
Paradis
Patry
Peterson
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd
Speller
St-Jacques
Stewart (Brant)
Stoffer
Szabo
Thibeault
Torsney
Valeri
Wappel
Whelan
Williams

Folco
Fry
Godfrey
Goldring
Gray (Windsor West)
Grey (Edmonton North)
Guarnieri
Harb
Hill (Prince George—Peace River)
Ianno
Jaffer
Jones
Karetak-Lindell
Keddy (South Shore)
Keyes
Knutson
Lee
Lill
Lincoln
Lowther
Mahoney
Maloney
Manning
Martin (Esquimalt—Juan de Fuca)
Mayfield
McDonough
McKay (Scarborough East)
McNally
McWhinney
Mifflin
Mills (Red Deer)
Mitchell
Muisse
Myers
Normand
O'Brien (Labrador)
O'Reilly
Pagtakhan
Parrish
Penson
Pettigrew
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro
Solberg
St. Denis
St-Julien
Stewart (Northumberland)
Strahl
Telegdi
Thompson (New Brunswick Southwest)
Ur
Vanclief
Wayne
Wilfert
Wood—184

NAYS

Members

Alarie
Bachand (Saint-Jean)
Bernier (Bonaventure—Gaspé—Îles-de-la-Madeleine—Pabok)
Bigras
Canuel
Chrétien (Frontenac—Mégantic)
Debien
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas
Gagnon
Godin (Châteauguay)
Guimond
Laurin
Loubier

Asselin
Bergeron
Brien
Cardin
Crête
Desrochers
Duceppe
Fournier
Girard-Bujold
Guay
Lalonde
Lebel
Marceau

Private Members' Business

Marchand	Ménard
Mercier	Perron
Picard (Drummond)	Plamondon
Rocheleau	Sauvageau
St-Hilaire	Tremblay (Lac-Saint-Jean)
Tremblay (Rimouski—Mitis)	Turp—39

PAIRED MEMBERS

*Nil/aucun

The Deputy Speaker: I declare the motion carried.

It being 6.09 p.m. the House will now proceed to the consideration of Private Members' Business as listed on today's order paper.

PRIVATE MEMBERS' BUSINESS

[English]

1911 CENSUS RECORDS

Mr. Jason Kenney (Calgary Southeast, Ref.) moved:

That, in the opinion of this House, the government should take all necessary steps to release the 1911 census records once they have been deposited in the National Archives in 2003.

He said: Mr. Speaker, I am pleased to rise to speak to a motion on an important matter which has been of some concern. It reads:

That, in the opinion of this House, the government should take all necessary steps to release the 1911 census records once they have been deposited in the National Archives in 2003.

● (1810)

On its face the motion may appear to be a rather technical and arcane matter of concern only to a small community of genealogists and amateur historians, but in fact the motion speaks to a very important matter about access to our shared history as a country.

All members of this place will know, having been contacted undoubtedly by members of genealogical organizations, historical associations, archivists and others, that the rules respecting the normal release of the census data collected from the 1911 census have been interpreted in such a way as to prevent their public release and access. Hence, for the first time in Canadian history, historians will not have access to the data collected in the 1911 census.

Up to and including the 1901 census in Canada, the census records were transferred to the National Archives and were subsequently made available to the public 92 years after collection. This was possible because clauses in the Privacy Act allowed for the release of certain pieces of information to the National Archives subject to certain aspects of the Privacy Act.

Private Members' Business

However, in 1906 the Government of Canada passed an act respecting the census and statistics in which section 68 empowered the governor in council, the cabinet, to make regulations respecting confidentiality. The government of Sir Wilfrid Laurier in 1906 did in fact promulgate certain orders in council which restricted access to the census of 1911.

Apparently it did this because at that time there was concern among the public that the data collected could be used in the assessment of taxation and perhaps for the conscription of Canadians in a future wartime conflict. There was some political sensitivity and a feeling at that time that the public should be assured the information it was obliged to surrender to the government would be kept in confidence and not used for other public purposes.

However, no commitment was made by the government either in statute or regulation at that time that this information would be kept secret in perpetuity. It was clear to all concerned, according to many of the historians who have examined this matter, that the regulation applied in the context of the day. People understandably did not want to have bureaucrats, politicians or others having access to personal information which they were required to surrender under the Statistics Act.

It is a long and much honoured convention both in this country and in similar jurisdictions that such information eventually after a reasonable time, roughly the maximum period of an average lifespan, ought eventually to become publicly accessible for research and academic purposes.

In 1985 the justice department arrived at a legal opinion, an interpretation of the statutory and regulatory decisions in 1906, in which it decided the census data had to remain in secret in perpetuity following the 1911 census. Thus today we find ourselves in the position where in the last couple of years archivists, genealogists and historians have suddenly discovered that the huge treasure trove of historical data which they anticipated would be deposited at the National Archives in 2003, the data obtained in the 1911 census of Canadian subjects and citizens, would not be made available.

• (1815)

All across the country there are tens of thousands of concerned Canadians who take a deep interest in the history of the country. They began to express their concern about the secret nature of the census records.

This is important because as we all know, in the first decade of the 20th century, there was an enormous wave of immigration into Canada. Many people today can trace their ancestors' arrival to Canada to that period between 1901 and 1911. Many millions of Canadian families have some ancestors who arrived, acquired land

and began their lives in this great country during those early years of development, immigration and settlement.

The 1911 census represents a critical link to the past for historians and genealogists. For us it is a window which allows us to find who arrived generally from Europe at the time, where they settled, how many people were in their families, their birth dates, their relatives, the location of their land and their occupations.

I do not think the release of this very basic genealogical data would in any way violate the privacy of those who lived in the country between 1901 and 1911. It goes without saying that the vast majority of those people who were subject to the 1911 census are today posthumous Canadians and indeed have no living interest in the release of this information, but there are some. I can say with some pride that next week my grandfather, Mart Kenney, a great Canadian musician, will be celebrating his 90th birthday. He was born in 1910 in Vancouver. I asked him if he would be concerned if I and his other descendants could have access to census information concerning his family in 1910. He said of course not, that is ridiculous.

If we could consult those who lived at the time of the 1911 census and ask them whether they would object to their grandchildren and great grandchildren, and academic and professional historians, looking at the information to find out where they settled, where they lived, how many people were in their families and other data of this nature, I am sure we would find that they would not raise any objection. I am sure they would be intrigued to learn that there are so many thousands of Canadians who are deeply concerned about their familial past, their regional past and national past and hope they will have access to this information.

Virtually every other jurisdiction in the developed democracies recognize the principle that we must respect the privacy rights of citizens when the government or state requires people to surrender information under sanction of law. That ought to be managed with great discretion. Information should for a lengthy period of time be kept secret. However, these jurisdictions also recognize that a time comes when such information no longer poses a privacy interest for individuals but rather poses a public interest for access by historians and others.

I can give examples of such jurisdictions. Australia releases its census data after 100 years. France releases its census data a century after collection. Denmark releases such data 65 years after collection, well within a normal lifespan. In the United Kingdom efforts are being made to release data after 100 years.

Surely the 92 year rule which we have respected in Canada until today is an adequate period of time to ensure and protect the privacy interests of those who filled out census forms in 1911.

The legal status quo is interpreted by the justice department and applied by Statistics Canada. It does not only affect the 1911

census. It affects all censuses taken since then. If we maintain the legal status quo in this regard, never again will Canadian historians, archivists or genealogists be able to reach back in time and research the important information which gives us clues to the past from whence we came.

• (1820)

Too often we forget the importance of our history. In this country in particular we can read the brilliant best-selling book *Who Killed Canadian History?* authored by eminent Canadian historian Jack Granatstein last year. We can look at the polling information which suggests that the vast majority of Canadians, and young Canadians in particular, have an astounding ignorance about the basic facts of our national history, our political history, our military history and our social history. One could make the argument that this country is losing touch with its past. A country which does not know from whence it came is a country that has no clear direction in the future.

It is essential for a thriving, modern democracy like Canada to have a deep sense of its past. That is not just done by academic historians writing sweeping histories about the socioeconomic and political history of the country. That understanding of our history is, at its most profound level, conducted by amateur genealogists and historians who dig into the past of particular families with their own particular traditions. This is very important information. It helps the thousands and thousands of people every day who are collecting the data on who settled in Canada, where they settled and how they built their lives in this place. It contributes collectively to our historical understanding as a nation.

It is extremely important that parliament hear the voices of those Canadians who are concerned about our history by opening up access to the 1911 census and all census data which has been collected since then.

This motion is limited in its scope. Once more it seeks only to release the 1911 census records, something which could be achieved by amending the Statistics Act to make it evident that this will be public information once deposited at the National Archives in 2003. Again the scope is limited. It only deals with that census. However, should the House in its wisdom decide to vote for this private member's motion, which in fact has been granted votable status by the relevant committee, that I hope would be taken by the government as direction from parliament to amend the Statistics Act to permit access to all census data collected from 1911 onward, and indeed from the 2001 census into the future.

This may seem to be a modest motion, and indeed it is, but it is an important one. I believe that the overwhelming number of Canadians who have an understanding of this issue desire for the government to open up access to our past, not to lock away this important historical information into some vault, and certainly not

Private Members' Business

to destroy that information as some, shall we say, absolutists in the privacy field have suggested.

There are those who do not see the need for a balance between the interest of privacy and the public interest of access to information. There are those whom I would characterize as absolutists on the question of privacy and who actually have recommended that the National Archives destroy the census data once it has been deposited there so that no one in the future can ever gain access to it.

Let us send a clear signal to the chief statistician, the national archivist and the Government of Canada that Canadians want access to our past. They want to respect Canadians' privacy, but we believe that can be done with the 92 year timeframe in place and contemplated by my motion.

I look forward to the debate which will ensue. I hope that when it is concluded, members of this place will choose to vote in favour of Motion No. 160 and allow us to open up a window into our past while respecting the privacy rights of Canadians who have gone before us.

• (1825)

Mr. John Bryden (Wentworth—Burlington, Lib.): Mr. Speaker, I am delighted to speak to this motion by the member for Calgary Southeast that the government should take all necessary steps to release the 1911 census records. I can give him the happy news that we do not require the government to take this step whatsoever. There is a private member's bill, Bill C-206, which is before the House on the order of precedence at this moment which would do precisely what the member for Calgary Southeast requires.

An hon. member: Which member?

Mr. John Bryden: I believe it is the member for Wentworth—Burlington who has this particular private member's bill. I point out to you, Mr. Speaker, that not only does the member for Wentworth—Burlington have this bill before the House, he has some 112 seconders from all parties who gave support to this bill to go on the order of precedence. I do not know whether the member for Calgary Southeast was one of those who actually seconded this particular piece of legislation. I hope he was.

What it does is it amends the Access to Information Act such that schedule II of the act is eliminated. Schedule II of the Access to Information Act lists those pieces of legislation that particularly raise barriers for the disclosure of certain types of information. For example, one of the schedule II items is in the Income Tax Act where a non-profit organization's financial returns and other types of personal information are not available. That is in the Income Tax Act. The Statistics Act is similar in that it restricts access to certain types of census records going all the way back to 1911. However,

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Bill C-206, by eliminating schedule II, brings all these other items of legislation under the Access to Information Act.

What happens is the Access to Information Act is the superior legislation when it comes to measuring whether information in other legislation should be withheld or not. So whether it is the Statistics Act, or the Income Tax Act or any other items of legislation that have withholding clauses, they still have to be subject to the test of the Access to Information Act.

Bill C-206, among other things, amends the Access to Information Act such that all documents held by the government over 30 years old which are not obviously a threat to national security if disclosed, or would disclose information that would be injurious to individuals and so on and so forth, or all documents that do not have obvious injury components in terms of their impact on the public would automatically be released.

I have had representations from the people from Statistics Canada. They are of the view that if Bill C-206 is allowed to go forward and amend the Access to Information Act as it exists, then the Statistics Canada legislation that prevents the 1911 census records from being released will be overturned and these documents will be readily available, at least census records up to 30 years ago.

The member in his motion is calling on the government to act when in fact we have the happy situation for us all that it is not the government that needs to act, it is backbench MPs who have this opportunity to act. What is particularly important about Bill C-206, my private member's bill—I have to admit it is mine—is that in order to get onto the order paper it sought and received the seconding by 112 members of the House, all backbench MPs on all sides of this House, no government members or parliamentary secretaries.

• (1830)

This was 100% a backbench initiative. Indeed the Reform Party and the Bloc Quebecois were especially supportive of this initiative. I am very pleased to report that although I have to say that unfortunately the Reform Party did move a point of privilege on Bill C-206. I regret that there is some doubt now whether Bill C-206 will indeed stay on the order of precedence.

I realize that the Reform point of privilege was poorly advised because I think the Reform Party were under the impression that certain changes were made to Bill C-206, which subsequently got unanimous consent in the House, that may have substantially affected things in the bill that the Reform Party would have been very concerned about.

I can assure you, Mr. Speaker, that when I sought unanimous consent for Bill C-206 I was convinced that the support originally indicated for Bill C-206 when I originally sought the signatures

would remain. Regardless of any changes that I undertook, and which I obtained unanimous consent for, I thought that those changes would by and large receive the support of the very seconders who put their names to the original bill.

However this is before the House. I am confident that the members of the Reform Party, and the Bloc Quebecois indeed, have I think an enormous interest and a vital interest, as we all do as parliamentarians, in openness in government and being able to access the documents, be they census records or any other kind of government documents that we need to have in order to be informed about the efficiency of the operation of government.

I want to return to the motion, but I shall say in passing that I have examined very carefully Bill C-206 and the impact of its amendments on the current Access to Information Act and I have compared it to the American freedom of information act. I can tell you, Mr. Speaker, that to reform, to use the word that my colleagues opposite do favour a lot, the Access to Information Act with Bill C-206 will create the most sophisticated and the most effective freedom of information legislation in the world.

It is no wonder that this amendment is coming forward from not just this private member but from private members on all sides of the House who have at least endorsed the principle of the bill to see that it would get on the order of precedence. They may have difficulty with some of the changes that might occur at committee stage or that might occur at report stage. Even some members might decide to vote against the bill when it finally reaches third reading because of some changes they might have perceived en route, but the point is that backbench MPs in this parliament for the first time ever have advanced a bill based on seconding the bill in principle, and it is before the House.

I would expect that if it goes through, and I am surely hopeful that it will, it will address the concern of the member for Calgary Southeast about the 1911 census records. It will fix that problem immediately. He can say that to his constituents and he can say to all those people who have wrote we MPs and have said open those records because they are part of our historic heritage. If the Reform Party, backbench MPs, opposition MPs, the Bloc Quebecois MPs, the Conservatives and the NDP are indeed supportive of openness in government, I am sure that they do not need to just support this motion of the member for Calgary Southeast. They have the opportunity to actually see it enacted by supporting Bill C-206.

[*Translation*]

Mr. Ghislain Lebel (Chambly, BQ): Mr. Speaker, I am pleased to take part in this debate, which deals with Motion No. 160, in spite of the fact that the member for Wentworth—Burlington talked about his private member's bill.

What we have here—and Bloc Québécois members generally share my views on this and certain agree with the comments I am about to make—is a member who moved a motion, Motion No. 160, which we are debating today, and another one, the member for Wentworth—Burlington, in Ontario, who introduced a bill on basically the same issue.

• (1835)

The member for Wentworth—Burlington is trying to embellish somewhat the background for his bill. Reformers have complained in this House, as did our House leader, who is recovering from his recent open heart surgery, and to whom I wish a speedy recovery. The Minister of Human Resources Development, while wishing him no harm, must hope that his recovery will be a long one, because we know the dedication of the member for Roberval in handling issues like human resources development in particular.

The member—he may be sick but he is by no means dead; he is a strong man and he is getting his strength back—spoke out against the actions of the member for Wentworth—Burlington, who collected signatures from his colleagues here, in parliament. I very clearly recall that the member for Roberval said—and I know what he was talking about, being a notary myself—that it was like a notary reading a five page notarial act, having the last page signed and, after the parties have signed, changing the first four pages, putting in there whatever he wanted, and passing that for the authentic act. There would be a possibility of fraud, and the Quebec Notarial Act, which I respect, would say that it is not a valid document.

Unfortunately, this is the kind of attitude and behaviour that make the member for Wentworth—Burlington a terribly suspicious character in this parliament. There is no man more partisan, no Orangeman more orange than him. The member for Wentworth—Burlington is a danger to his opposition colleagues, because keeping one's word is a concept that does not mean anything to him. He has no respect for this principle.

An hon. member: He is arrogant.

Mr. Ghislain Lebel: He is arrogant, indeed, and a resolutely orange Orangemen. I would rather put my confidence in my colleague from the Reform Party who gave us the real reasons why the 1911 census records should be released.

Some people in our society claim that release should be allowed, while others push respect for confidentiality and privacy too far. Even if it became known 92 years later that, in 1911, my grandfather owned two horses instead of one, I wonder how this could bother him. He has, unfortunately, been dead for quite some time.

What I mean is that one should not be mean either as the member for Wentworth—Burlington usually is.

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My colleague's initiative shows an obvious interest in history. At a time when we are talking about genetic diseases, to have a period of time, even if its only five years in our history to which one does not have access, is to deprive people of the opportunity to track down their roots and know their genealogy, going as far back as their forebears, beyond 1911, but somehow there is a link missing here in demographic and sociological data. This is something we have to respect, like anything else, and provide to those who are interested. I for one am interested.

If we were talking about butterflies, for instance, it might be different. I am not that keen on butterflies, even though I like my colleague Mr. Hanfield, who is a notary in Mont-Saint-Hilaire and an entomologist who wrote a manual on butterflies in Quebec.

• (1840)

My friend, the notary Louis Hanfield from Mont-Saint-Hilaire, whom I salute in passing, published *Le Guide des papillons du Québec* last summer. It is fantastic. I am interested in butterflies. If my friend Louis Hanfield had skipped one page, and three or four butterflies were missing from his guide, I would not mind because butterflies are not what I dream about.

On the other hand, I have a keen interest in genealogy. I know mine, I know Quebec's history. Quebecers, especially those sitting here, know their history very well. They know about their past, including the history of Acadia. We have a colleague here who comes from there. For the most part, Quebecers and Acadians share the same roots. We are proud, as he is proud too.

For some, history is an important field, if only for research into genetic defects. I know a lot of the history of Quebec and eastern Canada, but I know a lot less about western Canada or the context surrounding the development of the central and western provinces. There is information there.

I have been in Saskatchewan to visit my friend the member for Regina—Qu'Appelle. Qu'Appelle is a French sounding word. It comes from the French language. How is it there is a region, a city, a town with that name in Saskatchewan? For me, a marvellous visitor to Qu'Appelle, I wonder what that means. This is the sort of information that could interest me.

I in fact stopped in Qu'Appelle. They asked me what I was doing there. It was the French name Qu'Appelle that made me wonder. I was called to Qu'Appelle, a cappella, because Qu'Appelle called. I hope you understand. I am not sure I understand myself, but I follow what I am saying.

All that to say that we can laugh here too. We can take this motion with a hint of humour.

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Because of the credibility of the member for Calgary Southeast, not so far from Qu'Appelle, who moved Motion No. 160, I will support it.

It is probably because he recalls that people in Qu'Appelle are of French descent that the member introduced his Motion M-160. Because of his credibility compared with the total lack of credibility, consideration and respect for his colleagues at all times of the member for Wentworth—Burlington, I favour the adage “a bird in the hand is worth two in the bush”.

At least I have the proposal for the motion of the member from Calgary Southeast, near Qu'Appelle, who calls his Motion No. 160. I call on my colleagues to support Motion No. 160 and to stand against the unspeakable assaults of the member for Wentworth—Burlington in an effort to get us to reject what I would call a fine motion.

• (1845)

[*English*]

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I am pleased to rise to speak to Motion No. 160, which reads:

That, in the opinion of this House, the government should take all necessary steps to release the 1911 census records once they have been deposited in the National Archives in 2003.

I appreciate the intent of this motion. I have received many letters of concern from genealogists in my constituency and from around the country over the issue of releasing information.

My understanding is that Sir Wilfrid Laurier passed the first law citing the issue of confidentiality in the early 1900s. The information in the census of 1911 was collected from Canadians with the understanding that the material would not be released. Subsequent laws have reinforced the confidentiality of all data collected by Statistics Canada.

The information gathered in these surveys provides an important resource for the basis of policy and program creation, as we all know. However, people do not give out their personal information lightly. I have received many calls and letters over time from people in Dartmouth who have been contacted by Statistics Canada for various surveys, such as the census survey that we are required to complete every five years, and people are not happy about this. They have a pre-eminent concern about confidentiality.

I come from a part of the country where genealogy, memories and our roots are extremely important and where our family heritage is a resource for which people are fiercely proud. Amateur genealogists are researchers and storytellers and they have a determination to find out where they came from and a determina-

tion to use every possible resource to do so. We in the NDP take their concerns very seriously.

When we first learned about the cries from historians and genealogists, the previous NDP industry critic, Chris Axworthy, wrote to the Minister of Industry asking that he make a decision about releasing this information to the National Archives after 92 years, which had been the standard.

The feeling of the NDP caucus was that the issue demanded a balance be struck between confidentiality and reasonable access. However, the need to restrict access by Canadians to the post-1901 census records was highly questionable, particularly when there is much greater availability of census materials in the U.S.

The Minister of Industry deferred to the chief statistician who pointed out that he could not legally release the data to anyone. Since then the federal privacy commissioner, Bruce Phillips, announced his strong opposition to releasing the data by saying:

People who give information to the government under penalty of law on an unqualified promise of confidentiality are entitled to expect that that trust will be honoured.

Mr. Phillips also speaks of the right of Canadians to have control over their own information rather than “people with a vested interest” using and making decisions about that information. In these days of limited privacy and control of our own information, his point is well taken. The passions and implications for public policy surrounding this are fierce.

As the culture critic for the New Democrats, I am aware that one of the major uses of our public archives has been for genealogical research and that this community feels that the denial of access to the 1911 census information makes their search for roots much more difficult.

In response to the concerns of the privacy commissioner and to calls from historians and amateur genealogists, the Minister of Industry has now appointed an expert panel on access to historical census records.

I believe that a respectful course of action at this point is to wait for that panel's report and see if some kind of balance, which I believe can be achieved, will be found to let Canadians find their roots and allow us assurances of privacy.

Mr. Jim Jones (Markham, PC): Mr. Speaker, it gives me great pleasure to rise to address the motion raised by the member for Calgary Southeast with respect to the release of the post-1901 census records.

Upon initial consideration, supporting this motion may seem to be quite a simple decision.

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• (1850)

However, as we begin to uncover the complexities of this matter, this decision becomes a much more difficult one to make.

In recent months a number of genealogists and historians have articulated their collective disappointment that the 1911 census records will not be available for review in the public domain in the year 2003. These individuals had previously expected the 1911 census records to be made available for research purposes in this particular year because census records have been, up to this point, accessible to the public after 92 years.

However, censuses administered after 1901 fall subject to the Statistics Act that explicitly prohibits the release of all census records. This prohibition does not allow anyone to access census records for any reason. The only exception is that individuals may access his or her own personal records. But that is the only current exception. An individual may not access the census records of anyone else, not even those belonging to his or her immediate family members nor even those records belonging to members of the ancestral family tree.

The dilemma here is quite clear and yet it is quite difficult to resolve. We have two competing interests that present a difficult case for the House. On the one hand we have the reality of statutory integrity upon which our nation is founded and, on the other hand, practical idealism presented to us by historical curiosity.

Many have argued that the release of census records is crucial to furthering the knowledge Canadians hold of their past, of their communities, of their families and of themselves. Access to census records is what enables individuals, scholars, researchers and historians alike to trace their respective histories and to answer questions about their past: from questions as simple, yet so personally important as when exactly one's ancestry arrived in Canada, to questions as drawn and as nationally significant as the face of the brave men who fought and defended Canada in the first world war. Answering these questions can indeed teach Canadians a lot about themselves and about their origins.

In fact, Canadian amateurs, historians and academics alike have called upon these records to answer these and countless other questions which offer great insight into our history as a people. As such, the availability of census returns up to 1901 have been a tremendous resource for researchers in search of information with respect to housing, health, income and general social conditions of the day. But again, researchers have been able to conduct their invaluable research based on the laws in place before 1906 which authorized the release of these census records 92 years after they were taken.

For the first time, census data will not be available to Canadians come the year 2003, the year during which census data from 1911

would have been available in the National Archives for public reference.

On the other side, those who argue that the census records should be released to the public argue that respect for statutory integrity is quite important, particularly for our nation. In 1906, when the change was made that all future censuses would be kept confidential and rendered forever inaccessible, legislators made a commitment to Canadians. This commitment, this promise was that Canadians' responses to census questions would not be divulged to anyone, not even to the most trusted and loved ones.

The federal government currently requires Canadian residents to answer increasingly intrusive and intimate questions on its census. These questions include proddings into Canadians' marital status, physical characteristics, nationality, ethnic origin, wages earned, insurance held, educational attainment and also proddings into respondents' infirmities and sicknesses. Clearly, the government census is not an everyday survey or questionnaire. It is very involved and it can also make for quite a personal experience.

While most Canadians will readily answer these questions and willingly provide the federal government with the information it requests, others will be more hesitant to divulge this very personal information. Still, because the federal government requires Canadians to do so under penalty of fine or imprisonment, Canadians do indeed answer all these questions, albeit hesitantly perhaps. Why do they answer these intrusive questions? What puts their minds at ease in divulging this information? It is no more than the federal government's unqualified guarantee of confidentiality that allows Canadians to answer these personal questions. This guarantee is what convinced Canadians to divulge so much of themselves dating back to 1911. This guarantee puts the minds of Canadians at ease when, in the absence of such a guarantee, it is extremely doubtful that Canadians would willingly and accurately provide this information. The guarantee offered by the federal government through the Statistics Act was and remains the pledge that the federal government has professed to Canadians.

• (1855)

Here is our dilemma. It will please the member for Calgary Southeast to know that although the Laurier government promised that the information collected post-1901 would remain confidential, the puzzling thing is that it is really not clear why this promise was made. Furthermore, archival records indicate that the confidentiality provision was designed to reassure citizens that census enumerators would not pass along information to tax collectors or military conscription personnel. What does this mean? Simply that the reasoning for instituting this law remains unclear today and, more to the point, that Canadians in post-1901 may not have been as concerned with privacy as we think they were.

It is true that the times have changed dramatically since 1901 and so have cultural values. While today we place the utmost importance on personal issues, back then, as archival information

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indicates, the reasons for keeping census records forever confidential was that Canadians feared the information would leak to tax collectors and military personnel, not because they wanted to keep the information confidential forever. Canadians' concerns in 1906 were short term: "Let's keep this information away from the tax man and from the military". The goal was not to keep the information from historians.

At a time when Canadians are increasingly interested in their past and when private foundations, such as the newly created *Historica* are allocating millions to improve the teaching and dissemination of Canadian history, it does not make sense that we would be barred from access to our own history.

While I certainly do appreciate the concern for statutory integrity and privacy interests, I do not believe that releasing the census records 92 years after the administration of the Census Act would pose an infringement on either of these principles. In the U.S. it is 72 years and in Australia it is 99, so 92 is reasonable. It is not an infringement of statutory integrity nor an invasion of privacy since after 92 years those who completed the census as adults are likely deceased, at which point the concern for privacy is moot.

Furthermore, Canadians today have been quite vocal in their support for releasing census records for research purposes. Given the overwhelming support for the release of the records, we in the House cannot ignore the call of Canadians. This is an instance where the sensibilities of Canadians, what they feel is right and justifiable, must be recognized. If Canadians of today do not feel that the release of census records is an infringement on the privacy rights of Canadians of yesterday, then we as legislators have no choice but to acknowledge their call.

If Canadians today wish to retain access to census records 92 years after censuses have been administered, then I do believe that, given the precedent set in the period leading up to 1911, we must accommodate them. In so doing, we would be accommodating ourselves as well, for research into our history as a people and as a nation may only be furthered by allowing access to these invaluable records.

Therefore, I offer my wholehearted support to the motion brought forth by the member for Calgary Southeast.

Mr. Keith Martin (Esquimalt—Juan de Fuca, Ref.): Mr. Speaker, I seek unanimous consent from the House to divide my time with the member for Lethbridge.

The Deputy Speaker: Is there unanimous consent to permit the hon. member to divide his time?

Some hon. members: Agreed.

Some hon. members: No.

Mr. Keith Martin: Mr. Speaker, short of not getting unanimous consent, I will say that my colleague from Lethbridge supports the intervention I will make today.

I compliment the member for Calgary Southeast for putting forth Motion No. 160 which asks that the 1911 census records, once they have been deposited in the National Archives in 2003, be made public.

The bottom line is that we have an issue here, pro and con, between two competing interests: one, for people to have access to the 1911 census and indeed the census after that once 92 years have passed; and two, the privacy rights of people who, by force of law, were obligated to provide information in those census to the government.

• (1900)

We have to look at the facts. If it is an issue of privacy with which we would all agree, we have to also look at the timeline. Ninety-two years will have passed before any information from this census could be made public. Virtually all the people affected by this census will be dead. Certainly all the adults affected by this census will be dead once 92 years have passed. Therefore, in the interests of being reasonable, is it not reasonable to allow information from 1911 to be released?

Why should it be released? It is very important from an historical perspective. I was quite surprised to see the number of people in my riding, and indeed people from around the country, who very much want this census to be released. The reason for that is not only from a genealogical perspective but also from the historical perspective,

These censuses provide invaluable information to historians to piece together the history of our country in an accurate fashion. That is what the census enables us to do because it provides information that deals with issues such as age, various demographic principles, housing, health and a wide variety of subjects that are essential for us to understand our past. By understanding our past, we get an important indication and view into our future.

Canadian history, if I can use the words of Irving Abella, is in a state of crisis because this essential information is not being allowed to be put out. The public will be interested to know that this is not an arbitrary decision by the government. It is a decision that is there by law that was put forward by Sir Wilfrid Laurier. His law states that all information in censuses after 1906 would not be made public at all, contrary to censuses previous to that. Censuses previous to 1906 were in fact made public.

We have interesting dilemma on our hands and I challenge any member who opposes this worthy motion to show where it is harmful. If we look at the experiences of other countries we find it

is very interesting. The U.S. and many other countries allow census data to be released after a time that varies from 64 to 100 years. If it were such a problem to release census information, would we not also find that this would be a problem in other democracies? Would we not also hear a cry from people who believe in democratic principles that the release of census information would somehow be an infringement on the privacy of individuals? Do we hear that from other democracies or other western nations? We do not.

Clearly we can see that our country by preventing the release of census information is compromising the very ability of historians, genealogists and others to get important information about our nation's history. It does not impede or compromise the privacy of individuals. We need to look at this subject in the historical context and the international context to find very clearly that the release of census information after 92 years does not in any way, shape or form compromise the privacy of individuals who are living today.

I know the privacy commissioner disagrees with the point of view expressed by members from across party lines, but he has a position to uphold and an important one at that. However the privacy commissioner is wrong on this issue. We need to amend the current legislation, take hold of Motion No. 160 put forward by my colleague from Calgary Southeast and ensure that the 1911 census records will be deposited, and they should be deposited, in the National Archives in 2003. That information should be made public to all who want to have access to it.

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, I have listened intently to the debate and I will say at the outset that I am opposed to the motion because what is at stake is the very essence of confidentiality.

• (1905)

I recall from my experience as a medical doctor, and the member who just participated in the debate belongs to the same profession, that confidentiality is the very essence of personal integrity. Even if we invoke the argument that we would like to study the history of our people, the history of our country, that we will sustain freedom of information because we are in a democracy, confidentiality is a supreme principle that not one of these points can supersede.

I heard during debate that we are in a dilemma. I agree that we are in a dilemma because there are competing interests, but the question to me is very clear. All other interests are subservient to the principle of privacy, in particular when the information was given to the Canadian census by a Canadian at the time, though now maybe deceased, in the honest belief that never would it be released.

Imagine a dead person in his or her grave, unable to speak today, and we, the living, say "I am sorry but in the best interest of history, in the best interest of democracy, now we will forget our promise to you".

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An hon. member: What do you guys know about democracy?

Mr. Rey D. Pagtakhan: Would the member just be quiet please out of respect for democracy? The Reform Party speaks about democracy, but at the same time when I try to speak in a way that somehow pierces his heart and pierces his conscience, the member is trying to disturb me. He cannot disturb me in the ultimate analysis.

The real test of confidentiality is when one is tempted to breach it and one resists that. That is the real test of living up to confidentiality, even when only one person is opposed during that census time who may be living now and says "No, that may not be released".

I did not know this motion would be debated. What is really at stake here is that sense of public trust. The member from the Reform Party is laughing at public trust. I am really saddened, but he will not distract me. Only the persons who did not give consent to revealing confidential information may withdraw it and have it released. That is the essence of confidentiality. He who cannot live with confidentiality I challenge. How can we trust that particular person?

The real test of confidentiality is when we are tempted to breach it for some other wishes and if we do not then we have lived up to the principle of confidentiality. That is why, if I may add, at one time there was a study of medical confidentiality in Ontario by the Grange commission. You know, Mr. Speaker, because you belong to the legal profession, you would fully appreciate that it would impose the most severe penalty for breach of confidentiality.

In conclusion I say I hope we do not support this motion. It would be a breach of public trust. It would be a breach of our promise. Though now they may be deceased, the more we should respect them.

The Deputy Speaker: The time provided for the consideration of this item of Private Members' Business has now expired and the order is dropped to the bottom of the order of precedence on the order paper.

* * *

STANLEY KNOWLES DAY

Ms. Bev Desjarlais (Churchill, NDP) moved:

That, in the opinion of this House, the government should commemorate Stanley Knowles by declaring June 18 (birthday of Mr. Knowles) of each year to be Stanley Knowles Day throughout Canada.

She said: Mr. Speaker, I am pleased to be here this evening to speak to the motion respecting a day to recognize the late Stanley Knowles. Stanley Knowles, the parliamentarian and the man, goes

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beyond partisan views. His work here in the House over the years received great acclaim from all parties.

• (1910)

I wanted us as Canadians and as parliamentarians to recognize Stanley Knowles. As well I am looking to our recognizing other great Canadians by designating days for them. We fail to do that as Canadians. We recognize Victoria Day. Certainly we have historical connections to England and to the Royal Family. The U.S. recognizes numerous days. It takes pride in its history and in its great leaders that brought that country over the years to a democratic system.

I think as Canadians we fail to do that. We fail to take pride in our country. As a result we see some of the problems we are in today. We do not take the time to be proud of the people who have worked for our democratic country and have led it through the years. I will speak a lot about Stanley Knowles because it was my intent that it would be the opportune time as we go into the new millennium to recognize him as the man that he was.

Without question Stanley Knowles is a legendary Canadian. He was a pioneering New Democrat with an intergenerational voice who spoke for all and still speaks to us now. My colleague, our health critic, mentioned in his speech today what Stanley Knowles gave us in 1958. Does that still speak to us today about our going through the same things in the House of Commons. He said:

We welcome the beginning of a hospital insurance plan. But if it is a good idea to cover hospital bills by an insurance plan, why not do the same for all medical bills? The Liberals promised health insurance in 1919 but had no intention of starting it until 1959. Apparently, it was Mr. Mackenzie King's reading of the Bible, about the children of Israel having to wander the wilderness for 40 years, that prompted him to require the people of Canada to wander in the wilderness of high medical costs for 40 years before making even a start in this field.

He went on to say:

And now we have the spectacle of the present Liberal leader promising, all over again, what the Liberal Party first pledged itself to 40 years ago.

Here we are, another 42 years later. Does it not sound familiar? He further stated:

But Pearson's promise today is even more vague and misleading than most Liberal promises have proved to be.

I think Stanley Knowles definitely speaks to us even today. As well I will take this opportunity to comment that Stanley Knowles also said:

Debate is not a sin, a mistake, an error or something to be put up with in parliament. Debate is the essence of parliament.

What have we seen as parliamentarians in the House of Commons in the last while with this government? Numerous time allocations and probably the most horrendous thing today is that

regulations will be passed once again to stifle the voice of parliamentary debate. I am sure Stanley Knowles would be turning over in his grave.

My colleague from Winnipeg—Transcona said in his eulogy to Stanley Knowles:

He was the last of a line of prairie ministers whose view of politics was shaped by their belief in the social gospel and biblical prophecies. . . Stanley was an exemplary politician. His knowledge of parliamentary rules and proceedings superseded that of many of his colleagues on either side of the House.

To understand Stanley Knowles we must understand the indissoluble link between Stanley Knowles the politician and Stanley Knowles the man. This was Stanley Knowles' integrity, his ability to bring together his belief system and his unwavering faith in our parliamentary system.

Growing up, Stanley had faced challenges that led him to follow the path that he did. As stated in the *Montreal Gazette* a few days after he passed on:

His social-democratic views were formed the hard way: by the death of his mother, Margaret, to tuberculosis and poor health care when he was 11. His father, Stanley Ernest, lost his job during the Depression without pension or benefit.

• (1915)

Stanley Knowles was on a lifelong mission. He himself stated "This became more or less the goal of my life, to correct what happened to my own family".

Is that not often what it takes to get us going, to really fight for the things we believe in, that we do not want to see other people suffer some of the problems, illnesses and tragedies that we had to go through. We want to make a better life for the people around us and for our families.

Stanley's political career with the CCF began in 1934. He held various positions throughout those years including that of national vice-president from 1954 to 1961. His son David said that his father initially decided that he would work to save people's souls through the church but he soon realized that preaching from the pulpit was not going to put food on the table or get people hospital care. He realized he was in the wrong place and he should be in parliament.

According to historian Susan Mann he had to change laws rather than souls. Stanley Knowles went out to preach from a different house, the House of Commons. He ran for parliament in 1935 and again in 1940. He was elected as the CCF member for Winnipeg North Centre on November 30, 1942.

I now have two colleagues, the member for Winnipeg Centre and for Winnipeg North Centre, who represent the riding that Stanley once represented.

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Stanley succeeded the late J. S. Woodsworth. He was elected in 1945, 1949, 1953, 1957, 1963, 1968, 1972, 1974, 1979 and 1980. How would any of us feel to have the support of our constituents the way they stood behind this man because of the man he was? His integrity was never at question. That we should be elected that many times, we would definitely deserve to have our name recognized within Canada, a day recognized on our behalf, if we were able to make that kind of commitment to our constituents.

Stanley's career as a parliamentarian was brilliant. Many honours were bestowed upon him in recognition of his knowledge of parliamentary procedure and his integrity as a social democrat.

In 1957 John Diefenbaker offered Stanley the Speakership. According to the *Montreal Gazette*, the new Tory prime minister, the highly partisan John Diefenbaker was so impressed by Mr. Knowles that he offered him the job as Speaker of the Commons. Mr. Knowles declined. Why did he decline? He declined because it would constrain his ability to fight for pension reform on behalf of his constituents. That was a parliamentarian.

For Stanley Knowles the politician, government and its laws were to become his instruments of transformation and education to make Canadian society a better place for all. He fought persistently for the elderly and more specifically for the national pension plan. He also fought for the poor, for children, for women and for veterans.

During his 42 years in the House, Stanley not only gained respect for the role of parliament and its procedure but a sound understanding of it. It is no wonder that his career as a parliamentarian did not end when he ended his term as an active member of parliament in 1984.

NDP leader Ed Broadbent suggested that the House honour Stanley. Prime Minister Trudeau at that time followed through on the suggestion with a lifelong membership in the House and a seat at the clerk's table.

On March 13, 1984, the House voted unanimously and Stanley was able to keep living in the house that was his home, the House of Commons. In October of the same year Stanley Knowles was recognized as an officer of the Order of Canada.

Regardless of his health needs and his frailty, Stanley still attended question period daily. I am sure all of us would be thrilled to say that we had been in question period daily for our whole time here in Ottawa. He enjoyed the ritual, the rules and the history of parliament's hallowed halls which he has now joined.

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, it is good to be on duty in the House today and to participate in two debates on subjects that are close to my heart.

• (1920)

Let me speak about Stanley Knowles. Mr. Speaker, I believe you and I came to the House at the same time in 1988. I then represented Winnipeg North. I understand from the political history that a small part of that riding had previously been represented by Mr. Stanley Knowles. I inherited with great pride the tradition that Mr. Knowles left. I saw to it to have a conversation with him during my first few days on Parliament Hill. I will continue to cherish that memory.

He reminded me of the first speech he gave when he was in California. It was about the Philippines, my country of birth. He was a vivid and caring person. Indeed I agree that he was a visionary and a person of deep social conscience. He fought for the poor, veterans and seniors, the very essence of our political calling. He said that debate gives testimony to democracy and I agree. He spoke of procedure and how to use it to effect a change. But he said that the procedural rules as they existed should never be abused by any frivolous approach to the procedures. He said that within the existing procedures we should use our imagination to advance our cause. In fact, I very much enjoyed reading the book in my first few months on Parliament Hill.

It was my extreme honour a couple of years ago when the Minister of Public Works and Government Services requested that I appear on his behalf and speak on behalf of the Government of Canada in the naming of a building in Winnipeg for Stanley Knowles. It was an honour for me to be with the members of his family.

In closing, by continuing to honour Mr. Stanley Knowles, we are honouring and sustaining the nobility of politics itself.

Mr. Gurmant Grewal (Surrey Central, Ref.): Mr. Speaker, I rise on behalf of the people of Surrey Central to speak to Motion No. 211 which calls on the government to declare June 18 to be Stanley Knowles Day.

I begin my remarks by commending the hon. member for Churchill for introducing this motion on behalf of the NDP and in fact Canadians who look up to Mr. Knowles and have great respect for his work.

Mr. Knowles was born on June 18, 1908. As you know, Mr. Speaker, I am a relatively new Canadian. My family and I have been in Canada less than 10 years. Still I know a little bit about Stanley Knowles and from what I know I can say that I highly appreciate what he did for our country.

He was a politician who was dedicated to representing the people who elected him. He delivered his maiden speech to the House on February 3, 1943. He represented the riding of Winnipeg North Centre for over 37 years, from 1942 to 1958 and again from 1962 to 1984. That alone can be considered a remarkable feat. I wonder how many of us can even imagine enjoying such a large amount of

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support for so many years. The people of Winnipeg had a great deal of confidence in their MP.

The NDP member for Churchill should be commended. The socialist camp in our country must be very proud of Stanley Knowles, claiming him as one of their own. I know that Stanley sat at the clerk's table for many years after he completed his career as a member of parliament. In 1984 he became the only member of parliament ever to be made an honorary officer of the House of Commons with a lifelong chair at the clerk's table.

• (1925)

To the credit of the Liberal government of the day, it was former Prime Minister Pierre Trudeau who extended the generous and kind offer to Mr. Knowles to stay as a member of the House with his own office in this very building.

As a long time House leader of the NDP, his knowledge of the rules and his love for parliament had no equal. A follower of the social gospel, he was renowned for his advocacy on behalf of the elderly, veterans, the poor and other disadvantaged Canadians. Canadians will be glad to be reminded of Mr. Knowles' accomplishments in this place.

He delivered what some have called one of the greatest speeches in the House while opposing the Liberal government's use of time allocation. The way I have heard the story told, during the 1957 pipeline debate the Louis St. Laurent government tried to cut off debate in the House. That was a Liberal government. The Liberals were trying to limit debate in the same way the Liberal government today does time and again. Back in those days the government's use of closure and time allocation was not common.

Mr. Knowles was a western populist. He came from the roots of where the NDP and the Reform Party supporters come from. My colleagues and I are here to represent those Canadians who know how Stanley Knowles felt when the government tried to use time allocation to ram a bill through the House.

The present government has used time allocation and closure at least 61 times to deprive elected members of the House an opportunity to debate. This is ridiculous. This is so undemocratic that it is anti-democratic. It is almost a dictatorship.

In fact the 60th time the government closed debate on a bill was the week before last on the very day the House was supposed to be debating this motion. The government shut down debate on the clarity bill aimed at clarifying how a future referendum for secession will be conducted. This occurred on the very day we were going to ask the government to make arrangements to commemorate an hon. member of the House, someone who fought against time allocation and closure and the limiting of debate in the House. It is so ironic that the man who fought against time allocation on

the pipeline bill, a very famous debate in the House more than 40 years ago, is himself the topic of debate in the House.

The 61st time the Liberals cut off debate was on the bill that makes changes to the Canada Elections Act. This bill favours the governing party and in this case it favours the Liberal Party and the Liberals are not going to change that. They have not listened to the Chief Electoral Officer and they have not listened to the witnesses who appeared before the committee. They have no respect for the kind of forward thinking Stanley Knowles was famous for. He would not have supported this legislation if he were speaking from this side of the House.

The Liberals have been in power for almost seven years. They only have to shut down debate on any bill in the House five more times and they will be tied with Brian Mulroney's all-time record of 66 times. It took Mulroney nine years to stifle democracy 66 times. The Liberals are ahead and they are likely going to set the record for being undemocratic.

• (1930)

When closure was first used to end a debate it was done because debate had gone on for 42 consecutive days. That is why closure was required at that time.

The Liberals shut down the debate on the clarity bill after just 42 minutes. They shut down the debate on extending benefits to same sex partners after just one hour and six minutes. They shut down debate on the changes to the elections act, which I described earlier, after just two hours and forty minutes. It was an important bill and they let debate continue for only two hours and forty minutes. It is unbelievable. It is shameful. Stanley Knowles is turning over in his grave, I am sure. The Liberals have learned nothing from Stanley Knowles.

We should have a Stanley Knowles day. We need to celebrate the lives of those who have contributed so much to our country.

We can describe Stanley Knowles as a Canadian hero who stood for democracy in the House, who was famous for standing for the rights of elected members to debate anything they were supposed to debate. He championed the rights of the people. He left his mark on this place. It is important for future generations to know that such a man existed.

It is encouraging for young Canadians to learn of the accomplishments of a single Canadian who stood for the rights of members to debate in the House, who stood for democracy in the House. It is very inspiring for young Canadians. June 18, which was his birthdate, falls within the school year. It is a good time to establish this day, a day of remembrance and education.

I commend the hon. member for Churchill for introducing this motion to remind the House and to remind the Liberals who are

asleep at the wheel that democracy is important. It will remind them how important the Canada Elections Act is, which will allow free and fair elections in this country. It will remind Liberals that free debate should be allowed in the House without debate being cut off, without turning this place into an anti-democratic institution.

Therefore, I am glad to speak in support of the motion and I wish the member the best of luck. I hope she succeeds and I hope the Liberals will learn from Stanley Knowles.

[*Translation*]

Ms. Hélène Alarie (Louis-Hébert, BQ): Mr. Chairman, without a shadow of a doubt, Stanley Knowles was a great Canadian parliamentarian.

The fact that the House of Commons let him sit in the House to hear our debates bears witness to the esteem that all parties had for Mr. Knowles. It is not surprising, therefore, that thought is now being given to having a day dedicated to his memory. This is a most praiseworthy idea.

There are a few questions, however, that have to be asked before commemorating an individual or an event. First of all, what is the purpose of commemorating that individual or event? Primarily, it is to call to mind the values and principles we have been taught by that individual or event.

Consequently, when there is a desire to commemorate an individual, as there is today, it is important for the values and principles that person defended to be evident to all. A goodly number of Canadians and Quebecers might deserve having a day dedicated to them. People distinguish themselves in all areas of endeavour, be it the arts, business, teaching, science, medicine or some other field.

Why are they not commemorated, despite their accomplishments? Because they are not widely known, and the population as a whole does not associate the values and principles they defended with these individuals.

● (1935)

Mr. Knowles was very well known to parliamentarians and to his fellow Winnipeggers but, and this is regrettable, the average Canadian or Quebecer has no idea of the values and principles defended by Stanley Knowles. Therefore, in spite of all the merits of Stanley Knowles, dedicating a day to his memory would not help promote these values and principles.

These remarks are not meant to take anything away from Mr. Knowles' exceptional career as a parliamentarian. That career was indeed exceptional in more ways than one, and particularly in terms of its length. After working as a typesetter and printer, Stanley

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Knowles represented his fellow citizens in parliament for 37 years, between 1942 and 1984. The figures tell the tale: he was elected 13 times to the House of Commons.

His career is also exceptional in terms of his contribution to the Canadian parliamentary system, which is a very topical issue these days. Stanley Knowles thought and wrote about the role of the opposition in this parliament. He also made a contribution to the debate on the role of the Senate.

Stanley Knowles played a key role within his party, the New Democratic Party, particularly when the NDP was founded to replace the CCF, the Co-operative Commonwealth Federation, in 1961.

Stanley Knowles' exceptional contribution to Canadian democracy was largely recognized in his home province of Manitoba, where everyone knew him. In Winnipeg, a school and a park are named after him.

His memory is also honoured in Brandon University, of which he was chancellor for 20 years, from 1970 to 1990, with the Stanley Knowles chair for political studies. Here in this House, he is the only person ever to receive the title of honorary member of the House of Commons. Stanley Knowles was also made an officer of the Order of Canada in 1985.

Stanley Knowles made a remarkable contribution to Canadian democracy. His exceptional contribution was recognized by Canadians and they are grateful to him.

However, in spite of all his merits, to dedicate a day to Stanley Knowles would not help promote his values and principles among the public. It would not add anything to the political stature of the man.

[*English*]

Mr. Mark Muisse (West Nova, PC): Mr. Speaker, it is truly an honour and a privilege for me to have this opportunity to rise in the House to debate the motion that would see us commemorate the wonderful life of Mr. Stanley Knowles by recognizing his birthday on June 18.

I would also like to congratulate the hon. member for Churchill for introducing this motion. She obviously shares my deep sense of pride and respect, as do many Canadians, for the many accomplishments of the late member for Winnipeg North Centre.

[*Translation*]

From what I have read and heard, Mr. Knowles worked very hard for all Canadians. He worked particularly hard for the most vulnerable members of society.

Private Members' Business

[English]

I would like to thank my hon. colleague from Churchill for introducing this motion. It has allowed each and every one of us to look back upon the life of a great Canadian. Mr. Knowles was someone whose strength and determination helped forge a greater Canada, one that we too often take for granted.

We often forget that many of the social programs we take for granted today, such as employment insurance, old age security, the guaranteed income supplement, the minimum wage and others, were not readily available when Mr. Knowles began his long and distinguished career back in 1942.

For more than 40 years Mr. Knowles was a member of parliament who was instrumental in helping to convince the government of the day to introduce and improve many of the social programs which help Canada's most vulnerable citizens.

Mr. Knowles could understand and appreciate the struggles of everyday people. He witnessed them firsthand during the Great Depression while working as an ordained minister in the United Church, watching senior workers being displaced by younger workers during the depression without being provided with a retirement pension plan. This convinced him to work toward the elimination of injustices in the workplace.

• (1940)

Mr. Knowles fought for employee pension rights. He fought for better pensions for our seniors. He fought for better housing and help for the homeless.

I find it rather ironic that today we are speaking of the late Mr. Stanley Knowles. I say ironic because of Motion No. 8 which was introduced in the House today. If Stanley Knowles were here he would be appalled by what the government is doing to the fine institution of the Parliament of Canada, limiting our abilities as members of parliament to debate, to make amendments, to make changes to legislation and to truly do what we are supposed to do as parliamentarians. I am sure Mr. Knowles is spinning in his grave.

[Translation]

I must admit that I was a bit surprised to learn that Mr. Knowles' father came from Woods Harbour, which is just beside my riding of West Nova. Mr. Knowles' ancestors came to Nova Scotia in 1760 only five years after the deportation of the Acadians in 1755.

I am convinced that Mr. Knowles saw this as a great injustice and was perhaps even influenced by the magnitude of this tragedy. But this is only conjecture.

One thing is certain—Mr. Knowles loved to come to Nova Scotia to visit his family. Having lived in a small village the mainstay of which was fishing, Mr. Knowles certainly had a unique perspective

on the differences and similarities with which the people of West Nova must cope.

I think that Mr. Knowles would be shocked if he were to see the terrible straits in which our fishery now finds itself. Like us, he would be completely dissatisfied with the way the Liberal government is ignoring the crisis in the fishery.

[English]

Mr. Knowles would be disgusted by the way the Liberal government has handled the crisis in the Atlantic fishery. Like any Canadian whose livelihood is being threatened by government inadequacy or incompetence, I am certain that Mr. Knowles would be using every possible trick in the book to focus attention on this very serious problem.

Mr. Knowles was a master of parliamentary procedure. I am certain he would have taken every possible opportunity to highlight the plight of our Atlantic fishermen. He would have recognized the correlation between the serious brain drain that is going on in this country and the Liberal government's handling of the Atlantic fishery crisis. He would recognize that this Liberal government will ultimately destroy our fishery, forcing more of our youth to head west in search of job opportunities.

According to the fisheries minister's press release which he sent out last Friday, the Atlantic fishery produces some \$1.3 billion in landed values. That is nothing to sneeze at.

Like our seniors and our most disadvantaged citizens for whom Mr. Knowles fought so strenuously, I think our Atlantic fishermen deserve the same protection against a Liberal government which appears unable or unwilling to resolve the serious problems affecting the industry.

Stanley Knowles was nothing if not tenacious in his pursuit of social justice. He simply would not be deterred; not by his initial failures at the polls where he lost in the federal elections of 1935 and 1940, and then the provincial election in 1941, nor by the disintegration of his CCF party, which ultimately transformed itself into today's New Democratic Party. His message never seemed to change over the years. He continued to preach his social gospel.

I take comfort in recognizing the huge accomplishments of Mr. Knowles on behalf of all Canadians. I can see that his tenacity has paid great dividends for the citizens of Canada and I am determined to show some of the same tenacity as I continue to represent the citizens of West Nova to the very best of my ability.

I will draw attention to the serious crisis in the Atlantic fishery. I will demand that the Minister of Fisheries and Oceans address the terrible conditions of our local fishing wharfs which his department is so determined to ultimately abandon as a cost-cutting measure.

Private Members' Business

• (1945)

A recent storm in my riding has left a number of our wharfs, including the Delaps Cove, Parkers Cove, Hampton, Port Lorne, Cottage Cove and Margaretsville in serious condition. Another storm could wipe them out leaving our fishermen to fend for themselves.

These fishermen need these wharfs for their livelihood. Their communities need these wharfs because they provide an economic boost to their local economies. They need these wharfs because they share an important cultural component with members of their own community as well as with the surrounding communities.

In speaking for our Atlantic fishermen, I cannot stress strongly enough the importance of these wharfs to our communities.

Coming from a western province where agriculture is so important to the local economy, I am sure Mr. Knowles would appreciate why I have raised the serious plight of our farmers on so many occasions in the House. After three consecutive years of drought conditions, our West Nova farmers are struggling for survival, just like our western counterparts.

The government's band-aid solutions fall far short of what is needed to stabilize this vital industry. It is time that the government started looking at long term, sustainable programs that will seriously address the difficulties being experienced by our Canadian farmers.

There is no question of the tremendous accomplishments of Mr. Stanley Knowles. He has been recognized on many occasions for his commitment to the Canadian people. For example, in 1979 our leader and then prime minister, Mr. Joe Clark, appointed him ceremoniously to the Privy Council of Canada to mark his 37th anniversary in the House of Commons. In 1970 he became Chancellor of Brandon University and in 1990 was designated Chancellor Emeritus. He was awarded the Order of Canada in 1984. His name appears on schools and school libraries and most likely on a number of street signs.

I could go on and on. However, I am not totally convinced that we should be recognizing a great Canadian on the date of his or her birthday at the exclusion of many other great Canadians. Somehow I prefer using days on our calendar to highlight great Canadian achievements, events and organizations that otherwise may not receive the recognition they so richly deserve.

Stanley Knowles has a special place in Canadian history. I think his achievements would best be recognized through our Canadian history books.

Mr. Mauril Bélanger (Parliamentary Secretary to Minister of Canadian Heritage, Lib.): Mr. Speaker, I agree with the

member for Churchill on two of her initial statements, the first one being that I believe everyone in the House, regardless of partisan affiliation, will recognize that Stanley Knowles was indeed someone worthy of such consideration and was honoured by the House, as the member herself mentioned.

I will now say a few words in tribute to Mr. Knowles as well. I was fortunate enough to have been in the House for a bit of the time while he was an honorary table officer. I think it is fairly well accepted that Stanley Knowles was, first and foremost, a man of the people. He was motivated by his concern for the less fortunate, some of whom are still to this day overlooked, and the undervalued members of our society. His concern for the suffering of others was rooted, some argue, in personal suffering close to home.

I will relate an incident in 1932 when his father, 57 at the time, was laid off from his machinist's job when all employees over 55 were deemed expendable by an efficiency consultant. After many years of loyal service, the elder Mr. Knowles had no severance, no unemployment insurance, no sick benefits and no pension. One could argue that this episode in Mr. Stanley Knowles' life was a benchmark event in his life and that it helped fuel his committed drive to guarantee so many elements of life that we today take for granted.

[*Translation*]

We also pay tribute to Mr. Knowles as a parliamentarian par excellence. His exceptional presence still makes itself felt in the House from time to time, when it is a question of balancing personal conscience against public perception or expectations.

It is in this room that he has left his mark, and his accomplishments are still celebrated today.

• (1950)

A unique figure among Canadian parliamentarians, he had a very rare privilege bestowed on him, having been given a seat at the table, near the Chair, when he was no longer a member of parliament. In fact, to this day, he remains the first and only honorary officer of the House of Commons.

[*English*]

We agree on that but I wish we could have perhaps avoided some partisan shots while we paid tribute to Mr. Knowles, but that is another matter.

I also agree with the member for Churchill when she says that we do not do enough in this country to recognize, acknowledge, teach and transmit the knowledge of people such as Mr. Knowles to the younger generations. I for one share that view and hope we will find ways as we evolve as a society to do more of this. It is important to make sure that the achievements of people like Mr. Knowles are communicated to our younger people so that they can get an appreciation of the values he represented.

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Although I may not agree with her, as she may suspect, on whether or not the course suggested to commemorate and pay tribute to Mr. Knowles is the appropriate one, I would put some ideas on the table as to why this may not be appropriate, without demeaning the importance of Mr. Knowles, and perhaps put forward some suggestions that she may wish to consider in another forum.

There is one concern that has been alluded to by two of the opposition parties, and that is the phenomenon of too many people being honoured. For instance, I did a very cursory check at the Library before coming here. I picked three or four dates at random and asked for information out of the current edition of Canada's *Who's Who*, if you will—and we take that with a grain of salt because it is only living people and it is self-subscription to a certain extent—but on June 18 there are two current parliamentarians, who happen to be in the other place, who may or may not also qualify for a so-and-so day. How do we decide that without bringing in partisanship or trying to make it an extraction of partisanship?

On November 18, another date picked at random, would one want to honour Knowlton Nash? I believe everyone knows Knowlton Nash. Someone from western Canada may wish to honour Peter Pocklington, or Margaret Atwood. They were all born on the same day but in different years. One can see the complications that could arise from that, and that is just a very cursory look at this.

Another example is March 28 where we have Marshall Cohan, a fairly well-known executive; Robert Sculley, a fairly well-known television personality; a fellow by the name of Paul David Sobey, who is fairly well known in Atlantic Canada in the business community; and we have Karen Kain.

I am just trying to give examples of the kinds of difficulties we could get ourselves into. The final example would be January 26, where we have Roger Landry.

[*Translation*]

Roger Landry has just retired as a journalist for *La Presse*. He was and still is a very important newsmaker in Canada.

Think of someone like Claude Ryan, who is also an important Canadian newsmaker, or Wayne Gretzky. They were all born the same day.

Understandably, it would be difficult for us to approve the concept of an individual's day. And I did not name everybody.

It is not a matter of not wanting to recognize the value and contributions of certain individuals, whether in the parliamentary or education field, in the arts, business, the media or sports.

We might want to consider other options, and we have been thinking about it. The Order of Canada was created to recognize

and pay tribute to the contributions of a large number of Canadians to our society, even if they were born on the same day. Some thought was given to it in the House, in a way, on other occasions. Perhaps this suggestion should be made to the House.

● (1955)

It is rather delicate to ask the government to recognize a parliamentarian. One might argue that it is the role of the House, and that the House or parliament could find other ways, here or elsewhere, to recognize the contribution of a great parliamentarian.

We are not against the idea of celebrate the life of Stanley Knowles. It is the way suggested here that is inappropriate. For example, we have before us three similar measures.

There is a bill from the other place to designate a certain day as Sir John A. Macdonald Day. I think a member from the Progressive Conservative Party would like a day to be designated as Samuel de Champlain Day. Unfortunately, we are going to run out of days. There is limit.

Before designating days to honour so and so, we should find other ways of doing it. I would like to make this suggestion to my colleague opposite, despite what some other members opposite might say.

[*English*]

The Deputy Speaker: The hon. member for Churchill. I should advise the House that if she speaks now, she will close the debate.

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I want to thank all the members who have spoken tonight on behalf of Stanley Knowles and his great accomplishments. I thank them for the support.

I want to clarify a couple of areas. My colleague who just preceded me indicated we could run out of days. The United States of America recognizes Washington, Lincoln, Martin Luther King and I think there may be one other politician in all their years of history and they have not run out of days so I think in Canada we are probably fairly safe. The United Kingdom has Guy Fawkes Day and maybe the other odd one. I do not think that is the real problem.

As parliamentarians we can get beyond the partisan aspect and have support for parliamentarians who have done a great job. I want to clarify it was intended that it would be parliamentarians or politicians who would be recognized. So often all that is ever recognized of politicians is any wrong that they may do. Very few people will have a good thing to say about any politician. There are very few of us who could honestly say that we hear something good about us all the time. I think we can get beyond that for parliamentarians who have done a great job such as Stanley Knowles did. There may be others as well.

Private Members' Business

There is no question there are other ways of recognition. The reason to recognize a day is that it becomes that day on the calendar. Every time a child or an adult looks at the calendar on that day, they will think of Stanley Knowles.

St. Jean Baptiste Day has been on the calendar for heaven knows how long. We do not recognize it. We did not do anything with St. Jean Baptiste Day where I grew up but we recognized it and we learned about it and we understood it as we did other holidays that get recognized. To me there is very great significance in putting the day on the calendar and officially recognizing it.

The leader of the New Democratic Party said on Stanley's passing that we have all lost a friend, one who fought with courage and vigour for equality, for social justice and the dignity of all Canadians. Stanley Knowles is a Canadian worth honouring. He should be held in high esteem in our collective memories so that we may never forget his integrity as a man and as a politician.

I was very disappointed that the motion was not made votable. I am going to take this opportunity to correct that wrong and ask if I

could have unanimous consent of the House to make it a votable motion.

The Deputy Speaker: Is there unanimous consent of the House that the motion be votable?

Some hon. members: Agreed.

Some hon. members: No.

Ms. Bev Desjarlais: Mr. Speaker, I hope there will be alternate ways that we can go about recognizing great parliamentarians. I certainly intend to pursue them in the future.

The Deputy Speaker: The time provided for the consideration of Private Members' Business has now expired. As the motion has not been designated as a votable item, the item is dropped from the order paper.

[*Translation*]

It being 8 p.m., the House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 8 p.m.)

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