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OFFICIAL REPORT
(HANSARD)

Thursday, May 18, 2000

Speaker: The Honourable Gilbert Parent

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HOUSE OF COMMONS

Thursday, May 18, 2000

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1000)

[*Translation*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, pursuant to Standing Order 36(8), I have the honour to table, in both official languages, the government's response to 12 petitions.

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EXPORT DEVELOPMENT

Hon. Pierre S. Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, pursuant to Standing Order 109, I have the honour to table, in both official languages, the government's response to the report of the Standing Committee on Foreign Affairs and International Trade entitled "Exporting in the Canadian Interest: Reviewing the Export Development Act".

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[*English*]

THE UNKNOWN SOLDIER

Hon. George S. Baker (Minister of Veterans Affairs and Secretary of State (Atlantic Canada Opportunities Agency), Lib.): Mr. Speaker, I rise today to bring to the attention of the House important events that will be taking place in France and Canada next week, events that will mark a singular tribute to Canada's veterans of the past, to our serving men and women of

today and to those who may, in the future, be called upon to defend our country and to stand on guard for peace and freedom.

• (1005)

Next Tuesday, it will be my privilege, in the company of representative veterans and other Canadian witnesses, to fly to Vimy, France, to receive the remains of an unidentified Canadian soldier from World War I.

Canadian veterans, military from Canada and France, diplomats, along with French government and community leaders will all witness the event. Honorary pallbearers from our wartime allies will bear the casket which our delegation from Canada will officially receive from the Commonwealth War Graves Commission.

The casket will contain the remains of a young soldier who made the supreme sacrifice in the area of Vimy. We do not know his name, we do not know his age, we do not know his unit but we do know that he was one of our brave Canadian soldiers.

After the ceremony at Vimy Ridge, the remains of the unknown soldier will be flown to Ottawa on the afternoon of May 25. In Ottawa there will be a procession to Parliament Hill where the unknown soldier will lie in state for three days in the Hall of Honour. The casket will be under constant vigil of serving members of the Canadian Forces and the Royal Canadian Mounted Police. Members of the public will be invited to pay their respects.

On May 28 the casket will be taken on a gun carriage to the National War Memorial accompanied by a military escort, Her Excellency the Governor General of Canada, the Prime Minister, members of the diplomatic corps, veterans and the RCMP. There the casket will be placed on a specially designed memorial tomb, after which a committal service will be conducted with military honours.

Soil from each province and the territories will be mixed with the soil taken from his resting place in France and placed in the tomb. After completion of the service the tomb will be sealed forever.

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This will be a unique occasion of commemoration as we honour the unknown soldier. I want to express, on behalf of all members of the House, our deep appreciation for the great efforts of the Royal Canadian Legion and others who have worked so hard to bring the unknown soldier home.

Mr. Peter Goldring (Edmonton East, Canadian Alliance): Mr. Speaker, I am pleased to rise to respond to the statement of the Minister of Veterans Affairs.

The events to occur next week are truly historic and long overdue. The ceremonies in Ottawa will bring together all provinces, since earth gathered from each province and the soil of France where a soldier fell so long ago, will be interred with his remains.

Next week a soldier will be carried home from the shadow of Vimy Ridge to rest forever on Canadian soil, not to the town he left so long ago, for we know not where he lived, not to his family's home, for we know not who his family is, but home he will come to rest in an honourable place and to receive the deserving respect of all as we, the public, remember the war, think of his soul and ponder the supreme "price of peace" that his death reflects.

These actions show to us that the unknown soldier represents all Canadians. In falling at Vimy, the unknown soldier fell in a crucial battle, a Canadian victory that all the world would see.

Many would say that Canada took birth that day. Born into the world of nations with respect, born by the blood of our young, born through the determination and skill. Their spirit lives on to this day.

Over 60,000 Canadian soldiers died in "the war to end all wars". This last century, over 100,000 Canadians never returned home. More than 27,000 of our war dead, nearly 25% of all Canadians who lost their lives in fighting for our freedoms, have no marked grave having been buried at sea or on land. It is this soldier's life and his death that is of singular importance at this time. The unknown soldier is whom we speak of today. His name is known only unto God. Soon he will rest in peace on Canadian soil. Soon he will be with his family; all Canadians who will honour his past. Soon he will be home at long last.

• (1010)

[*Translation*]

Mr. Paul Mercier (Terrebonne—Blainville, BQ): Mr. Speaker, I am somewhat familiar with the Vimy area, in France, where, next week, we will go to gather up the remains of an unknown Canadian soldier.

A few years ago, I visited this World War I battlefield. I remember walking over the plain, which now looks so peaceful with its wheat fields and small wooded areas, in a contemplative

mood but also feeling the anguish that grips us when we find ourselves in a place where thousands of men died while fighting for freedom.

"Morts pour la liberté". These people made the ultimate sacrifice for freedom. It is with reluctance that I use this expression, because I am well aware that after having been used in so many speeches and read, unfortunately, on so many tombstones, it may have lost some of its meaning and may no longer fully reflect the noble yet terrible reality that it should evoke. Still, let us try to visualize what happened.

We are close to the village of Vimy. Can we see that young man, whose remains we will bring back home? Like thousands of others he is there, alive, with his helmet, his rifle and his khaki uniform in a trench, where he is taking cover, alongside his brothers in arms.

Stunned by the din of battle, which prevents him from thinking, he shoots again and again. His rifle is hot. But in the lulls between firing, he lights a cigarette and, leaning on the muddy wall of the trench, he dreams. For the hundredth time, we can be sure, he imagines the wonderful moment when the war is ended, he has travelled back across the ocean, and the train carrying him and his buddies home finally reaches its destination.

He can picture himself already, a young soldier flush with victory, searching through the cheering crowd on the platform for the anxious faces of his mother, his father, his girlfriend or his wife, and perhaps his children, older now. "Will he be there", they must be asking themselves. There, he has seen them. "Yes, yes, I am here", he shouts to them, leaning out the open train window.

A whistling sound, an explosion, a blast—it must have been a shell that killed him because his remains, likely mixed in with those of other soldiers, could not be identified. A shell which shattered his dream and robbed him of his identity. But today, it is this anonymity which has earned him a place in history by conferring on him the honour of forever representing in his native land, to which he has returned after more than 80 years, all those who, like him, gave their lives for us.

Next week, the coffin of this soldier will be on view in parliament's Hall of Honour so that his fellow Canadians may pay tribute to him. I hope that many men and women will do so for, were he not back among us, they might perhaps have eventually forgotten to whom they owe their freedom. They need not be great readers of literature to help make the following two lines of verse ring as true today as when they were first written:

Those who for their country gave their lives

Should hear the prayers of many at their grave

[*English*]

Mr. Gordon Earle (Halifax West, NDP): Mr. Speaker, I am pleased to rise on behalf of the New Democratic Party of Canada in

response to the minister's announcement of the significant events that will take place in France and Canada next week.

Indeed, the repatriation and interment of the remains of an unidentified Canadian soldier from World War I is important to all Canadians. This unknown young man will receive posthumously the honour, respect and recognition that was so devoutly earned as he, like so many others, gave his life in service to his country and fellow man.

The ceremonies that will take place will express the appreciation of all Canadians and their allies for the ultimate sacrifice that was made by this young man and so many other men and women who fought for the peace and good order that we enjoy today.

• (1015)

At the same time, these ceremonies will be a stark reminder of the horrors of war, of man's inhumanity to man and the real and tragic cost involved when nations rise against nations, when greed, hatred and lust for power and domination take precedence over love, respect, sharing, kindness and a sense of fair play, equality and social justice.

As we pay our respects to this young Canadian while he lies in state in the Hall of Honour, may each of us search our hearts for what we can do individually and collectively to advance the cause for which this young man died: peace on earth and goodwill to all.

Yes, at long last we are bringing him home, but perhaps he never really left. While his body may have left home and died, I believe his spirit, like the spirits of many others who have gone on before, remains with us seeking peace and justice for all.

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, I rise today to honour one who is without a name, one who carries the names of many. Next week I will be accompanying the minister to Vimy. Next week for Canada, an unknown soldier becomes the Unknown Soldier. He will be removed from his many, many comrades at Vimy to lie in a new place of equal but solitary honour in Canada.

This man's family should escort him to his new grave for he is our father, he is our son. On behalf of his country, I am proud to be part of the mourners who will bring him to his Canadian resting place of honour.

Our men and women who died in war are all equally honoured by this act. We remember those who died in the fields of foreign nations. So too we remember those who died in the air and on the seas. Their mortal bodies were committed to earthless graves that cannot be visited.

All across this country there are monuments, memorials sacred to the remembrance of those who died in the wars fought in our name. On many of the cenotaphs is written these appropriate words

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from Ecclesiasticus, "their name liveth for evermore". Today, let us also remember the words preceding this citation:

And some there be, which have no memorial. . .and are become as if they had never been born. . .But these were merciful men, whose righteousness hath not been forgotten. . .Their seed shall remain forever, and their glory shall not be blotted out. Their bodies are buried in peace; but their names liveth for evermore.

On this solemn occasion, we again express our sorrow and sympathy for the families of those who have died in the service of Canada. They survive with a lifelong loss and unending pain. Some will feel extra grief because their family member was killed in a manner that did not permit identification or burial. May they know serenity through this expression of the perpetual gratefulness of all Canadians for all time.

We express our gratitude to those who took up the torch, who saw injustice and tyranny and were prepared to suffer and die for their fellow Canadians. We remember those who returned from war and who still suffer the pains of physical and mental wounds. We pray that in paying homage to one unknown soldier we and future generations will remember and honour those who died for Canada.

* * *

• (1020)

QUESTIONS ON THE ORDER PAPER

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, the following question will be answered today: No. Q-29.

[Text]

Question No. 29—**Mr. John Cummins:**

With regard to the purchase of mefloquine from the manufacturer and the oversight of mefloquine by the Health Protection Branch as mandated by the Food and Drug Act: (a) did the Canadian Forces indicate to the manufacturer on the order form when ordering mefloquine for Somalia that it was for use under the Food and Drug Act's Lariam Safety Monitoring Study; when was the order submitted; and when was the shipment received; (b) was the Health Protection Branch informed by the manufacturer that the Canadian Forces had indicated on the order form that the mefloquine was being ordered under the authority of the Lariam Safety Monitoring Study and that this mefloquine was apparently purchased for the Somalia deployment; and when was the Health Protection Branch so informed; (c) did the Health Protection Branch receive from the manufacturer a request to fast track licensing approval for mefloquine (Lariam), and was licensing approval granted prior to the end of the Canadian Forces deployment in Somalia; (d) what was the date the Health Protection Branch received the final results of the Lariam Safety Monitoring Study from the manufacturer, and the date of the receipt by the Health Protection Branch of the last submission of the Safety Monitoring Study's results prior to licensing approval; (e) did the Department of National Defence prepare an advisory note acknowledging that evidence provided to the Somalia Inquiry had misled the Inquiry as to the status of mefloquine approvals for the mefloquine used in the Somalia deployment; was the advisory note forwarded to the Minister of National Defence; and what action was taken when the Minister was so informed?

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): I am informed by the departments of Health and National Defence as follows:

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(a) The Canadian Forces did not indicate on the order forms for the mefloquine to be used on the Somalia deployment that it was for use under the Food and Drugs Act Lariam Safety Monitoring Study or on the Somalia deployment. This type of statement is also not on the initial order form that was addressed to the Ottawa Civic Hospital for the procurement of mefloquine earlier in the safety monitoring study. The order dates were September 9, 11, 14, 15 and 28, 1992 and the drugs were delivered within three working days of the order being placed.

(b) At the time of the transaction, the manufacturer was not required, nor did they inform Health Canada that the mefloquine was being ordered under the authority of the Lariam Safety Monitoring Study, and that this mefloquine was apparently purchased for the Somalia deployment.

Health Canada was informed only after the allegations arose in the media in October 1994, and after investigation and consultation with the manufacturer subsequently.

(c) Health Canada

Health Canada records reveal that the manufacturer did indeed request fast tracking of the new drug submission for Lariam.

Health Canada issued a notice of compliance for Lariam on January 22, 1993. Health Canada is not privy to significant dates related to Canadian Forces activity in Somalia and is therefore unable to comment on the date of approval of Lariam—January 22, 1993, in relation to the end of the Canadian Forces deployment in Somalia.

National Defence

Health Canada's response indicates January 22, 1993, as the date of approval for Lariam. Licensing approval for Lariam was therefore granted prior to the end of the Canadian Forces deployment in Somalia.

(d) The last submission of the safety monitoring study results received by Health Canada prior to marketing approval was on July 17, 1992. The final results of the Lariam Safety Monitoring Study were received from the manufacturer on July 30, 1993 and in August/September 1993, subsequent to marketing approval.

(e) An advisory note was prepared for and passed to the Minister of National Defence in October 1997 which states, with regard to the approval of mefloquine, "there was no intention to mislead the Commission". However, this document goes on to explain, "Until very recently, it was believed that the Surgeon General Branch had informed Health Canada that mefloquine was being dispensed without the consent of individuals—even the directorate which authorized the use of mefloquine in Somalia was under this misconception". Consequently, any information the department may have passed to the Somalia commission of inquiry related to the approval of mefloquine would have been based on the assumption that Health Canada and the drug manufacturer had been

informed that the Department of National Defence was administering mefloquine outside the boundaries of the manufacturer's study.

Since the advisory note was prepared some four months after the publication of the Somalia commission of inquiry report in June 1997, no action was taken to advise the commission. However, as a result of the misunderstanding experienced with the administration of mefloquine in Somalia, the department implemented several corrective actions to improve monitoring and recording procedures relating to the use of unlicensed products. A regulatory affairs position has been established to serve as a single contact point with Health Canada regarding unlicensed products; procedures for acquisition, distribution, use and recording of unlicensed medical products have been promulgated; detailed drug and vaccine information sheets for health care providers and Canadian Forces members are being prepared; and an adverse effects monitoring and reporting database is being developed.

* * *

[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. Q-28 could be made an Order for Return, the return would be tabled immediately.

The Deputy Speaker: Is that agreed?

Some hon. Members: Agreed.

[Text]

Question No. 28—**Mr. John Cummins:**

With regard to the recording and reporting of adverse events related to the use of the antimalarial drug mefloquine by the manufacturer, the Health Protection Branch and the Canadian Forces: (a) did the Deputy Chief of Defence Staff in May 1995 make a finding that mefloquine was a contributing factor in the suicide death of a Canadian soldier in Rwanda in December 1994, and did a United Nations inquiry come to a similar conclusion; (b) what problems with the use of mefloquine did the January 21, 1993, Canadian Forces medical services unit's post-op report of the relief phase of the Somalia mission record, and what actions were taken as a result of these findings; (c) what problems with the use of mefloquine did the April 1993 Canadian Forces medical services unit's post-deployment report on the Somalia mission record, and what actions were taken as a result of these findings; (d) what problems with the use of mefloquine did the October 1993 Canadian Forces medical services unit report "Medical Operations in Somalia, Surgical Section" record, and what actions were taken as a result of these findings; (e) what reporting procedures did the doctors of the Canadian Forces medical services unit in Somalia employ to ensure that soldiers exhibiting what the product monograph refers to as signs of unexplained anxiety, depression, restlessness or confusion discontinued use of the drug, as such signs were to be considered prodromal to a more serious event; (f) what special reporting procedures did the doctors of the Canadian Forces medical services unit in Somalia employ on the day that mefloquine was administered, normally referred to by soldiers as psycho-Tuesday or Wednesday, etc., to establish whether soldiers were exhibiting what the product monograph refers to as signs of unexplained anxiety, depression, restlessness or confusion; (g) did the doctors of the Canadian Forces medical services unit report to the manufacturer on a regular basis adverse events suffered by soldiers under their care who had been administered mefloquine between December 1, 1992, and December 1, 1995, and were these adverse event reports made available to the Health Protection Branch by either doctors of the Canadian Forces medical services unit or the manufacturer; (h) did the Health Protection Branch regularly receive from the manufacturer mefloquine

(Lariam) adverse event reports; how soon after the adverse event occurred did the manufacturer normally report the event; and how many such events were reported by the manufacturer to the Health Protection Branch since 1990; (i) how many mefloquine related adverse events were reported to the Health Protection Branch by either doctors or their patients since 1990; (j) did the doctors of the Canadian Forces medical services unit have a responsibility to report to either the manufacturer or the Health Protection Branch suicide or suicide attempts by soldiers under their care who had been administered mefloquine (Lariam); (k) what were the findings of the August 24, 1992, "Review of the Safety Report Update for the Lariam Safety Monitoring Study" by the Infection and Immunology Division of the Health Protection Branch as regards investigators failing to return their completed case record forms to the manufacturer, and did this indicate that the safety data from the Safety Monitoring Study was incomplete; (l) following the August 24, 1992, "Review of the Safety Report Update for the Lariam Safety Monitoring Study" by the Infection and Immunology Division of the Health Protection Branch, what remedial steps were requested of the manufacturer so as to ensure the manufacturer required the investigators to comply with the reporting requirements of the Safety Monitoring Study; and (m) following the shipment of mefloquine by the manufacturer to CFB Petawawa ordered for the Somalia deployment, was the Canadian Forces medical services unit informed or reminded in any manner on any occasion by the manufacturer of the Canadian Forces' responsibility to comply with the requirements of the Lariam Safety Monitoring Study as to administering the drug, recording adverse events and reporting them to the manufacturer or the Health Protection Branch and if so when?

Return tabled.

[English]

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

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

[Translation]

The Deputy Speaker: I wish to inform the House that because of the ministerial statement Government Orders will be extended by 15 minutes.

GOVERNMENT ORDERS

[Translation]

SUPPLY

DESIGNATED DAY—CANADA HEALTH ACT

Ms. Alexa McDonough (Halifax, NDP) moved:

That this House call upon the government to act on the words of the Health Minister when he said, "we have grave reservations about investing public funds in private for-profit facilities", by immediately amending the Canada Health Act to provide that

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provinces be financially penalized if they allow public funds to be used for the provision of insured services by private, for-profit hospitals.

She said: Mr. Speaker, I am going to share my time with my dear colleague for Winnipeg North Centre.

[English]

The motion we put forward today comes as a result of what transpired here last week. After months of hand wringing, after months of promises to carefully study, after months of posturing, the health minister stood in this place and gave the green light to Ralph Klein's efforts to privatize health care in this country.

The Minister of Health said that he has a problem with Alberta's bill 11. Our motion today offers a solution. With today's motion we are offering the government a way to act on the concerns of the health minister, the concerns he himself has been forced to acknowledge again and again.

It is a way to stop Alberta's bill 11 from triggering a huge expansion of for profit health care for Canadians. It is a way to uphold the intent and promise of the Canada Health Act that all Canadians shall have equal access to health care when they need it. It is a way to do what Canadians expect of this government which is to stand up for our most cherished social program.

Let us back up a bit. Let us go over the highlights of the tragic comedy known as the federal reaction to bill 11. Since last fall the minister has voiced concerns about bill 11. The Klein government has dismissed those concerns, barely able to conceal its contempt for Canada's Minister of Health.

The minister's strategy is to buy time. First he waited to see the actual legislation. The draft the Alberta government sent him was not good enough. Then he waited to see the amendments, then the legislation in its final form, then it was the regulations. Now he wants to see specific violations of the Canada Health Act before he is prepared to do anything.

[Translation]

It is time for the minister to take action, and right now. All his protestations to the contrary, let us be clear about it, the minister does have an option. If he continues to claim that he cannot apply the Canada Health Act, he can change it in order to ensure that no Canadian has to make a choice between paying extra or taking the risk of getting second class treatment.

[English]

Accessibility is a fundamental principle of the Canada Health Act. The act requires that provincial governments as a condition of receiving federal transfers ensure that insured health services are provided on uniform terms and conditions. The minister knows that

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bill 11 compromises the principle of accessibility. He said so in a letter to his Alberta counterpart. He stated:

To permit for profit facilities to sell enhanced services, in combination with insured services, would create a circumstance that represents a serious concern in relation to the principle of accessibility.

• (1025)

The concern which we share is that bill 11 permits, in fact encourages and facilitates, queue jumping and two tier health care. All the pious statements by Mr. Klein aside, that is the main goal of bill 11. Patients in private for profit hospitals will be offered uninsured, or enhanced services so-called, for which they will be required to pay extra and if they refuse they will undoubtedly face second class treatment.

Let us forget about the technical and legal arguments. Let us think about Canadians who are put in that position, Canadians who are vulnerable, scared and sometimes desperate, often suffering severe pain, Canadians who have always trusted their doctors but in that position are not so sure. With bill 11 American health corporations put doctors in the position of having one hand on the scalpel and one hand on the cash register. Canadians who cannot pay will be forced to settle for inferior service.

The minister hoped to make bill 11 magically disappear by beefing up monitoring. However, this move described quite rightly by the auditor general many months ago, does not solve the root problem because these staff cannot be in an operating room or in the doctor's office when a patient is asked whether she wants to pay a little extra or settle for the minimum level of service. They cannot see inside the doctor's head when she schedules a procedure or books an appointment for us with a specialist.

The minister himself said in his letter that the threat to accessibility is the circumstance created by bill 11, namely allowing for profit hospitals to sell uninsured services while also providing publicly funded insured services. That is why it is a shameful evasion to now say that the Minister of Health must wait for specific documented violations before moving to enforce the Canada Health Act. He is hiding behind a legal ambiguity in the act to avoid doing anything whatsoever.

Our motion removes that ambiguity. It clarifies how the principle of accessibility must be upheld in a world in which commercial health corporations aided by their political cronies are trying to dismantle our public health system. It ensures that all Canadians are treated equally in hospitals receiving public health care dollars.

Mr. Ted White (North Vancouver, Canadian Alliance): Mr. Speaker, my question for the leader of the NDP has to do with the province of British Columbia.

The Government of B.C., which is an NDP government I might add, recently allowed a hospital in my riding, Lions Gate Hospital, to experiment with the contracting out of services to the private sector. The two areas of treatment covered by the experiment are eye surgery and simple surgical procedures. As a result of the contracting out of these services to the private sector, the waiting list for eye surgery has dropped by 60% and the waiting list for simple surgical procedures has dropped by 20%.

Will the leader of the NDP recognize the success of this private sector involvement in the health care sector or will she continue to oppose these new approaches which have alleviated the suffering of dozens of my constituents? Would she rather condemn her followers to long waiting lists and inadequate procedures?

Ms. Alexa McDonough: Mr. Speaker, let me say first, as I have said on many occasions and said again this morning, we are absolutely in favour of innovation to improve the public health care system.

However we stand against what bill 11 is all about. Bill 11 clearly intends to create a two tier health care system where those who can pay extra money can jump the queue and get preferred services and those who do not have that private wealth and deep pockets are not in a position to do so. That is why bill 11 is so lethal. It threatens the very heart of universality and the concept that people shall be eligible for equal treatment regardless of where they live or what their financial circumstances are.

• (1030)

That is a fundamental difference between those provinces. Let me say that the NDP provinces have backfilled, infilled dollar for dollar, the huge sum of money taken out of the public health care system by the federal government. Also the NDP provinces are standing up and fighting against this very serious threat to the total health and universality of access to services in the public not for profit health care system.

Mr. Ted White: Mr. Speaker, with all due respect, the leader of the NDP did not answer my question. Does she approve of the type of private sector contracting out which is being experimented with by the NDP government in British Columbia, or would she rather condemn her followers to lengthy waiting lists and inadequate procedures?

Ms. Alexa McDonough: Mr. Speaker, it is a sad thing, which is exactly why Canadians are so alarmed, that members of the official opposition talk not at all about the need for innovation in health care. They talk not at all about the threat of bill 11 not just to universal not for profit health care in Alberta but to universal not for profit public health care across the country.

When they finally get up out of their seats and start to raise issues about health care, it is after Canadians have noted that they

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have completely abandoned their responsibility as the official opposition to stand up for a public not for profit universal health care system. They have it in their heads that there is some either/or here.

We absolutely want to see innovation. We need innovation in the health care system. At the very least we need the government to deliver on its commitment to home care and to a pharmacare program, but it cannot be at the expense of the universal provision of health care to those who need it. That is what the official opposition party does not seem willing either to accept or take any leadership on.

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, I know the Canadian Alliance finished with 4% in Newfoundland slightly ahead of the extreme wrestling party. That tells how much credibility it has on health care.

I noticed yesterday the Minister of Finance announced that the surplus for 1999-2000 was \$11 billion higher than projected in February. Would the leader agree with me that this money should be spent on health care, on the CBC and on other social programs that are a necessity for the future development of our country?

Ms. Alexa McDonough: Mr. Speaker, I think my colleague from Regina has said it all. If Canadians depended upon leadership from the Reform Party, in whatever its newest incarnation, then we would now have already Americanized our health care system in exactly the way that actually some of the candidates for the leadership of its renamed party have been advocating.

I do not think there is any problem with the agreement with my colleagues in my caucus on the issue. Neither is there any problem with Canadians understanding the transparency and the hypocrisy of the official opposition position.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I am very pleased on behalf of my colleagues in the New Democratic Party to be able to address a situation that is obviously at a very critical juncture in the history of the country.

We come to this debate with a serious, constructive motion to demand that the government stand and take action. We come to this debate with the understanding of so many Canadians that we are at a defining moment in our history when it comes to the number one priority facing Canadians: health care, access to quality health care across the country, and the preservation of a system that has held the country in good stead.

I am very pleased to be able to follow my leader, the leader of the New Democratic Party, who has been leading the fight in speaking out on behalf of Canadians and their number one concern. She is

the only leader in the House, the only leader of a national political party who has decided to hold the government to account and to reflect the concerns of the Canadian public.

• (1035)

All my colleagues in the New Democratic Party have been fighting this issue day in and day out, week after week, month after month. It is an important issue. It is imperative for us to hold the government to account and to move it from its words and rhetoric to the point where it is prepared to have political courage and to take action.

We have a very constructive proposition for the government today. We hope the Minister of Health is listening carefully, as I see he is, and will convince his colleagues to support us in this request.

As my leader has done in her opening remarks, let me just briefly put the motion in some historical context. It will come as no surprise to the Minister of Health when I say again today that we have been pressuring the minister month after month to do something about bill 11.

I do not need to mention the fact that for seven months the Minister of Health has said he will act later. He said he will act when he gets the mail. He will act when the bill is unveiled. He will act when the bill is introduced. He will act after amendments, after regulations, and now he is saying after implementation.

What has been the action so far? Nothing, nil. I do not like to get carried away with the rhetoric in the House, but I have a difficult time not pointing out that this is a very shameful performance on the part of the Minister of Health, and I think he knows it.

Let us look at the response of the Minister of Health and his colleagues over the last number of months. We tried in the House to do something as simple as getting the government to acknowledge the existence of a number of legal opinions about how bill 11 violates the Canada Health Act and how it opens up NAFTA.

We could not even get the government to allow us to present those legal opinions. It did not even want to have a look at them. It did not even want to acknowledge their existence because it would put the government in the terrible position of having to recognize the facts forcing it to act now and act today.

We asked about the NAFTA implications, something that has been acknowledged as a very serious concern by credible organizations from one end of the country to the other. What did the Liberals do? They reversed themselves without a single legal opinion to back them up. All the while we have the reform alliance and the Tories cheering Ralph Klein on, supporting, aiding and

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abetting an agenda which opens up our health care system to a two tier American style approach.

By the inaction of the Minister of Health the government is letting the right wing forces send a message, make a difference, influence the public agenda. The passivity and inaction of the minister are destructive and dangerous in more ways than one when it comes to the future of the country and the future of national health care that held Canada in good stead.

What the Canadian Alliance and the Tories are suggesting is something that Canadians abhor, something that has been rejected time and time again. It is absolutely critical for the government to stand today to put an end to that kind of agenda, to counter it immediately and to do so by way of concerted and decisive action.

• (1040)

What does the minister continue to do? He continues to dodge and weave, wait and see, hide and seek. He is now saying after all the time he has had to study bill 11 that it complies with the Canada Health Act. He has given us no legal opinion. He has given no evidence for the sudden decision to claim there is no violation of the Canada Health Act.

I know I should not comment on how many Liberal members are in the House, but I hope the Minister of Health will get to all of them over the course of the day. I would like them to think about what they are doing and what is happening. The health minister has said private for profit hospitals do not violate the Canada Health Act. The legacy of the government will not be brave decisive action but explicit consent to a two tier American style health care system.

We used the words of the minister in the motion because we thought they were a significant indication of the wishes of Canadians. He says that he has grave reservations about investing public funds in private for profit facilities. Grave concerns do not stop health care from becoming a commodity to be bought and sold on the open market. Grave concerns do nothing to stop bill 11 from being proclaimed.

We know the minister has had a heck of a time trying to get his head around it and do something decisive over the past seven months, but we are here today saying that he now has a window of opportunity to act before bill 11 is actually proclaimed.

I have lots more to say and I think the best way to actually say what the motion is all about is to read a letter to the editor of the *Globe and Mail* of today by Don Schmidt. He wrote:

Canadians expect more from the federal government and Allan Rock—

The Deputy Speaker: Order, please.

Ms. Judy Wasylycia-Leis: I am quoting, Mr. Speaker.

The Deputy Speaker: The member may quote but I know she will want to comply with the rules by referring to the Minister of Health by title and not by name.

Ms. Judy Wasylycia-Leis: I apologize, Mr. Speaker. The letter continued:

—than being “vigilant in ensuring that the principles of the Canada Health Act are respected throughout the country”.

Most Canadians expect (the Minister of Health) to legislate—that’s right: pass laws—so that a two tier health system is unable to develop further. Do your job, (Mr. Minister).

There is much more to be said. I hope the Minister of Health has the message and sees it as a constructive suggestion. Before concluding, I move:

That the motion be amended by inserting the word “decisively” between the words “act” and “on”.

The Deputy Speaker: The question is on the amendment.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, my colleague asked a question of the leader of the NDP a few moments ago. He tried to do it twice and did not get an answer, so I would like to try again.

The NDP government in B.C. wants to protect medicare, as I believe every individual in the House wants to do. It has recently experimented with private practice procedures relating to cataract surgery and minor surgical procedures. They have reduced the waiting lines for those two procedures in a relatively short time. This is an innovation and it involves doing exactly what bill 11 attempts to do, reduce waiting lines in Alberta. The NDP government is making innovations in exactly the same way.

• (1045)

Would the member comment about B.C.’s attempt to reduce waiting lines by doing exactly what bill 11 is trying to do?

Ms. Judy Wasylycia-Leis: Mr. Speaker, the alliance members want to have it both ways in this debate. On the one hand they say that they are in support of medicare, while on the other hand they do not acknowledge that these principles are being violated today. The principle of accessibility is being violated under bill 11. Members cannot stand in the House and say they support medicare and then say we should go further than bill 11.

The member also seems to feel that the only way we can deal with waiting lists and the need for more efficiencies in our system is through privatization. Since when did privatization become the

only solution for innovation? Alliance members joined with New Democrats in the House many months ago and said that the solution to the problem was in convincing the government to restore the cash transfer payments so that there would be adequate cash on the table to meet the needs of Canadians so we could shape our system to deal with growing and emerging needs in the health care system today.

Why have these members suddenly decided to support the likes of Ralph Klein, Stockwell Day and Mike Harris to pursue an American agenda, and not a Canadian approach to something as vital as universal access to health care?

Mr. Werner Schmidt (Kelowna, Canadian Alliance): Mr. Speaker, I want to thank the hon. member for becoming so dramatic and so excited in her answer to my colleague from Macleod.

There is a very simple question being asked. Does the member support or not support the NDP government's approach to an innovation that is being tried in Vancouver? Why is it that the member cannot say yes or no?

The hon. member has suggested that there are many different ways of innovating, and I quite agree with her. This is a sister organization, an NDP government in British Columbia, which is using a particular innovation. All we want to know is whether those members would support that innovation.

Ms. Judy Wasylycia-Leis: Mr. Speaker, we have a motion before the House today to try to get some support to stop bill 11. That party is confused about its own position and is afraid to clearly indicate to Canadian people that it is in favour of a parallel, private two tier health care system. That party comes to the House with specific issues pertaining to provincial governments.

I would be happy to look into examples of health care delivery that are innovative. I would also inquire into each of the examples to see if there is any breach of the Canada Health Act. What is fundamental to us today—and I would hope alliance members would eventually come to this point—is the preservation of medicare; it is giving Canadians the wherewithal to preserve medicare and build for the future.

My goodness, I would hope that in this kind of questioning from alliance members they are not skirting their responsibilities. We are engaging in a debate about the future of medicare and whether the Canada Health Act is able to uphold the principles of medicare. Are those members prepared to say clearly through this debate, and on how they vote on this motion, that they believe in medicare and will do anything to uphold the principles of accessibility, comprehensiveness, universality, portability and non-profit administration? Are they or are they not prepared to join us in this most critical and fundamental question?

Supply

• (1050)

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I will be dividing my time this morning with the hon. member for Bruce—Grey.

I welcome the opportunity to address the House, as Minister of Health, on an issue of such current and continuing priority. I acknowledge the importance of the motion which the hon. member for Halifax has put before the House of Commons today. The issue is of fundamental significance because the way a nation chooses to provide for health care services to those who are sick speaks directly to the values of that nation.

In our case, the values of Canadians are reflected and codified in the Canada Health Act. Although the Canada Health Act was written and adopted many years ago, its principles are as relevant now, as important now and as necessary now as they were when the statute was first written.

Public medicare in Canada has allowed us to provide health care services to our citizens in a way that is socially fair, while at the same time putting in place a health care system that is economically efficient and is a competitive advantage in the business world to our businesses when they compete with those of other nations.

Let me say at the outset that we, on this side of the House, share the concerns that have given rise to the motion which is presented today on behalf of the New Democratic Party. While we share those concerns, our strategy in dealing with them differs from that proposed by the leader of the NDP. Simply stated, there is no need to amend the Canada Health Act to deal with the concerns that have been raised. The Canada Health Act already contains both the rules and the penalties to enable the Government of Canada to ensure compliance with its principles. They are already in the Canada Health Act.

[Translation]

I would like to point out that, as Minister of Health for Canada, it is my responsibility to monitor the health systems of the provinces and territories in order to ensure that they meet the criteria and conditions of the Canada Health Act. If there is an infraction, I am required by the act to consult the provinces or territories in question.

Over the years, a number of potential problems of non-compliance have been resolved by negotiation, without having to invoke the penalties provided by the Canada Health Act. If negotiations failed, however, the Government of Canada has the power to withhold funds from the provinces.

[English]

I want to emphasize that this power is not simply theoretical. It is not just a rule written on paper. This authority has been exercised a

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number of times in recent years. For example, between 1984 and 1987 the Government of Canada withheld about \$245 million from seven provinces that permitted user fees and/or extra billing.

In 1992 to 1993 the Government of Canada withheld funds from British Columbia in respect of extra billing arising out of the dispute between the provincial government and the B.C. medical association.

In 1995 our government deducted payments from four provinces that charged facility fees for medically necessary services at private clinics.

In each case the principles of the Canada Health Act, without being amended, had been contravened and in each case the Government of Canada acted.

In the context of bill 11 I have both spoken publicly and written directly to the Government of Alberta to express my concerns with that legislation. Indeed, I asked the Government of Alberta to amend bill 11, and I expressed the view that while on its face bill 11 does not contravene the Canada Health Act, by allowing private for profit facilities to both provide insured services and to charge fees for enhanced services bill 11 creates circumstances which could be used to contravene the principle of accessibility in the Canada Health Act. That is the real concern.

• (1055)

When we combine that with the fact that the policy of the Alberta government contemplates overnight stays in private for profit facilities, which takes private for profit further than it has so far gone in the country, we asked the Government of Alberta to amend its legislation. It did not. As a result, one week ago today, in a ministerial statement, speaking on behalf of the Prime Minister and this government, I said in the House that because Alberta has gone ahead with this legislation, which we thought was ill-advised, we would do the following things.

First, we will deem these private for profit facilities, as they are called in bill 11, hospitals within the meaning of that term in the Canada Health Act. The practical consequence of that is that charging anyone for any part of an insured service will be considered a violation of the Canada Health Act and will attract the penalties provided for in that statute.

Second, in response to the concern expressed by the auditor general last year that Health Canada does not have the resources to monitor and enforce the act, we are increasing considerably the capacity of Health Canada to do just that, and, as we have watched in the past, we will watch carefully to see if these private for profit hospitals imperil the principle of accessibility, contravening the Canada Health Act. If they do, as we have done in the past, we will act. We will exercise the power of the Government of Canada under

the Canada Health Act and do what is necessary to protect medicare.

[*Translation*]

Clearly, we have the will and the means to ensure that the Canada Health Act is respected. We are going to ensure that the principles set out in the act are respected in Alberta and elsewhere in the country.

Let me be perfectly clear: this government would not like to merely to play the role of referee. We would much prefer to work in partnership with our provincial colleagues.

[*English*]

Let me say a few words in closing about medicare renewal. Like almost every other developed country in the world, Canada is going through the process of improving and adapting its health care system to meet the pressures of our current time: an aging population, the increased cost of drugs and technology, and changes in the way in which medical services are delivered on the ground.

We have an enormous advantage in this country because we have the best health care system in the world. Our challenge, indeed our duty, is to renew medicare in a way that is consistent with our principles and to overcome the problems of the shortages, the waiting lists, while staying true to our basic principles.

While the federal role of enforcer which we are discussing today is crucial, simply enforcing the rules is not by itself sufficient to achieve the medicare renewal that must be undertaken. It will require much more. It will require more federal money for health care transferred to the provinces. It will require hard work with the provinces to develop common goals and priorities to know that additional money is going to support a plan that will produce better health care for Canadians. It will require our listening to the health care workers, the doctors, the nurses and others, so that they are involved and a part of the process, and not excluded. It will involve hearing the public, its concerns and its priorities.

I have started a process with my provincial partners toward medicare renewal. I have invited them to come to the table with me and talk about a plan for this purpose. It is to that process and that purpose that I am unconditionally committed.

We will succeed. We must succeed. Canadians expect and deserve no less.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, let me say first that I could not agree more with the Minister of Health when he says that Canadians want this government and this minister to be more than just an arbiter of disputes and more than

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just an enforcer when provincial governments violate the principles of the Canada Health Act.

• (1100)

He then goes on in his usual way to talk about the importance of partnership. There is no government in the history of this country, since the introduction of the first steps of universal, not for profit health care, that has done more damage to the health care partnership than this government.

What clearer indication could there be than provincial governments of all political stripes from coast to coast to coast having said that if this government is sincere about wanting to restore the partnership, then it has to recognize that it cannot even claim the mantle of partnership when the federal government has reduced its contribution to health care funding from 50% to below 14%, and in some provinces, as low as 11%?

Canadians have already spoken. The minister, in his pious list of things that this government must do, said that we must listen to Canadians. Canadians have said that they want universal, not for profit, single tier health care protected and they want it protected it now. They want the federal government to recommit to the partnership, to rescind, to get rid of the duplicitous 12 point deal that it entered into secretly with Alberta, which opened the way for bill 11, and to enforce the Canada Health Act.

This means that when a government brings in a bill, such as bill 11, which so clearly and deliberately threatens the universality and the most important access principles of the Canada Health Act, then this government must take action.

The former minister of health, Monique Bégin, when there was an explosion of extra billing of user fees, did not hesitate to bring in legislative measures, and we did not hesitate to support her in that.

How can the minister think that an American solution is what Canadians want, if has he listened to them, when it is a Canadian health crisis created by the actions of this federal Liberal government?

Hon. Allan Rock: Mr. Speaker, whatever sympathy the member might inspire by going generally in the right direction on values, she forfeits through her overstatement and misunderstanding.

I take the member to suggest that enforcement means amending the act. I take the member to insist that taking action means introducing a bill to change the Canada Health Act. She is wrong. Taking action, protecting medicare and standing up for the principles means doing exactly what we have undertaken to do, which is to watch what is happening on the ground.

If those private for profit hospitals use the power to charge for enhanced services at the same time as insured services in order to restrict access only to those with the cash or give preferred access

to those willing to pay more, that will be a contravention of the act and we will act. We have the power, the political will and the mandate.

The leader of the New Democratic Party has just suggested that the only kind of action she thinks is appropriate is to amend the Canada Health Act. There is no need to amend the Canada Health Act. The principles, the purpose and the powers are already there.

This House, this member and Canadians have the solemn undertaking of this minister, the Prime Minister and this government that, if necessary, we will use that power to protect those principles not only in Alberta but throughout this land.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, I will try the same question that I asked of the NDP.

In B.C. contracting out for private facilities is being attempted to reduce the waiting lines on some minor surgery and cataract surgery. Does this minister have a problem with the NDP government in B.C. doing that, yes or no?

Hon. Allan Rock: Mr. Speaker, I am familiar with that example. The member for Macleod will discover, if he looks a little more closely, that under those circumstances they are not permitted to charge for enhanced services at the same time that they are charging for insured services. They do not talk about overnight stays. The policy is not to create private for profit hospitals. There is room for innovation in Canadian medicare but there is a line that should not be crossed. Imperilling the principles of the Canada Health Act is something that ought not to be encouraged.

• (1105)

What is described in B.C. is not what bill 11 has provided for. Bill 11 expressly says that the private for profit facilities can charge for the enhanced services as well as the insured services. That is the crucial distinction between Alberta and the example that the Canadian Alliance is referring to in British Columbia.

Mr. Ovid L. Jackson (Bruce—Grey, Lib.): Mr. Speaker, it is my pleasure to speak to the opposition motion regarding Alberta's bill 11. This is a very important topic and of concern to all Canadians.

At the outset, I must say that on May 5 the Alberta legislature passed bill 11. The bill will create the regulatory framework for contracting services to private for profit facilities. The federal health minister has relayed his concerns about this bill. Prior to the passage of the bill, and contrary to the remarks made by the opposition, time and time again the minister has voiced his concerns about the bill. He has said that the federal government was really concerned about some of the views expressed.

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The government is committed to ensuring that our health care system will not be put in jeopardy. We wish to make sure that the opportunity exists to detail these concerns and commitments.

There are some disturbing trends happening with medicare. I share the views of my fellow Canadians about what is happening in Alberta. These trends do not speak to the values of Canadians. Indeed, we need to know how people are looking at medicare. On one hand, Alberta will have the medically necessary services. On the other hand, it will also provide enhanced medical services. I believe that is a contradiction. Time and time again when we have compared services provided by the private sector, double billings have occurred and it has not worked.

Our medicare system is one of the best in the world. Like many medicare systems, things are changing. MRIs and various other things are causing this change. Adopting new technology does not mean that Canada should end up with a two tier medical system.

In a policy statement in November 1999, the Alberta government announced its intention to have private delivery of some surgical services. At the same time, the federal health minister raised some important issues related to the sustainability and integrity of the public health care system, including the consistency of the proposed measures with the spirit and intent of the Canada Health Act. He conveyed these views publicly not just in one province but across the country.

In November we asked how private for profit delivery of health services would reduce waiting lines for services in a way that would contain costs and maintain quality, but these questions were not answered. On the contrary, based on the opinions of experts, and actual experience in Alberta, the waiting period for services had increased. In areas where private for profit clinics were used, these lists exceeded those of the public sector.

On the subject of costs, our minister asked if we could expect private for profit hospitals to save money. Would they be more cost effective? Again, the Alberta Consumers Association of Canada found that a shift in cataract surgery from the public sector to the private sector resulted in increased costs for consumers not only in the actual cost of the operation, but in administrative costs as well as transaction costs.

• (1110)

The health minister asked how pressure from private investors to de-insure more services, so services can be charged for privately and their profits will balloon, would be addressed. He also asked how pressure from private investors to purchase medical goods or services patients do not require would be addressed. He asked how the tendering process for contracting would be open and transparent.

The bill was passed. It contains a commitment to preserve the principles of the Canada Health Act as the foundation of the health

system in Alberta. However, the sincerity of this commitment is suspect given that the question is still outstanding.

Earlier this year the Prime Minister and the Alberta premier asked all Canadian health ministers to compare the bill to similar provincial legislation. There are important differences in the way Alberta intends to proceed. In particular, the sale of enhanced or extra services in combination with medical goods and services insured in the public system, unlike in other provinces, represents a serious concern in relation to the principles of accessibility in the Canada Health Act.

How serious is this? The day the bill was passed, the Saskatchewan premier, Mr. Roy Romanow, answered. He said "When we released our legislation our press release was entitled a bill to prevent two tiered health care". He continued "We are at odds with bill 11 in Alberta".

Back in Alberta the legislation bans queue-jumping, where supposedly people who could afford to pay for these enhanced services get quicker access to insured services but concerns remain about how this ban will be monitored and reported on.

The health minister respectfully suggested that the bill be amended to prevent this, as does the legislation in Ontario and Saskatchewan, but it was not.

Another key concern, specifically and clearly expressed by our government, relates to private for profit facilities accommodating overnight stays for patients. This too represents another important difference between the approach of the Alberta government, going far beyond what is in place in other provinces. The health minister suggested that the bill be changed to prohibit services involving overnight stays until the full implications for Canada's health care system are understood.

On April 7 the health minister put the Alberta government on notice that these types of facilities that would be regulated under this legislation would be considered hospitals under the Canada Health Act. This means that all hospital services provided by these facilities must be fully insured and, like hospitals, these facilities are prohibited from selling any insured service to an insured person on a private basis. As the federal health minister said "This is in keeping with the fundamental principle of our single tiered health care system, care based on need not on the ability to pay", or the size of their pocket book or credit card.

On the day after bill 11 was passed, the federal health minister reiterated these concerns noting how the Alberta government did not respond to any of his recommendations. He said "Bill 11 is not the direction in which we should be heading to strengthen our publicly funded health care system. We have grave reservations about investing public funds in private-for-profit facilities". He also announced that the federal government would be strengthen-

ing its capacity to detect violations under the act, should they occur.

• (1115)

We will act. The strengthening means that the minister has now committed some \$5.5 million to improve administration of the Canada Health Act. With additional staff distributed across the country our health care monitoring capabilities will be enhanced and will ensure compliance with the act.

I want to say categorically that the health care system reflects one of the basic values of Canadians. I am not animated too often in the House, but I will be right behind the minister to make sure that there is not a two tier system. Let us imagine for a minute that somebody thinks he or she could make money from somebody who is ill. I rest my case.

We will be monitoring the legislation. The government is committed to make sure that Canadians get the care they desire, that it is not two tiered, and that it is not based on someone's pocketbook.

Mr. Gordon Earle (Halifax West, NDP): Mr. Speaker, I will ask the hon. member a question which I had hoped to ask the health minister. I am sure he can answer it. Does the government have in its possession a legal opinion concerning Alberta's bill 11 and the Canada Health Act? If so, will it table that document for the benefit of the House?

Mr. Ovid L. Jackson: Mr. Speaker, I am not aware that the government has any such document. If the minister has that opinion, I am sure that based on the usual conditions of whatever privacy laws are involved he will share it with the House.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, I appreciate the opportunity to speak to health care in broad terms and Alberta's bill 11 in more specific terms.

It is interesting that the NDP has actually called for amendments to the Canada Health Act. It does that with a view to strengthening the Canada Health Act, in its opinion. My idea of going down that road would be to make the Canada Health Act more rigid, and I would not do so. I would like to make the Canada Health Act more innovative and allow some changes.

Let me talk briefly about the Canada Health Act and how it is doing, a subject that is not often addressed in the House. I should like to talk first about portability, one of the big principles of the Canada Health Act. How are we doing with portability?

[Translation]

As far as the people of Quebec are concerned, each Quebec patient who goes to another province has difficulty with services,

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because the Province of Quebec does not pay full compensation for services provided in the other provinces.

[English]

Portability in this instance is being broken every day. The health minister sits here saying that he is the enforcer of the Canada Health Act. My comment is that it is complete nonsense because portability is being broken. He knows it, and he does nothing about portability.

How are we doing with accessibility in the Canada Health Act? It is pretty straightforward. We just have to look at the waiting lines in Canada. They are now being monitored by the government. A year ago it set up a monitoring system to see how we were doing with the waiting lists.

I wait with great interest to see what that monitoring shows. There are monitors that have been doing this for almost 10 years now. I monitored it as a physician in my own practice. When I set up my practice in 1970 and I closed it in 1993 I know my patients were waiting longer for services. On accessibility we are doing very poorly.

Comprehensiveness is another big principle of the Canada Health Act. How are we doing with comprehensiveness? I listened to members opposite say that delisting is going on. That is absolutely true. More and more procedures are being taken off the provincial lists of what is covered and what is not covered by health care. Comprehensiveness is also at risk.

• (1120)

One part of the Canada Health Act is doing wonderfully well, and that is public administration. There is a monopoly in health care in Canada which many of us believe is serving the Canadian public poorly.

Medicare is in stress. This is not unique to Canada, but there are specific things going on in Canada which put our medicare system even more at stress. I have mentioned the waiting lines. I have not mentioned the brain drain of some of our most experienced nurses, lab technicians and physicians who are leaving the country.

One of the big reasons for it is that we are falling behind in technology. A well trained nurse who works in a critical care unit and does not have the most modern facilities says "I am doing a bad job. I learned in school how to do a better job. Just across the line in Boston they have better equipment. I will go there and serve my patients better". I hear people say that it is only about income. It is not. There is an income difference. There is a tax difference. There is also a technology difference.

I am reminded of a young woman who told me the other day that she was having trouble getting pregnant. She went to her physician in Ottawa who said that at one time there was no problem because there were a couple of world experts in obstetrics in Ottawa. He

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wanted to send her to them but they had both left. One of them is in Boston and the other is in Florida. He said she would have to wait a little while until we get another world renowned expert in obstetrics for those who are having trouble getting pregnant. That was in Ottawa, and that is taking place in every city in the country.

I mentioned technology. There are ways to measure it. We have dropped from the top three in technology in 1993 in the OECD countries to being number twenty-three. Something happened in 1993. Most people who watch politics will know that there was a new government elected at that point in time.

I will speak specifically to bill 11, what it means and what I think it offers to Canadians. I am not certain that bill 11 is the answer for waiting lists, but the Klein government has plainly said that it wants to try a specific mechanism to reduce the waiting lines in that province. Waiting lines are measurable. It is not that tough. It also said if there were complications in terms of minor procedures that it would allow people to stay overnight in private facilities which exist in Alberta and in every other province.

For those who stand back and say that we should not talk about private for profit facilities, every abortion clinic in the country, every Morgentaler clinic, is a private for profit clinic. I know that my colleagues in other parties recognize this but will not talk about it. They will not talk about the cosmetic surgery clinics that are totally private and are doing things that are outside medicare because they are not covered by the system. They will not talk about private facilities that are doing minor procedures like vasectomies outside hospitals.

Is there some advantage to those facilities? There are some potential problems recognized but there are some advantages. The cost per day to the taxpayers for a major hospital with an emergency, critical care and administration is about \$1,500. A private freestanding facility with very little administrative cost, with all the cost being borne by the people who are investors in that clinic, some of whom might well be nurses or lab techs, has relatively low costs which average somewhere around \$150 per day in terms of overall cost.

Could we take a minor procedure like a tonsillectomy from a major hospital costing \$1,500 a day and do it in a facility costing \$150 a day? Could we free up some spaces in that \$1,500 a day facility for the bigger procedures that are required to happen there, the major surgery, the major problems? There is some advantage to moving such procedures out of the big facility and into a smaller one.

• (1125)

Bill 11, according to the health minister's own words, does not tread on the Canada Health Act. However he says that it might. Here we are talking about motivation. He said that there was a threat of selling uninsured services while offering insured services.

He said to me today that was not done in any other facility or province. I want to say that is categorically and demonstrably false.

I hope the minister will listen to this example. In every emergency department in the country that provides insured services an individual with a broken arm can obtain a cast. The cast is covered by health care. However, if the individual wants to upgrade the cast to a fibreglass one he or she will pay. It is the individual's decision. It is a little lighter. It is waterproof. It allows significant mobility in some cases.

That upgraded service, that enhanced service that is not covered by medicare, is being provided in a facility which provides insured services. The minister says that it is not the same. I beg to differ. Is it not for profit? Out of the pocket comes the \$10 for the fibreglass cast. That is an uninsured service being provided by an insured facility. The minister can say anything he wants. It is just flat out provided.

Let me go to bill 11. I have a copy of it. I believe in going to the source. As I said, this is Alberta's mechanism to try to reduce waiting lines for surgery. Will it be successful? I am not sure but I am willing to give them a chance to prove that it will be.

On the issue of enhanced services bill 11 says that enhanced medical goods and services are upgrades that are not medically necessary, like foldable lenses for cataract surgery. A person might choose those upgrades. A sensible patient could say that a foldable lens has some advantages. It is not covered under medicare, so he or she will have to pay for it. The information must be explained to the person in writing. It cannot be nudge, nudge, wink, wink, we cannot provide the lens wanted but only the enhanced lens. The information must be provided in writing with an outline of the costs and advantages. Patients then have an opportunity to review it and change their minds as long as they have not received the service.

There are big fines of \$10,000 for the offence of not providing the information and \$20,000 for every offence thereafter. This is legalistic stuff. I think the health minister would like it. It is important to note that if the upgraded product or service is all that is available, in other words if the foldable lens is all that is available, it cannot be charged outside medicare.

This gets away from the legitimate concern that the facility might say that it has no lenses other than foldable lenses. If foldable lenses are all that is available, it cannot charge for them. Those are responses to legitimate concerns. I admit the concerns are legitimate because it would break the principles of the public health care system if those services were offered in an inappropriate way.

I strayed from my NDP colleagues and the health minister on bill 11. Will it work? This is Alberta's opportunity to prove whether or not it will work. Would I hire more health police to look after it? There are health police in Alberta. There are patients in every

hospital in Alberta in waiting lines. They will decide whether to step out of a waiting line and go to an overnight facility to receive services. If it were my mom, I might take her in my car and try to get her out of the waiting line.

• (1130)

Should we let Albertans decide this? If it does not work, what will happen? Bye-bye bill 11, maybe bye-bye Klein. I think Albertans will turf Klein out if it is an inappropriate bill. We do not need health police.

An hon. member: That would never go down. Elect the Liberals.

Mr. Grant Hill: My colleague across the way said to elect Liberals. Maybe that would happen if bill 11 is inappropriate. But do we need an all-seeing omnipotent health minister from Ottawa to come along and say he does not think the motive behind the bill is good? Not in my books we do not.

I do not have forever, but I will talk about a couple of other innovations which I think are worth considering. These are for public consumption, to reject, think about, or not. This is not alliance policy. These are my thoughts on the issue.

What about thinking of a completely different way of delivering the money to individuals in Canada for health care services? What about a medisave account? I would equate this to an insurance policy on a car. We do not insure our cars for oil changes. We insure them for major catastrophes like an awful crash that would break us if it happened. We insure for the repair bills on a major issue.

What if we insured for catastrophic things in Canada? Instead of giving money to the governments to look after everything, what if we gave \$100 to each patient in a medisave account? This would be for the regular run of the mill preventive things, regular checkups, a visit to the emergency room for suturing and whatnot. It would be the patient's responsibility. That first \$100, which is a very arbitrary figure, would be the patient's responsibility. The person would not spend it if he or she did not need it. The government would allow the person to put those funds into retirement, but the person would be able to keep those funds in a medisave account for the future.

What would that do? That would make people think about what medical procedures cost in this country. Many do not know. Many do not know what an ultrasound for a newborn baby is worth today because they never ever get a bill for it. It is free, paid for by the taxpayer.

That would put a person in a position where, if they had had a cardiogram a year ago and had paid for it out of their medisave account, and they were told during their annual physical they needed a cardiogram again, they might ask whether they really did

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need it because it would eat up their medisave money. There would be a discussion as to whether or not that would be useful. I believe there is some degree of personal responsibility when it comes to the funding for our health care system.

That was the medisave account idea. It was a very brief overview and I admit not very thorough, but it is an idea.

I have a second idea. The threat of suit in Canada for nurses and doctors is a major cost driver. Somebody who comes into the office with a headache is often given procedures that are not really the best for looking after a headache. They are procedures that are designed to prevent a suit, prevent medical legal action if the individual ends up having more than a simple headache, for example a tumour. The medical legal system in this country is driving costs up. It is becoming more and more like the U.S. in terms of litigation.

In my first speech in the House many years ago I asked the health minister to address the issue of medical jurisprudence. I thought as a lawyer he would grab on to that. Of course, it would mean fewer lawyers, so maybe I understand now.

What principles do I think should guide the federal government on health care? First, I value our public system. I have practised in it and I know that it is a valuable system. But I think we have gone astray when we talk about American style two tier, because on this issue it is literally the wrong debate. Medicare is being used in most countries in the world. It is not being used in the U.S. Taxpayer funded medicare is not there.

• (1135)

When we compare ourselves, let us compare ourselves to similar medicare systems such as those in Europe, Asia or Scandinavia. Countries there have chosen some safety valves in addition to taxpayer funded medicare. Medicare is not falling apart. It is not going down the tubes. Ours would not either if we looked at some of those innovations.

The big principle is that we should remember the patient. Let us put the patient first. Let us stop putting the system first. If we did that in our deliberations here in Ottawa and across Canada, we would be much farther ahead.

The federal government has a role as a paymaster. It is so straightforward that the funding should be predictable. It should be obvious that it is going to medicare and it should be growing with our population growth. Our aging population is another issue. As a paymaster the federal government has a very specific role to play.

The health minister said he would play the role if the provinces played by his rules. I disagree with that. The current approach of threatening the provinces if they do not follow the health minister's rules to bring in health police to enhance the number of people wandering around the country trying to find breaks to the Canada

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Health Act, deeming private clinics as hospitals, have we ever heard a more legalistic view? Deeming. He is going to deem a private clinic as a hospital.

I say again that if we forget about imperilling the system and instead look at the perils to the patient, we will be better off.

Mr. Brent St. Denis (Algoma—Manitoulin, Lib.): Mr. Speaker, I listened to the hon. member's speech. While he covered a lot of territory, he confused me a bit. The member is a physician and has worked in the system. He is probably aware more than most of us in the House of the daily difficulties faced not only by practitioners such as himself but by those who depend on the system for their health needs.

The member skated around some of the more important fundamental issues. In using that reference, I would like to comment that he is a pretty good hockey player. We on this side appreciated the chance to play against that side last night. He has shown marked improvement from the first time we had the experience a few years ago. I commend him in that regard. But skating around important issues such as health care is another matter.

Like others in the House, I read a fairly thorough report in one of the national papers which reported on the Australian experience with what in no other way could be described as a two tier health system.

The member and his fellow reform-alliance members are in the midst of a leadership race. I cannot claim to know exactly what position on two tier health care each of the candidates has. The member for Esquimalt—Juan de Fuca has made it clear that he supports a two tier system. I would suspect that another candidate, the treasurer of Alberta who is on leave from that position, obviously supports bill 11.

I am not an expert on the health system except for having to visit the doctor from time to time. I wonder if the member could tell us where he stands with regard to a two tier system where those with the resources can have speedier access to certain procedures compared to those who depend on a publicly funded system.

• (1140)

Mr. Grant Hill: Mr. Speaker, in reference to skating, I think he checked me into the boards and it was not very nice at all. I meant that as a joke, it is not true at all.

On the issue of a two tier system, personally I reject two tier medicine. My colleague from Esquimalt—Juan de Fuca who is also a physician has chosen that as his solution. That is a personal solution. That is not the alliance position.

I have already suggested the sort of thing I think would be useful to innovate in health care. We need to have more responsibility for knowing what the costs are and have a reason to husband the

resources. Let me take this opportunity to put forward another suggestion.

Every patient for every service in Canada should get a bill that shows the date for the service, what the service was and what the cost was and they should have to sign it. They would not pay a nickel for that bill, but they would simply sign it to say that they received it. That would do two things. It would let them know what the procedure cost and it would also prevent extra billing or padded billing by physicians. Some physicians put in bills that are not really appropriate. My colleagues do not like me to say that, but it is accurate and true. This would be a mechanism for bringing some of the responsibility back to the individual patient. There is none today.

My colleague across the way said that I skated around. I hope that is as direct and forceful a way of saying what I believe should be some of the changes.

I am willing to listen to others. Would the Minister of Health say the same thing? I wish he would.

Mr. Dick Proctor (Palliser, NDP): Mr. Speaker, I appreciate the opportunity to ask a question. I know there is probably not much time given the hockey references across the way.

The hon. member for Macleod is a physician. He is basically saying he is not sure about Bill 11, but let us try it and give it a chance. His arguments are that in one of these new surgical facilities it might be \$500 a day versus the \$1,500 that it would cost to run the health care system in a major hospital. Let me ask the doctor a hypothetical question. What happens at one of these facilities when there is a complication in the surgery?

The member for Macleod mentioned tonsillectomies. We have all heard horror stories about tonsillectomies. It is normally a minor procedure, but there can be serious problems from time to time. What happens at that point? Presumably the difference of \$1,000 a day between the surgical facility and the major hospital is that the surgical facility does not have all the bells and whistles that the major hospital has. That sick person now needs intensive care and has to be rushed to the major hospital. What happens at that point? Do we have queue jumping? Is the person in the other system who has been slated for that bed available at the Edmonton hospital all of a sudden bypassed because somebody coming out of the private facility is in intensive care and needs help in a hurry?

That is the problem a lot of people have with this notion. I would appreciate the hon. member's response to that.

Mr. Grant Hill: Mr. Speaker, what a refreshing change to actually have a non-attack. That is a very legitimate question and one which I appreciate.

Since I did tonsillectomies on my own in a public facility, I know that the complication rate is somewhere around 1%. Of 100 tonsillectomies, one of them will bleed and require the trip to the major facility the member talks about.

Would I then do the 100 in the \$1,000 or \$1,500 a day facility? Not a chance. I would do the 100 in the \$150 a day facility and for the complication would go to the big major public facility. Surely the math is not tough to figure out. They are both being covered by public funds. They are not being covered by private funds because a tonsillectomy is an insured service under medicare.

It would be a very legitimate concern if there were 99 coming from the one facility and plugging up the major facility. Surely the 99 that would be done outside the major hospital would open up beds that are not currently opened up.

I thank the hon. member for what I consider to be a constructive, eyeball to eyeball comment. It is refreshing and a treat to get.

• (1145)

Mr. Janko Perić (Cambridge, Lib.): Mr. Speaker, I have high respect for the hon. member for Macleod as a professional. I am glad to hear that the hon. member, as a professional, is not in favour of a two tier system.

Early in his speech he mentioned brain drain, but I am not sure if the hon. member is aware of brain gain.

In the Waterloo region there are probably close to 40 medical, highly qualified and experienced doctors from all over the world. As he knows, there is a quota in Ontario. I believe that there are quotas all over the country. Would the hon. member encourage the provincial ministers to leave those quotas and to give those opportunities to newcomers to practise medicine in the country, as well as nurses?

Mr. Grant Hill: Mr. Speaker, I thank the hon. member for that sensible question. The issue of brain drain could not be made more clear than to recognize that one-third of the current medical graduates from our 16 medical schools in Canada do not set up practice in Canada. They leave this country and never set up practice. That is a tragedy. We, as taxpayers, have a lot to say in terms of their training.

On the issue of foreign graduates and other individuals, some of them are driving taxis while their medical credentials are left unused. That is another tragedy.

We have a closed shop mentality in our country. We have an idea that the only training that is good is North American training, and that is not accurate. Those individuals should be able to pass an examination. I would open my arms and my heart to their experience, their thoughts, their ideas and their talents. Many of

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them go to far-flung spots to practise in areas that have difficulty getting practitioners. They will go anywhere to practise their skills.

The sad thing is that governments bought the idea that physicians were driving health care costs and if we restricted the number of physicians we would drive down costs. It would be wrong for me to talk so much about physicians. There is a shortage of nurses now due to the same issue.

It is a very sensible suggestion and I appreciate the hon. member's input.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I generally pretty much agree with NDP proposals. This morning, however, I must say that, unfortunately, we will be unable to support the motion proposed by the NDP on this opposition day. I would like to recall the terms of it in order to explain our concerns. Our colleague, the leader of the NDP, moved the following:

That this House call upon the government to act on the words of the Health Minister when he said, "we have grave reservations about investing public funds in private for-profit facilities", by immediately amending the Canada Health Act to provide that provinces be financially penalized if they allow public funds to be used for the provision of insured services by private, for-profit hospitals.

I submit to the members of the House that there is a trap in this motion. First, and I say this right off, our party believes that health care must be the most important of all public responsibilities. We believe in a system of universal, accessible and public health care for our fellow citizens.

Happily—and I will have the opportunity to return to this—the Government of Quebec is miles away from considering privatization, which of course does not prevent some of our fellow citizens from having private health insurance plans.

The trap in the motion by the NDP lies in its inviting the government to intervene in the way the provinces organize health care.

• (1150)

Favourable as we on this side of the House may be—the Bloc Québécois is, as a party, highly favourable to this idea and believes without any shadow of a doubt in the appropriateness of using public funds to put in place a health system that must also be public—we nevertheless believe that the way the provinces organize their use of the health system does not concern the federal government.

We believe that the Canada Health Act in fact constitutes an overstepping of boundaries, because according to the Constitution of 1867 and its revision of 1982, there are just two areas of the health sector in which the federal government is concerned. These are the health of aboriginal people and of military personnel.

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Perhaps there might be a third, the whole matter of epidemics and quarantine. The rest of the health system does not concern the federal government. Nevertheless, over the years, the federal government has come to adopt a Canada Health Act, which proposes five principles.

We are not opposed to those five principles, but we do believe that their implementation must be provincial. What are these principles?

Section 8 of the act is, of course, where it is stated that the health insurance system must be administered and operated on a non-profit basis by a public authority.

There is also the principle of comprehensiveness, which provides, under the terms of section 9, that the plan must cover all the services provided by hospitals, medical practitioners or dentists and, where permitted, services provided by other health care practitioners.

The third principle is universality. Section 10 provides that 100% of the insured persons of a province are entitled to the insured health services provided for by the plan.

There is also the principle of portability, and section 11 provides that a person leaving their province must also be eligible for coverage under the health care system of the province they move to.

Finally, section 12 provides for accessibility. This refers to the ability of our fellow citizens to receive treatment.

An important distinction has to be made: we are not addressing the right question when we say that provinces tempted to privatize should be penalized.

I repeat once again that we do not believe in privatizing the health care system. Those of you who have doubts as to the merits of a public health care system need only look to the United States.

There, last year—so this is recent—53% of Americans' spending on health care was private. With this high percentage of use of the private system, we must remember that 16% of Americans are excluded from health care systems and have no form of protection. This means 44 million people who, as we are speaking, are excluded, because they do not have the protection that is often associated with the workplace and must therefore pay when they go to a hospital, or when they require health services.

The real debate that we must have in this House is the one that we were reminded of by the premiers. The federal government has money. Let us not forget that the budget surpluses for the coming years have been estimated at around \$95 billion. Yet, the federal government backed out of its responsibilities toward the provinces.

When the Canada Assistance Plan and medicare were created, the federal government pledged, as with the other major joint

programs that existed at the time, to pay 50% of the costs of health care services, just like it had pledged to pay 50% of the costs of post-secondary education.

• (1155)

But, as we speak, what is the federal government's contribution to health care services? How much money does it give to the provinces? In Quebec, for example, for each dollar spent on health by the provincial government, the federal government invests 12 cents.

Let us be clear: it takes a lot of nerve on the part of the Minister of Health to rise in the House and, with his smooth voice, tell us that the federal government cares about health services in this country. If the federal government cares about health services, there is a solution. Its only option is to restore transfer payments to their 1994-95 level.

There is nothing partisan about asking that transfer payments be restored to their 1994-95 level, when it is what all the premiers did. The most vocal was Newfoundland's premier, Brian Tobin, a former cabinet minister.

It is what the Progressive Conservative premier of New Brunswick did; it is what the premier of Nova Scotia did; and it is what the premier of Ontario did. All the premiers called on the federal government to restore transfer payments to their 1994-95 level.

We submit to the NDP that the real issue here is transfer payments. Why is this important? We know very well that there is not one health care system in Canada but several, and that health care is first and foremost a provincial jurisdiction. All the provinces must cope with new realities affecting how they must deliver health care.

The first reality that should be pointed out to the House is that people are living increasingly longer. We no longer talk about the elderly but about the very elderly.

If the parliamentarians here pay a bit of attention to their health, to the determinants of health, if they eat well, do not smoke or drink too much, and take part in a moderate amount of physical activity, they stand a chance of living to be 79, in the case of men, and 81, in the case of women. This means that people are living longer and longer. But that means pressure on the various components of the health care system.

One of the things that is happening in Quebec, in particular, is that the population is aging. It will take less time for a significant proportion of our fellow Quebecers to reach age 65 than will be the case in other provinces.

In 35 years, 25% of the population of Quebec will be over 65. I say this to the pages, who will take our place, especially those who

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come from Quebec. In 35 years, in Quebec, there will be more people aged 65 and over than there will be aged 15 and under.

This has all sorts of ramifications in social terms. It will significantly affect our ability as taxpayers to provide public services. It is mostly the people in the labour force who pay for public services. There will be pressure on the system as well in the provision of services.

• (1200)

Not only will people live longer, but they will be wanting very specific services. They will also want to remain in their natural surroundings longer, which will mean home care. There are pressures in demographic terms, but also in terms of specialities. I will give a few examples.

When people live increasingly longer, when the population is aging, it means people are more likely to end up in hospital emergency rooms. I have a few statistics on this point.

As far as Quebec's emergency departments are concerned, in 1998-99, in other words one year ago, there were 50,000 more patients in emergency department beds than the figure for 1994-95. Of that number, 56% were over the age of 75. More and more people are going to emergency departments and half of them are aged 75 or more. This means that system administrators need to plan for additional care.

Taking the sector of radiation oncology, which has to do with the treatment of cancers, the demand is increasing, particularly for people aged 50 and over. The baby boomers, born between the second world war and 1966 or 1967, have reached the age to require such services. There is a 3% increase in cancer cases every year.

As for cardiology, demand for services is increasing, particularly in the 50-plus age group. Once again, health determinants are important. The better a person eats, the more physically active he is, the less he smokes or drinks, the better his chances of not having heart problems. There is an undeniable statistical correlation between lifestyle and the probability of using public health services.

The community has only recently become aware of this connection. A whole generation of us grew up with a positive picture of smoking. It was connected with sex appeal. We can all remember the images televised until very recently of attractive young girls with their cigarettes.

Let me digress for a moment to say that, five years ago, 29% of Canadians aged 15 and over smoked daily and were addicted to tobacco. Today, that percentage is 25%.

We hope that in five years it will be down to 20%. However, the heaviest smokers are found among young people and in Quebec in particular, with 38% of young Quebecers being smokers, compared

to 23% of young British Columbians. As a society, we must make sure that all the information is available to young people so that they never start to smoke.

• (1205)

It is not a coincidence that, for years, tobacco companies targeted that clientele. Just remember that picture of a race car driver. Mr. Speaker, you know what I am talking about, because you were a young man once, some years ago. I do not dare say many years ago, because I know that you are a very dynamic person, you are really very alert physically. I had the opportunity to go up some stairs with you and you were not even out of breath. You have a good cardiovascular system. You could work a little on your muscle mass, but I know that your days are very full.

All this to say that it was just recently that our society realized the importance of having winning conditions, from a health point of view, to be in good shape. Until very recently, tobacco companies were looking for young consumers.

I can explain why. If we conducted a survey among parliamentarians, we would see that 95% of smokers do not change brands of cigarettes. The only opportunity for tobacco manufacturers to increase their share of the market is to reach young people. These new entrants on the market will, of course, adopt new brands of cigarettes.

This is why I support any measure suggested by either government—Quebec has done a lot in that area—to tell people that tobacco is the primary cause of avoidable deaths in Canada. Every year, 45,000 people die as a result of smoking and this could be avoided if we made it socially unacceptable to start in the first place, and helped people stop.

I will close by saying that there are two ways to end the health debate in the House. The first is to restore transfer payments to their 1994-95 level. Quebec alone is out \$6.5 billion, or \$1.2 billion annually, of which \$500 million would go to health and another \$500 million to income security and post-secondary education.

If Quebec had 500 million additional health dollars, it would not be tempted to consider privatization. It is not tempted to consider privatization but let us not be hypocritical. The government cannot be surprised that some provinces are considering privatization when it is the reason they are cash-strapped.

As long as I am the Bloc Quebecois health critic, I will never stop calling on the government to restore transfer payments. The government has literally robbed the provinces; it has slashed their budgets and misappropriated funds. We cannot sit still for this.

Do I have the time to point out to the House what the Quebec government could do with the 500 additional millions that are its

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due? That is almost one-quarter of the budget of all Montreal's hospitals.

I will close by saying that I hope government members will be extremely vigilant and bring pressure to bear on the government so that it will restore transfer payments.

[English]

Hon. Ethel Blondin-Andrew (Secretary of State (Children and Youth), Lib.): Mr. Speaker, I would like to thank my hon. colleague for his comments. I note that I too have a very great concern, as the Secretary of State for Children and Youth, and being an aboriginal woman, about the rate of consumption of tobacco products by different sectors of society.

In particular, it should be noted that Quebec has a 30% higher intake of tobacco products than the rest of the country. It is an extremely huge problem. Inuit women also have a very high rate of lung cancer and very high intake.

There is a pervasive influence on young people across the country.

In recent months it has been stated that Quebec has \$500 million in a bank account in Ontario. Would it not be wise or at least appropriate for it to make use of that money for such purposes? Would that not make sense? I am sure that all Canadians watching us today would want to know how we could tolerate this situation, with that surplus or money not being used for these means.

• (1210)

I would like to hear the explanation the member would give, not to me but to Canadians on this issue.

[Translation]

Mr. Réal Ménard: Mr. Speaker, I would expect our hon. colleague, with the responsibilities that she has, to be a little better informed and a little less of a grandstander.

Quebec's finance minister, Bernard Landry, an excellent finance minister, who has no equal in this House, may I point out, has clearly indicated that Quebec put the money the hon. member refers to in trust in order to protect itself from Treasury Board accounting practices that would not, had he included it in Quebec's operating revenues, have guaranteed the National Assembly that this money would be used for health.

The finance minister, with the agreement of the health minister, wanted to significantly increase the funding allocated to health care in Quebec. I want to reassure all my fellow Quebecers that, if there is a government in recent years that has fully assumed its health care responsibilities, it is the government of Lucien Bouchard.

I ask the hon. member if we can count on her as a committed voice in her caucus to make it known to the Minister of Finance and the Minister of Health that we want transfer payments to be returned to their 1994-95 level.

How can she remain silent? We are waiting for the government caucus to provide something other than the sorry spectacle of silent lambs with the government's cuts simply being confirmed uncritically.

I ask her to join with the members for Rosemont, Hochelaga—Maisonneuve and our colleagues in the New Democratic Party to say that the real crisis in the provinces' public health care system can be laid at the federal government's doorstep. Unilaterally, as of 1994, the federal government made cuts in transfer payments. Since 1994, these cuts have totalled \$33 billion, \$6.5 billion for Quebec alone.

If transfers were to be restored tomorrow morning, Quebec's share would be \$1.2 billion. It would use half of this amount, or almost \$500 million, for health, and the other half for income security and postsecondary education.

I therefore call on the Liberal members to rise out of their stupor, to take matters into their own hands and to stand up and be counted with opposition members when we call on the government to restore transfer payments to the 1994-95 level.

[English]

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, this is certainly an interesting debate and I am very pleased to take part.

Health care is the number one issue in the country. There is no question about it. The reason, of course, is that we fear for the future of health care if the present government continues the way it has since its election in 1993. It has been in power for seven years. In that seven years we have seen the erosion of health care. What is even more frightening is that it has no plan.

Most of us would take a little comfort in action being taken by the government, in any action it might take. What we have basically said all along is that without a plan nobody knows. Without a plan we cannot predict the future of health care.

The difficulty in Canada, in the eyes of most Canadians, when they compare our health care system with others, is that we see what is happening in the United States. People in the country south of us do not have a health care system which is universal and managed by the federal government. Basically they have a health care system which is managed by, run by and controlled by litigation lawyers and insurance companies. We have all heard the horrendous stories in the United States of families going bankrupt because of the burden of health care forced upon them because they are sick. In other words, there is no one there to help them. We do not want to see that happen in this country.

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● (1215)

In this country about 9.5% of our gross national product is spent on health care. In the United States that percentage is around 14.5%, the difference being that in Canada everyone is included. In the United States about 40% of the population is excluded from any health care coverage at all.

What this boils down to is that the health care system we have in Canada, in terms of the percentage of our GNP, is actually a good deal for Canadians. We want to see it preserved, but there is no evidence on the part of the government that it intends to pay attention to it to ensure that we will have a system down the road.

I have with me a couple of documents which I thought most Canadians would enjoy. I have the two red books. I will be quoting from both of them, red book one and red book two. Incidentally, one of the books was written in preparation for the 1993 election, the infamous red book one, which has a section on health care.

In the 1993 election members of the now federal government, then the opposition Liberals under the leadership of the present Prime Minister, promised some things in terms of health care. I want to show how the Liberals have deviated from what they said they would do to what they have actually done.

If we are unfortunate enough to have these people in office in the year 2004, by that date they will have effectively taken \$30 billion out of health care. That \$30 billion represents the crisis we are experiencing today. They have simply taken too much money out of the system.

None of us would stand in our place to argue that money alone would solve the problem, because it is about more than money. We are talking about a plan. We are talking about everyone getting together in the same room and talking about a strategy, a game plan, which will take us through the next 15 to 20 years.

I will read from red book one, which was the Liberal policy platform going into the election, which incidentally brought a lot of Liberal members into the House in 1993. We are going to hear some grumbling on the other side because I am getting into something that is very painful for them. I am reciting, line and verse, what they ran on in 1993. Here is the promise which is found at page 77, under the title "Canada's Health Care System":

A Liberal government will face these challenges squarely, thoughtfully, and with confidence. Our approach will be based on our values. Our solutions will be predicated on our commitment to the five fundamental principles of our medicare system. . .

A Liberal government will not withdraw from or abandon the health care field.

Those are the very principles which we are debating today. Quoting again from the same book:

Liberals cannot and will not accept a health care system that offers a higher quality of care for the rich than for the poor.

● (1220)

In other words, according to the Liberals in 1993 we would not have a two tier system. We know what happened.

I am going to table this document. We will at least send it upstairs for *Hansard* to use in getting the correct quotes, the page references and that sort of thing, because we want it squarely on the record.

What did the Liberals do between 1993 and the election of 1997? They extracted over \$17 billion from health care. Why were they able to do that so easily, so effectively and without a lot of criticism?

At that time just about every province in the country was Liberal. The Liberal premiers of Nova Scotia, New Brunswick, Newfoundland and Prince Edward Island nodded in agreement. All of the Liberal members of parliament nodded in silent agreement as money was hacked and cut out of health care.

On this side of the House the Bloc Quebecois was the official opposition. It was focused on one thing: leaving Canada. Those members had one thing on their minds: a new country. They were not focused on health care. They did not care.

The other major party in the House at that time was the Reform Party, now known as the united alternative. No matter what the government did to health care, the reformers would not stand to protect it. Nothing could be too draconian for the Reform Party. If the government had simply massacred the system completely, taken it down to ground zero, the Reform Party would have been pleased with that. Basically there was no intelligent debate in this House on health care between 1993 and 1997.

To make matters worse, the Liberals went into the 1997 election looking for a deathbed reprieve. They had put some money back into health care, but not enough. They knew they were in trouble. They had taken out \$17 billion and they had replaced \$1 billion or so, thinking that would do the trick leading into the election.

They did not do it, of course. They did not fix health care. The sad thing about this whole story is that in the 1997 election they went on to promise more. Let us read what they said in the 1997 red book.

The 1997 red book was their policy book for that election. We just heard in red book one what they promised. They completely renege on that. I guess most parties would have abandoned their position, knowing that they had misrepresented the Canadian people in the election. No, they did not. They had the gall to stand and say the same thing all over again. On page 72 of red book two it states:

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Medicare is a cherished legacy that we will never abandon. The Liberal government remains firmly committed to the five fundamental principles of health care in Canada: it must be universal, accessible, comprehensive, portable, and publicly administered.

However, they simply abandoned us again. They went on the same—

An hon. member: Tired old track.

Mr. Greg Thompson: Mr. Speaker, I was going to say burn and destroy mission; a scorched earth policy in terms of health care.

Thinking that might not be enough, given their record between 1993 and 1997, they went on to promise even more. They went on to promise a home care program in red book two, on which they were elected. They promised home care and more money for health care. Not to end it there, they promised a pharmacare program, which they knew they could not afford, but they promised it anyway. Apparently the Liberal philosophy is: the bigger the promise, the more votes. I suppose we could say: the bigger the promise, the bigger the votes.

• (1225)

Again they were successful. Since 1997 they have gone on with no plan and things are getting worse. Approximately \$90 billion will be spent in Canada on health care this year. That \$90 billion will be made up of the federal government share, the provincial share and the private sector. I want to remind Canadians that there is a private sector. Our system is not totally funded by the federal government.

My party's concern is that more of our health care system is becoming private. We have to be very careful of the direction we go in. That is what the NDP motion today is about. The NDP is suggesting that the federal government take strong action against the province of Alberta because of the introduction of bill 11.

I would like to give an example of how difficult it is for the provinces to manage given the set of circumstances that the federal government created. In my home province of New Brunswick spending in support of health care is the single largest expenditure. It even overshadows debt charges, believe it or not.

In 1998-99 the Department of Health and Community Services in New Brunswick expected to spend \$1.3 billion, approximately 30% of its total provincial budget, on health care. About half of that total was spent on hospitals; 17% on medicare, which is predominately payment to physicians; 8% on nursing homes; nearly 5% on the prescription drug program; 12% on social services; and nearly 8% on other things, including mental health services and public health. Mental health services and public health received 1.7% of the total budget.

The situation in Newfoundland is worse. What is so hypocritical is that the present premier of Newfoundland, Mr. Tobin, sat in the House of Commons and supported the federal Liberal government at the time. He sat in the front row as the minister of fisheries. Mr. Tobin voted for all of the cuts that affected every province, including his home province of Newfoundland, of which he is now premier.

In the province of Newfoundland 42% of all spending is on health care. Per capita health care costs are now \$2,037, compared to approximately \$1,700 four years ago. Ironically, Newfoundland's population is decreasing, but health care costs are going up. That is the worst of all worlds. A lot of this was created by the federal government, of which Mr. Tobin was a member. He is starting to pay the price back home in terms of his government's ability to manage the system. The system cannot be managed without money.

The province of Saskatchewan is going through the same set of difficulties. Saskatchewan's population is declining as well.

Mr. Dick Proctor: It is not.

Mr. Greg Thompson: Let me speak. If members are opposed to what I am saying they can get on their feet and debate. But while I am on my feet I expect them to listen, as good children normally do.

• (1230)

In the next few weeks Roy Romanow will take a look at Saskatchewan's health care system. He will have a public review of what we would consider to be the holy of holies if we were members of the NDP, health care, and will define what services are essential.

This is almost parallel to what Mr. Klein is doing in Alberta, the province next door. The difference is that Alberta has taken measures on its own to deal with the shortfall coming from Ottawa in terms of funding. It is looking at privatization.

Saskatchewan will take a slightly different view. It will determine what services are essential. I hope hon. members are listening to this because it is quite important. It is important for members of the NDP because medicare is the holy of holies when it comes to their party. That is great, because we have to have more people in the House defending health care.

Instead of going down the Ralph Klein road in terms of privatization, with the aid of the stroke of a pen the premier of Saskatchewan will actually take procedures off the list of those that today are considered to be essential. Why? To cope with the shortfall in funding which hurts the poor provinces. Mr. Romanow knows that Saskatchewan cannot keep on paying to the degree it has. It has gone beyond its capacity to pay. The point I am attempting to make is simply that the federal government has created the problem.

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I am sure Canadians get confused when they hear us debating this issue in the House ad nauseam. They want this sorted out because once we get into the numbers it gets so confusing.

Under the Canada Health Act primary care delivery is the responsibility of the provinces. This is where the equation has gone wrong. Primary care is the responsibility of the provinces and the 50:50 cost share which we originally entered into back in the 1970s has been abandoned. The provinces started out in a situation where the federal government would share the costs. The equation was that the federal government would pay half of all the costs. Now it is down to about 15%, 15 cents on the dollar being taken care of by the federal government.

It is imperative that we get all the players into one room. The federal government poisoned the atmosphere a few years ago when it unilaterally took \$17 billion out of the system. We have to get all the players, the premiers, the health ministers, the federal health minister and the Prime Minister along with the health care leaders in the country, in the same room to debate where we are going and to come up with a plan. If there is anything missing in Canada today, it is a national health care plan to let the Canadian people know where we are going.

We do not want to see the Americanization of a system that is capable of being saved. We have a good system. Let us work to preserve it. It is up to the federal government to come up with a plan that will work.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, I commend the hon. member from the Conservative Party for his fight when it came to the hepatitis C battles and his efforts in his province to fight for medicare as well. But there is a contradiction when the Tories talk about health care.

Recently at a byelection in St. John's West, which the NDP came very close to winning, the Conservative member said that one of the greatest things he will do is fight for health care. He will fight for the universal, not for profit health care system in this country. Yet his leader, Joe Clark, said that he supports bill 11 in Alberta. The problem is, does the member not agree there may be a contradiction in that? The member for St. John's West said he would fight for health care, yet the leader of the Conservative Party said he supports some sort of tinkering with the private system.

• (1235)

I believe that is some form of contradiction. I would like the member to comment on that.

Mr. Greg Thompson: Mr. Speaker, I am glad the hon. member asked that question. That is an issue on which I have spoken a number of times, as has our leader Joe Clark.

I want to set the record straight. This is why I talked about Roy Romanow, the NDP premier of Saskatchewan and the radical

measures he will have to take as an NDP premier to deal with the shortfall in funding in health care. Let us start with Mr. Klein who said that this is something he would prefer not to have to do. He is on the record as having said that. He did not want to do it, in other words, bring in bill 11. If we talk with Roy Romanow, Saskatchewan is reconstructing the list of essential services. In other words, some of the services deemed to be essential will be taken off as a cost saving measure in the province of Saskatchewan.

The two premiers are next door to each other. One is a Conservative premier and one is a socialist premier, and I am not saying that in a derogatory way, but our position on the issue has been much the same as Mr. Klein's. This is something we would not want any government to have to do nor would we want Premier Romanow to have to strike off essential services, those that are deemed essential today, eliminate the list and make the list shorter. Unfortunately he is being forced to do it. That is exactly what Ralph Klein was forced to do. Our position and Mr. Clark's is simply that we support his right to introduce that bill in the legislature. We understand why he did it. It is a question of survival.

It comes down to what province will be next. We already know which one it is. It is Roy Romanow in the province of Saskatchewan. It will be a raging debate in his province, as it will be in my province and every other province until we come up with a plan that is sustainable and which will work. That is why our leader, Mr. Clark, has suggested in addition to the five principles which I mentioned in the House, there has to be one more principle and that is sustainable, predictable funding.

That is not to say funding in itself will do it because it will not. Throwing huge gobs of money at the problem will not solve it. That is one of the points John Crosbie, the former fisheries minister who is from Newfoundland made this week at our policy conference. We agree with that. We have to have honest debate and dialogue on where we are going.

For the NDP to point at us or any other party in terms of where we are going and what we want to do, that is not what Canadians want to see. We want to see honest dialogue with honest solutions.

The federal government has not engaged in honest dialogue. On bill 11 it has not. It has sent out mixed signals to the premier of Alberta and every other premier in the country because it wants the best of two worlds. It wants to be able to balance its books on the backs of every province. The finance minister wants to be able to stand in this place on his hind legs and brag about how he balanced the books. He repeats that day in and day out in the House. He has been successful, but let us examine why he has been so successful.

He has done it at the expense of every single living Canadian. The government has taken it out of health care. That is not a lot to be proud of. The truth will be in the next election. That is why I am very supportive of our leader Mr. Clark. There is no national leader

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who is more respected than Mr. Clark when it comes to dealing with the provinces and premiers from one end of the country to the other.

• (1240)

We need honest dialogue in an attempt to come up with solutions. We do not have all the solutions. We want to engage Canadians in the debate so that at the end of the day they will say, “We can see where this is going. We do not want Americanization of our health care system. We know it will cost us some money but this is where it is going. This is a plan we can live with. It is an honest plan, a sustainable plan and one that will do the trick”. That is what Canadians want. Pointing fingers back and forth is not going to work. The Liberals have done that for the last seven years.

In fact, when I concluded my speech, I mentioned that the Liberals poisoned the atmosphere. When we talk about bringing the premiers and health care ministers together, they holler across that they will not do it. They will not do it because they have poisoned the atmosphere. Only by having an honest dialogue and having a broker come in to solve it will the problem get solved.

The present government cannot do it. It has been scrambling for the last seven years. We can measure its approach to every single problem that has besieged Canadians in the last number of years. Those problems exist today because of the lack of leadership. In other words, it has not honestly addressed them. The Liberals have been coasting for a number of years.

If any other members would like to ask a question, I would be more than happy to answer them. Maybe some Liberal members have a question or two for me.

Mr. Dick Proctor (Palliser, NDP): Mr. Speaker, I am sharing my time with the member for Bras d'Or—Cape Breton.

I want to say how pleased I am to take part in this debate as a member for parliament from Saskatchewan, the birthplace of our cherished medicare system. I also want to acknowledge all of the hard work that has been done by our leader, the member for Halifax, and our health critic, the member for Winnipeg Centre, to keep this issue first and foremost in parliament over the last several months.

I would like to begin by picking up to some extent where the previous speaker ended in terms of setting the history of what has happened over the last 40 years. As many Canadians know, this is our most cherished and most important social program. It started in Saskatchewan where it was finally brought in by former Premier Tommy Douglas and his successor Woodrow Lloyd in 1962. It was a program that took 18 years to deliver because the Government of Saskatchewan at that time was adamant that it was not going to

bring in the program until it could fund it for the long haul. It took from 1944 until 1962 for the program to come in.

Five years later it was extended to the rest of Canada by the then Prime Minister Lester Pearson on the basis of 50:50 funding. I remember well that premiers like John Robarts of Ontario and Ernest Charles Manning of Alberta wanted nothing to do with socialized medicine, but they could not resist the 50 cent dollars that were on the table so everybody joined in. In 1967 we got a national medicare program.

As I said, it has been a cherished program. Until the last few years, medicare has been something Canadians have been justifiably proud of. They have talked about it as they have travelled throughout the world and visited other countries.

The question before us today is what has happened in recent years to the program, which we were so proud of in 1990, 1991 and 1992, that we are anxiety ridden as to whether we will have a national medicare program in the next short while? There are a number of reasons.

There have been cutbacks. I would submit that the principal problem we have today happened in 1995 with the Canada health and social transfer and the end of the Canada assistance plan and established programs financing. At that point the government, on its mantra for balancing the books and eliminating the deficit as quickly as possible, took more than \$24 billion out of our health care system.

• (1245)

When we talk about the problems the provinces are having, whether it is Alberta, Saskatchewan or another province, they are problems driven by the lack of cash in recent years from the federal government. Provinces have had to resort to backfilling. Notwithstanding the comments of previous hon. member, the province of Saskatchewan has backfilled 100% on the cutbacks to federal funding for medicare. I worked in the department of health of that province for a brief period of time before I was elected.

I would also submit that many other provinces have done the same. The modern day John Robarts, Ernest Mannings, Mike HARRISES and Ralph Kleins have basically no commitment to medicare, especially when there are only 11 cents, 13 cents or 15 cents of funding instead of the 50:50 funding they once enjoyed.

At some point in time, sooner rather than later I would submit, one of those provinces will tell the government to forget its 11 cents or 13 cents and have its own health care system. That will be the end of the national medicare program, which concerns us a great deal.

The government has taken billions out of health care. We have an aging population, as the Minister of Health said earlier in the debate. We have a number of new technologies. Health care is not

getting less expensive. We have more demand and less money. There is simply not enough money in the system but the culprit is across the aisle.

I urge members of parliament to concentrate on that issue and not get too bogged down in the backbiting of which province is doing what. Although, having said that, I want to come back at some point before I close to what is specifically happening in the province of Alberta.

I have tried to suggest that there is an end to the partnership and that 1995 was a watershed in that regard. We now have a government of a province with very little commitment to health care, to medicare. I do not think that is reflected accurately by the people of the province of Alberta, but bill 11 would set up a legislative framework for surgical facilities offering overnight stays as far as we are concerned. It would also offer diagnostic and treatment services, services for both medically necessary surgeries as required under the CHA and elective surgeries.

I have been involved in various organizations that have been fighting privatization for decades. The pattern is always the same. Privatization occurs where there is a fast return on profits and the more expensive long term care is left to the public. When we talk about tonsillectomies, cataract surgery and hip and knee replacements, we are talking generally about relatively minor short stays in hospital, quick release in 24 hours or less. People are back home and recovering and not a burden on the health care system. That is what people interested in privatizing our health care system want to do. They will leave long term care for the public system and we will quickly end up with two tiers. That is the heart of what the bill and bill 11 are all about.

By way of conclusion, the initial announcement back in 1995 was that cash transfers would be cut by 40% and for most provinces the cash portion of the transfer would ultimately phase out. In future under the CHST it would be up to the provinces to decide how to allocate their much reduced cash transfer.

• (1250)

I should like to make mention of one point that has not been talked about in the debate. It caught my eye last week that five of the largest pharmaceutical industries in the world have now decided in their benevolence to do something about the horrific problems with the outbreak of AIDS in Africa. They have agreed under an umbrella agreement that they would provide AIDS related drugs to Africa at a much reduced cost. I guess we would say that is a very noble endeavour on the part of the pharmaceutical industry.

We can think about what is driving the cost of medicare and pharmacare in Canada, the high cost of drugs, and the fact that we had to comply with Bill C-92, the 20 year patent protection and the

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inability to use generic drugs. How is it that the pharmaceutical industry can arbitrarily say that it will provide these drugs as a noble endeavour to the continent of Africa? We in Canada are prohibited from saying that we would like reduced pharmaceutical costs to benefit our population from coast to coast and keep the costs of our health system down.

As I indicated I am sharing my time with the member for Bras D'Or—Cape Breton, but I am pleased to have had the opportunity to participate in this important debate today. I look forward to hearing from members of all parties on the issue.

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I thank my colleague for his excellent remarks. He certainly gave the real reasons for being in the situation we are today in terms of the health care service in Canada.

A good number of members and I are from a generation in Canada that has never had to fight for the benefits in our health care system. We have never had to truly experience the horrendous situation that went on prior to medicare.

I will mention an incident that I heard about from the Canadian Alliance member for Selkirk—Interlake. I happened to meet a constituent in his riding last week. He recognized that his own member of parliament was not on the right side of the issue, so he mentioned to me that he recalls the years when his brother on the farm had an appendicitis attack. They called a doctor who came out to the farm. Before seeing his ailing brother in the house, the doctor went out to barn to check out the cow he was to receive by way of payment. That was the state of health care in Canada. That was our health care system prior to medicare.

I find it absolutely unconscionable that the government would not put enough funding into our health care system nationwide to ensure that we have those services for all Canadians. Has my colleague heard of any of such instances?

Mr. Dick Proctor: Mr. Speaker, the member for Churchill is saying that there was a time and there may be a time again soon when the medical profession will be checking our purse first and our pulse second.

It might help to elaborate on the answer by recalling why Tommy Douglas, the founder of medicare, became so passionate and committed to it. It went back to a time when he was growing up and had a problem with his leg. He was living with his family in the United States. He was an ironmonger's son, as I recall. He was in a hospital and they were getting ready to amputate his leg when a surgeon came along, looked at him, and said that he could fix it without the amputation and did so. Tommy Douglas thought from that day until his death why it was that we would have a two tier system. If his parents had the money the possibility of the amputation would never have been an issue. It was only the

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generosity and kind services of the surgeon in the Chicago area that actually saved his leg.

• (1255)

This kind of thing has been at the forefront of medicare throughout the years since it was introduced in 1962 in Saskatchewan and in 1967 nationally. It is what we want not just to look back on fondly but to look forward to for coming generations.

Mr. Nelson Riis (Kamloops, Thompson and Highland Valleys, NDP): Mr. Speaker, I listened to my hon. colleague who spoke eloquently about the need to support the motion. I have a question for him. Was he delighted this morning when he found out that the federal government surplus was now in excess of \$14 billion?

It is clear that money ought not to be an issue. The money is there if the government has the will to provide the financial support. Could he tell us whether he too was delighted to get this news?

Mr. Dick Proctor: Mr. Speaker, I was delighted to hear the news. If I heard it correctly it was \$14 billion more than the projected surplus which is considerable.

What the member is suggesting in his question and what I will suggest by way of response is that there is money. Despite the dripping sincerity of the Minister of Health, one more time as he did this morning, we have the money in the system. What we do not have so far is the will to dispense it in this very necessary program.

Mrs. Michelle Dockrill (Bras d'Or—Cape Breton, NDP): Mr. Speaker, I am pleased to participate in the debate but somewhat disappointed given that my first speech in the House in 1997 was with respect to the deplorable health care system from which the constituents of Bras d'Or—Cape Breton were suffering. Here we find ourselves three years later and the only change has been that the health care system has become progressively worse and we are very close to a two tier private health care system.

The Canada Health Act is under attack and the government continues to do nothing. A recent poll showed that nine out of 10 Canadians clearly stated that they believed there should be equal access to medical treatment for everyone regardless of income. What else does private for profit health care do but prevent equal access? This is the essence of the motion we are debating today.

One reason the government has had to backtrack and sidestep Alberta's bill 11 is that the Canada Health Act is not clear. The Canada Health Act needs its own clarity bill and the motion begins the process of ensuring that the government is accountable for what it says.

We hear members of the government talk about health care. They continue to talk about the cost of maintaining a public health care system. I do not think there is anyone, certainly not in the New Democratic Party, who would dispute that public health care is costly. However, as we have heard from my hon. colleague from Kamloops, we just found out this morning that the government has \$11 billion more than it had projected. It is not about not having money. The reality is that Canadians have paid for the services and the government is denying them the money to allow for those services.

We are here because the government is still not providing the leadership Canadians want. For months the government waited and waited and continued to tell those of us in the House and Canadians that it would intervene if the health act were violated.

When I talk about health care I cannot help but worry and concern myself about the importance of health care to women. It is not that men do not use the health care system, but it is certainly true that women tend to be greater users of health care services because we live longer and are unfortunately more often in poorer economic circumstances than men. The effect a privatized for profit health care system would have on women also concerns me. Profit means that people will have to pay for services rendered. The percentage of women who live in poverty in Canada is 18.2%. How will they be able to pay for private services? Will they be able to access the same quality of health care that their richer neighbours have access to? I think not.

• (1300)

We have a poverty rate of 25% in my regional municipality. The child poverty rate, I am ashamed to say, is quite a bit higher than 25%.

Eighty-eight percent of Canadians recently polled think it is very important that everybody be able to access the same level of health care no matter what their income. Canadians do not want a two tier system. Why does the government continue to stand by the tiresome excuse that bill 11 does not violate the Canada Health Act?

We are all aware of the link between poverty and access to quality health care. This is only one of the concerns Canadian women have about these possible changes to our health care system. Women will bear the brunt of a privatized for profit, two tier health care system.

Women already fill in where the government has failed to provide the assistance to its citizens that they expect. More and more women are adding the burden of caring for elderly relatives as the system becomes overburdened because of all the cuts to funding. This will not change if bill 11 becomes law and sets the precedent for private for profit health care in Canada. In fact, the burden will probably increase even more. Women already perform

two-thirds of the unpaid work in Canada. How much more are Canadian women expected to do?

The government changed the Canada Health Act in 1996. Why not change it again now? Why not make sure that there are more incentives to provide accessible, quality health care than incentives to make a profit? Why has the government not increased transfer payments and earmarked them specifically for health care services to make sure that there is no market or room for foreign companies to come in and begin competing with the health care system that the overwhelming majority of Canadians want us to maintain?

The reason is because the government continues to be influenced by a powerful lobby group that would love to see for profit health care that they could benefit from.

In 1995 the Prime Minister sent a clear message to the provinces that they were basically on their own in their provision of health care because of the steady cutbacks to cash transfers over the years.

When health transfers were folded into the CHST, this government had to make changes to the act. First it had to get rid of the then health minister who wanted to stop the cuts in funding and ensure that the federal government played a leadership role in the enforcement of the Canada Health Act. The government made sure it appointed a successor by the name of David Dingwall who made nine major changes to the Canada Health Act which paved the way for the existence of bill 11.

The NDP is not standing here today saying that there is no work to be done in our health care system. I, as a health care worker, know that changes need to be made within the system. What we are here to tell the Minister of Health and the government is that we are all sick and tired of hearing the government say that we should just sit and wait.

Canadians do not want the government to wait. The government's excuses are wearing pretty thin these days as we see its inability or unwillingness to jump in and show the leadership necessary to protect the Canada Health Act.

Canadians want the Liberals to act now. They do not want the government to pass off the responsibility to the provinces. Canadians are sick of this juvenile game of tug of war.

Nobody should ever make the mistake of thinking that the Canada Health Act is or should be a finished document. It should be open to debate and open to change. Canadians are telling us that there are some basic principles that, in their opinion, are not open to change. Highest on their list is accessibility regardless of income.

The government should act now. It should change the Canada Health Act and do what Canadians want it to do. The government

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should make sure that bill 11 is stopped and that no other province tries to introduce legislation that so clearly violates the principles, the morals and the ethics behind what Canadians believe their health care system should be.

I urge all my colleagues in the House to support this motion which sends the clear message that private for profit health care is not the kind of health care Canadians want and it is not the kind of health care that we are going to give them.

• (1305)

Mr. Nelson Riis (Kamloops, Thompson and Highland Valleys, NDP): Mr. Speaker, once again I listened with much interest to my hon. colleague from Cape Breton who spoke so eloquently about the crisis in which health care finds itself, particularly as a result of the lack of adequate federal financing.

The question I have for the member has to do with the situation south of the border in the United States where it does have a for profit health care system. A report came out last week indicating that the reason for the lion's share of personal bankruptcies filed in the United States was as a result of the horrendous health care costs that families were required to provide and that once those health care costs were provided it bankrupted the family operation and they had to declare personal bankruptcy as a result.

Based on the United States experience, would the member share the concern that this may threaten us here in Canada?

Mrs. Michelle Dockrill: Mr. Speaker, fortunately, I have relatives who have been living in the United States for approximately 45 years. I have talked about standing here today and being disappointed at having to fight for health care. One of the interesting discussions that I continue to have with my relatives is that they do not understand what this government is doing. They have been south of the border for 45 years looking at Canada and saying "My God, we wish we had what you have". I have an uncle who fortunately was not seriously ill but who had to be hospitalized for three days. I think the bill totalled something like \$8,000. It does concern me and it should concern all Canadians.

Unfortunately, we recently had a medical crisis in my family. My mother-in-law had three heart attacks in three days. The doctors put her on a nitroglycerine intravenous so they could hold her over for the Easter weekend before they did a triple bypass because of the shortage of staff, the shortage of surgeons and the cost to do the surgery. We sat around for four days and prayed that she would not take that one massive heart attack and not make it to the surgery table. That is a reality every day in this country.

As my colleague indicated, what will happen to a single mother if she has to pay for health care? I had a case in my riding where a single mother went to a pharmacy with her two young children who

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were sick but, fortunately, not seriously sick. As any mother knows, when our kids are sick we are worried and concerned. The pharmacist called me because he was so disturbed. The single mother asked him if he could tell her which one of her children was the sickest because she only had enough money for the medicine for one. The pharmacist told me that he gave her enough medication for two and that he did not care if he lost his licence because he was able to sleep well with himself. Imagine a mother having to decide which one of her kids would get the medication.

We are at the tip of the iceberg if this government does not stand up and act now to give Canadians what Canadians are clearly telling this government and this House that they want. They are saying clearly that they do not want two tier for profit health care.

Mr. Nelson Riis: Mr. Speaker, I have a supplementary question for the member. After having given a presentation that will help people to understand the crisis nature of our health care issue, could the member confirm two things? Does the average American family in the United States that is actually able to pay the premiums to get some kind of health coverage, all of which is deductible I might add, pay an average payment per family of between \$5,000 U.S. and \$7,000 U.S. annually, which is a tremendous cost for every household? As a matter of fact, as my hon. friend from northern Manitoba has told me, that is one of the major reasons that people enter the American Armed Forces. It is an easy way to get good personal and family health coverage.

• (1310)

Would the member confirm that the annual family cost ranges between \$5,000 U.S. and \$7,000 U.S.? Would she also confirm from the information that she has that in terms of a cost effective system the actual cost of health care in the United States, albeit there are millions of people without any coverage, actually costs more than it does in Canada on a GDP per capita basis?

Mrs. Michelle Dockrill: Mr. Speaker, I do agree with my hon. colleague in terms of what the cost is of guaranteeing medical coverage for our neighbours to the south. As I said, I have had firsthand experience with those costs. Even the cost of small needle for a fly bite is absolutely astronomical.

With regard to the second part of my colleague's question, the figure I saw, and I would not want to be quoted, but the overall cost of the American system is something like 40% more than a publicly funded system. Our friends south of the border want what we have and our system is going to where they are at.

Mr. Alex Shepherd (Durham, Lib.): Mr. Speaker, it is interesting that the member for Kamloops, Thompson and Highland Valleys has a problem with his memory today. Indeed, he has probably forgotten the fact that it was the Liberal Party that brought forward medicare in the first place.

Mr. Speaker, I will be sharing my time today with the member for York West.

I am very honoured to take part in the debate about health care. As I observed and listened to the New Democratic Party bring forward this issue once again in the House, I think forward to what its campaign will be like in the next election. I know it will be able to save a lot of money on stationery presenting public policy documents because, quite simply, its whole public policy is based on two words, and that is, more money.

In the last couple of days we have heard the NDP members talk about the problems at CBC. It simply needs more money. When they speak about unemployment insurance, it simply needs more money. Today, on health care, it is more of the same, more money for health care.

Canada spends close to 10% of its gross domestic product on health care. Canada is one of the highest spenders in the western world on health care.

It is only reasonable that policymakers would sit down and ask themselves how much money they would need to spend on health care and what is applicable to our population. Does that mean that we are discriminating and getting a poorer quality of health care? Of course not. The problem with our health care system is clear to me: We are not getting value for our money. It is not about spending on health care.

We have had this constant debate that the federal government is not carrying its share of the health care issue. We contribute 33 cents on every dollar to health care. It is not as high as it was when it was originally brought in but we cannot ignore the whole issue of tax points, even though everyone wants to forget they exist.

Tax points occurred when the premiers and the federal government sat down and decided that rather than the federal government taxing people, collecting the money and then turning around and giving it to the provinces in transfer payments, that it would allow the provinces more tax room to tax directly and collect that money and spend it on health care. Today, provinces, like the province of Ontario, choose to ignore that part of our history.

I am not making these things up. Anyone can go down to the archives and get various documents and agreements that were signed at the time when provinces agreed to this kind of formula. Today they want to ignore that. Mr. Harris in my province has caused the spending of something like \$6 million to carry on an ongoing battle with the federal government for no particular purpose at all, as far as I can see.

• (1315)

The fact is that we continue to spend significant amounts of money on health care. I did my own analysis to show that the

province of Ontario was not even spending the money we gave it for health care.

We hear from members of the New Democratic Party that it is simply more money that is needed. They do not have any ideas about how they want to change the health care system. The health care system is important to Canadians.

Since we are giving anecdotal information, my commitment to a publicly funded health care system is also based on a bit of a life experience. I remember being on a dock down in Key West. The next door neighbour of a friend of ours who was a retired doctor from Illinois had been out fishing with a friend. His friend collapsed with cardiac arrest on the dock. His friend said to the doctor, "Do not take me to a doctor. I cannot afford it". I thought that was such a great statement, because he was saying it to his friend who was a doctor.

Most of us in this Chamber would agree that we do not want that situation in Canada. It is important to maintain a publicly funded system.

Having said that, there are things we have to fix. The problem with this whole file is that the federal government is seen by many of the provinces as a dispenser of cheques. That is not the answer to the problem. That is not the answer to this file. We should look at the way the country is changing, its demographics. Our population is aging.

Many, many governments before us of all stripes had problems with health care. I would like to reiterate that the New Democratic Party was in control of the government in the province of Ontario during a significant period of time and our health care system eroded during its watch as well. If we are honest to the public, we should say that yes, we think there are some problems with the health care system but we have to have a comprehensive plan to make it better. It is not just those two words the New Democratic Party constantly uses, more money. It is not about more money.

There are problems in our primary care service. There are people who are not receiving adequate medical care from their GPs because the provinces have developed systems of remunerating doctors which quite frankly such as in my own province discriminate against the doctors for working certain long hours. It is hard for people to get 24 hour health care in the province of Ontario. It is because of the way governments have structured the payment system for doctors.

We have heard in the House that we have to have a publicly funded health care system. Let us be honest with ourselves. The reality is that what most people think of health care will probably have a broader definition than that of a good number of politicians. They probably think of chiropractic medicine. They may think of pharmaceuticals. They may even think of naturopathic medicine. If we actually looked at the total expenditures on what people think is

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health care in this country, 50% of it is probably privately funded already.

I think we are talking about the elements and the aspects of a health care system which includes health care workers, nurses and doctors and institutions we still feel should be controlled by the public because of some of the very reasons that are enshrined in the Canada Health Act, accessibility. That is the basic principle which I want to address today.

We need to change the way we do health care, primary and permanent care. We have not developed as a nation a full appreciation of how to deal with permanent care. Indeed, Mr. Harris in my province said, "Gee, we have all of these beds and we have too many people using them. Really what we need is a home care system so we will close the hospitals". He forgot the other side of the argument. The other side of the argument is that we have to enforce a home care system. We have to have places where people can go, whether they are geriatric cases or otherwise, nursing homes or other facilities.

Constant studies have been done. An empirical study was done by going to people who were either in nursing homes or in acute care in their own homes. They were asked the very fundamental question would they rather be there or would they rather be in an institution like a hospital. The majority of the people said, "We would rather be in a home care facility where we have loved ones around us assisting us. And when it comes to dying, heaven forbid that we can die with dignity and respect". Lo and behold when we take those figures and start extrapolating, it is \$2,500 more costly to get this service in an institution. It costs the hospital.

• (1320)

Those are the kinds of changes that are needed and the federal government is not in the position to do that. The only position we have is to tell the provinces, with our money in our back pocket, that we have to move in the area of home care. I do not hear members of the NDP talking about this. I hear them saying to just give them more money and that will solve the problem. It is not going to happen that way.

We have not put the investment in technology. We should be able to track patients across the country. We cannot even do something simple, use the technology that is available to us today, to simply track patient records. We cannot even do that. We talk about investments in MRI equipment and all kinds of other new technology. We have not done that. We have not put our money in those areas.

We need to restructure the health care system. I would be the first to agree with that but we cannot simply talk about more money. We have to talk about the real things that matter to people.

That is why I am having a health care forum. The provincial members of parliament in Ontario do not care about this area. That is why I am having a health care forum in my riding and bringing in

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a former assistant deputy minister of health. It is to talk with the people and ask them how they want the health care system to change. It is not about giving us more money. It is about making the thing work so it protects our health.

Mrs. Michelle Dockrill (Bras d'Or—Cape Breton, NDP): Mr. Speaker, I have to say it is sometimes very frustrating on this side of the House when we hear some of the comments from the government that clearly indicate it is clearly not in touch with Canadians. Canadians have clearly said that they want the guarantee of a publicly funded health care system.

My question is very simple. Canadians have said the problem with the health care system is the lack of money. We know the government has the money. Why does the government not want to use money from Canadians to guarantee them the services for which they pay?

Mr. Alex Shepherd: Mr. Speaker, that is very simple. The people of Canada are not asking for more money. It is the members of New Democratic Party because they cannot think themselves beyond dollars and cents.

The people in my riding are asking us for better quality health care. That is the issue, better quality health care, not more money. Let us talk about money.

I heard these comments today, that now we have \$14 billion more in surplus. But we forget about the \$890 billion in debt that the country still has and the \$44 billion we spend every year in servicing that debt. The members over there would walk away from it; heck with money, money is not important.

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, it is seldom that I agree with my colleague but on that question I agree with her totally.

The government has cut \$25 billion out of health care in the country. The member opposite said, "We need to restructure the health care system". He said the MPPs in Ontario do not care. That is nonsense. They do care. What they care about is that the federal government has taken out \$25 billion from the provincial system.

Why does the member think he has to solve the health care problem? Health care is a provincial jurisdiction. Many members in the House have been in provincial governments. They know how difficult it has been to operate a proper health system with the federal government taking out \$25 billion.

When will the money be put back in? Give them the money and let the provinces run the system. They can do it very well if they get their share of the funding.

Mr. Alex Shepherd: Mr. Speaker, the issue of a collapsing health care system occurred while there was that \$25 billion. By the way, the statistics are quite clear. With the transfer payments we have restored all the money that we were funding in health care back in 1993-94. Does the member want to ignore reality and forget about tax points?

That is just not reality. The money is back in the system today. My province has something like \$300 million from the federal government in one time start up funding that was not even spent on health care. So do not tell me that the provinces know how to spend money on health care. The fact is that health care across the country is in collapse and the provinces are responsible.

• (1325)

[Translation]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I have just a brief comment and a question.

The member across the way said that the Liberals had the money in their back pocket. Could they take it out and put it on the table? That would be really good for Canadians.

[English]

I want to be sure so I will repeat it in English. My colleague across the way said that the Liberals had the money in their back pockets. Canadians wish they would take it out of their back pockets and put it on the table where it needs to be to serve Canadians. That is what we need for health care. It is not right that people cannot get into hospitals because of a six month wait for heart surgery and every other sickness. They just cannot get the service. That is the fault of the federal government and all the cuts it has made to health care.

Even the Liberal from Newfoundland, Brian Tobin, said the same thing. Maybe they should talk to their cousins down there, too.

Mr. Alex Shepherd: Mr. Speaker, I talk to our health care workers, people such as nurses who actually work in the system. They have told me that more money is not the answer. If we pump more money into the system, it is going to be just as inefficient as it is today.

The only way the federal government can show leadership on this file is to say that these are the ways the health care system should change across the country from sea to sea to sea. Yes, we will put some more money on the table, but we want to see commitment from the provinces that they are going to spend it on improving health care for people.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, the member for Durham said that some of the provinces that were

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given money by the federal government kept that money. With his accounting background, he would recognize that the money transferred to the provinces was for three years.

If he were in the province and received \$100 million for health care, would he have spent that \$100 million in the first week, or would he have spread it out over three years, which is what the provinces are doing?

Mr. Alex Shepherd: Mr. Speaker, by all means, no I would not. But I would not be like the province of Ontario which is saying that it does not have any money when in fact it has \$300 million sitting in an account. It turned around and took \$160 million out and did not spend it on health care. It spent it on tax cuts. That is not my idea of leadership on the health care file.

Ms. Judy Sgro (York West, Lib.): Mr. Speaker, I am glad to have the opportunity to speak to the opposition motion by the NDP.

As the minister has said, the government does have grave concerns about public funds going to private for profit facilities. In Canada our health care system is predominantly publicly financed and privately delivered. It is publicly financed in that our universal single payer health care system accounts for about 70% of total health care expenditures in Canada. It is privately delivered in that most health care providers and facilities operate in a private not for profit manner.

The system has always had private components. For example, most of our doctors are private practitioners or entrepreneurs, if you like. Most Canadian hospitals are operated as private non-profit entities.

In addition to the publicly insured physician and hospital services we all receive, provinces and territories also provide public coverage for other health services that remain outside the national health insurance framework for certain groups of the population, such as seniors, children and welfare recipients. These supplementary health benefits include prescription drugs, dental care and vision care. While provinces and territories do provide coverage for some of these additional benefits, for the most part they are privately financed. These health care benefits account for about 30% of Canadians' total health expenditures and are financed privately through supplementary insurance, employer sponsored benefits or directly out of pocket.

As Canadians know and appreciate, the values that underpin our medical care system are synonymous with being Canadian. The fact that people in this country have access to hospital and physician services based on their need and not their financial means is truly a unifying feature of Canadian life. Our publicly financed health system is a social contract between governments and citizens to take care of one another regardless of financial means or economic position.

One has only to talk to Canadians born before medicare and listen to the stories of families who lost their life savings, of individuals who could only have surgery when the community got together and raised funds, or of loved ones who suffered because they could not afford health services, to know how important medicare is to being Canadian. This alone is a strong argument for a one tier, single payer health care system and, more important, for all of us to be working to keep it together.

• (1330)

The real threat to medicare is the increasing involvement of the private sector in the delivery of necessary health care services on a for profit basis. This raises concerns about the integrity of our public system and whether a two tiered system is not far in the future.

This is worrisome, especially since our system is envied by many other countries. Globally, Canada's health system is seen as not only a core social value, but also a program that enhances our competitive position in the world economy.

Let us look at overall health spending. Canada spends about 9.2% of its gross domestic product, the GDP, on health. The United States spends 14% of its GDP on health, and still 43 million Americans do not have health insurance coverage. Another 100 million are under-insured.

How can we spend 9% of the GDP and still cover everyone? The big difference is the cost of administration. The American multi-payer system simply costs more.

Look at payroll costs in Canada and the United States. In the U.S. they are six times higher. Medicare is one of the reasons Canada has the lowest payroll taxes of any country in the G-7. Canada's business leaders recognize that medicare is a key economic asset, not a burden. Our single payer, publicly financed health system makes Canadian businesses more competitive by keeping their costs down.

As John McCallum, chief economist at the Royal Bank of Canada, said recently with regard to health care in Canada "The goals of efficiency and financial egalitarianism go hand in hand".

While Canada is the country best equipped to deal with the pressures of an aging population and increased health costs, there are still challenges and problems.

The Minister of Health and the Prime Minister have both said and emphasize that the status quo is not on. However, the way to solve these problems is not to replace the status quo with a private, parallel, for profit system. Innovation and change do not necessitate private for profit health care delivery, but sometimes provide an excuse for that very fact. Yet ironically we hear time and time again that the answer is to turn to private for profit systems for

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health care delivery when in fact from an economic standpoint there is little evidence to support this conclusion.

Numerous studies from countries where there is private for profit health care demonstrate that when compared to publicly provided health care it costs more, provides lower quality and fewer services, reduces equity and accessibility and drives up the cost of public service.

A parallel for profit system would draw the best and brightest doctors and other health providers also from the public system, leaving the rest of us in the public system with diminished services. However, if procedures in the private system get complicated and more elaborate service is required, we know where those cases will be, right back in the public system.

The public system ends up subsidizing the private one by having to provide services that will not turn a profit in the private system. In short, Canadians would be worse off than if the services were delivered publicly. From my perspective Canadians will be better served when changes, innovations and capacity issues are addressed within a publicly financed and publicly provided health care system.

An important decision about changes to medicare should be guided by sound, solid evidence, by governments working together to address Canadians' needs. Instead of privatization we need to be working together to better organize and manage the current public health system.

It is quite clear that the Government of Canada has a long term sustainable plan to modernize, strengthen and preserve public health care in Canada. Canadians expect their governments to work together to ensure the renewal of this most cherished social program. The government stands ready to engage in this most important challenge. It is not beyond us to solve the problems that confront medicare, but we must get on with the job.

The Canada Health Act is flexible enough as it stands now to protect public health care. The Minister of Health has stated that, as we have in the past, we will enforce the Canada Health Act in the future if violations occur. This government will enforce the authority in the Canada Health Act if practices threaten the five principles on which our health care system is based.

• (1335)

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, it is interesting that the Liberal member seems concerned about the fear of privatization. She talked a lot about a two tier system. Does she not think that we not only have a two tier but probably a three tier system in Canada already? We have our system that is not working well. We have a system of a number of procedures growing in just about every province that is not covered by medicare any more, so that only

people who can afford certain procedures have them. Then we have about \$5 billion a year going out of the country to the United States and to other parts of the world because Canadians leave to have operations they cannot get quickly enough in Canada. Do we really not have a three tier system already?

Ms. Judy Sgro: Mr. Speaker, I think that is a gross misrepresentation of the facts that I stated and of comments that were made earlier in the House.

The government is firmly committed to enforcing the Canada Health Act and providing Canadians with access to great medical care in the country. We have no intention of standing back and allowing anything to deteriorate the system.

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I want to thank my colleague. I recognize that she was speaking as if there were a real commitment on behalf of the government to support a public health care system and that there was no way it would allow for profit medicare or health care within our system. However, the reality is that there has been a decrease in funding.

The government is not funding health care to the degree it was a number of years ago. There is not the 50:50 sharing with the provinces. It is not happening. That is not accurate. The government is not doing it. As a result, the provinces make the choice as to whether they want to go ahead and start charging for this or not covering that, instead of having a system where over time we improve it and where we continually benefit Canadians with increased services that are covered.

I want to comment on the point of what Canadians want to see. Canadians have made it perfectly clear a number of times when governments of the past have gone to them and asked what they wanted to see in health care. They have already told the governments. Where have the governments been? Why have they not been listening?

Canadians have said that they want a universal health care system. They want a national pharmacare program. They want national home care standards. If people have never heard that they should get their ears to an ENT and get them cleaned out. That is what Canadians have said loud and clear. They have said that they want a national system. They want national standards. They want to be able to move from one province to the other and get those services. That is not possible.

How can my hon. colleague stand behind her statement of what the government believes in if it is not willing to put an equal share of dollars on the table for the provinces?

Ms. Judy Sgro: Mr. Speaker, I agree with everything the member has said in the sense that we are all here as Canadians. This is an issue of major importance to each and every one of us in

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the House. It does not matter what party we are with, we all want to make sure that we have the best health care system.

The commitment from the Prime Minister and the Minister of Finance is that there will be additional dollars on the table. This is not a pot that we can keep putting dollars into. We have an aging population and a lot seniors in need. We need to make some changes in the system. We can raise all the concerns about home care we want, but we need to work with the provinces. We cannot just keep writing the cheques. Funding, as I understand, is back up to the 1993-94 levels. More money has been committed in the health area, but there have to be changes.

The province of Ontario is sitting with money in the bank while people are desperately in need of care. That is a real problem. Giving the province of Ontario more money is not the answer. The question is, what are the changes and how are we going to make sure that we have a sustainable health care system for all? There is no issue that will unite Canadians, politicians and all governments to make sure that happens more than this one.

Mr. Wayne Easter (Malpeque, Lib.): Mr. Speaker, I enjoyed listening to the hon. member's remarks compared to some of the comments I heard this morning about throwing more cash at the problem.

The hon. member mentioned in her speech that changes are needed concerning innovative and capacity issues. Could she expand on that?

• (1340)

Ms. Judy Sgro: Mr. Speaker, we only provide the money. We have to be able to co-operate and work with the provinces to ensure that they make the changes necessary to preserve our health care system so that we will have an effective pharmacare program and a home care program that will look after the people, which we are all very committed to seeing happen.

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, I will be sharing my time with the hon. member for Saanich—Gulf Islands.

It is a pleasure to participate in the debate on this motion on health care. At the outset, let me say that the motion is characteristic of NDP policy on many things. Regrettably for them, times are changing and we must move with the times. This is no more so than in health care. The situation is code blue. It is critical.

In reality, the NDP is no closer to supporting provincial innovations in health care than are the Liberals. They do not like what Mr. Klein is doing, but they will not comment on what they are doing in British Columbia, which is very similar to what they are doing in Ontario. They are not willing to demonstrate flexibility in reforming the health care system. Until someone is, the situation will

continue to deteriorate and the lives of Canadians will remain pawns in this game of lethargy by both the Liberals and the NDP.

For the NDP it is easier to point fingers and lay blame. They, like the Liberals, are applying the Canada Health Act as a hammer to penalize the provinces, which are in dire straits because of lack of funds and increasing pressures on the system.

I listened to the hon. member for Malpeque say that we just cannot throw money at a system. Why does he not stop to think? This money belongs to Canadians. This is not the Liberal government's money. The provinces deserve that money. Medicare is supposed to be a 50:50 proposition. It is not any more. It is funded 11% to 14% by the federal government. Money would make a difference.

Why do we not let the provinces do what our constitution says they should be doing, which is running the health care system? The Liberals use this big "We are going to do this for the health care system". Stay out of the health care system and let the provinces run it.

When I was in the provincial government in British Columbia we had an emergency room system which operated very well. We had a \$10 user fee. It was not mandatory. At the bottom of the form which people signed it stated that if they did not have the money or if they did not want to pay, they did not have to. It was a voluntary \$10 fee. We were forced by the Liberal government to stop taking that \$10. The costs in the emergency rooms went up by 145% the next year. There was no need for it. That was big brother managing a province that was doing quite fine operating its own system with a user fee that did not bother anybody in the emergency rooms, but the government said it would take away our highway grant of \$90 million for that year if we did not stop collecting that \$45 million worth of user fees in the emergency rooms. That was big brother operating. It has not improved the health care system in British Columbia. Perhaps it makes some people feel better.

The interesting part is that in all the years I was in the B.C. government we collected 98.5% of those \$10 fees. Nobody refused to pay. Nobody minded paying. The usage rate in the emergency rooms went up the next year by a tremendous amount. Now people use it as a drop-in centre when they cannot get in to see their doctor.

The system was operating fine in the province until the interference of this government.

Let us be realistic and look at the government's track record on health care spending. The government has cut \$25 billion out of the Canada health and social transfer over the past seven years. It will be cutting another \$10 billion over the next four years. What does the government expect the provinces to do? They cannot provide the required services now and the government wants them to cut more. How can we expect that services are going to get better? They are going to get worse.

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Let us take a look at the impact of the decrease in federal health care spending. Can hon. members imagine being told they have a cancerous tumour and have to wait three months for treatment? That is happening in this country. People are being told that it takes three months. Is it not bad enough that the doctor says that word, which shakes everyone from head to toe, without having to wait for x-rays?

As Canadians we can brag about our health care system, and so we should, but why are we spending \$5 billion to cross the border into the U.S. to have MRIs and hip replacements? Because we cannot get it done here.

We have to solve this problem. The Liberal government is doing nothing to help solve that problem. The costs of people going across the border for treatment are increasing every year because of the lack of facilities in Canada. We have forgotten about technology in Canada. We have developed some of the best technology for medicine in the world, which the Americans are using, and we are paying to use it in the U.S. because the Liberal government has cut funding from the provinces.

There is one major failing in our health care system, and it is catching up on us. Canada has not kept up with technological innovations. Among the OECD countries, Canada is rated 23 out of 29 with respect to health care. In other words we are in the bottom one-third of the industrialized countries. We can sit here and brag all we want about our system but we are in the bottom third of the OECD.

• (1345)

Technology is the key to propelling our health care system and we have it in the country. I had a call the other day from one of my constituents. His grandmother has a hip which is not working. She can no longer walk and get to her car. She has been told there is an 18 month wait. She has to suffer for 18 months. What is the family doing? They are all chipping in a few dollars so she can go across the border to the Mayo Clinic and get her hip replaced. Are they not lucky that they all have a bit of money to help get their grandmother across the border?

Why should she have to wait? She spent 84 years paying her taxes, being a great Canadian, and now we have to ship her off to an American hospital for a hip replacement. How many people in the House have mothers and grandmothers with failing eyes who are waiting months and months and months to get into a hospital? It is awfully nice of my friends from Malpeque and elsewhere on the other side to say that money is not the problem, that it is the way the provinces are managing the system. That is not the problem. The provinces do not have the money to manage the system properly.

Why do we not sit down and negotiate that? Instead of giving great speeches about how we are here to protect the five principles

of the health care act, why does the Minister of Health not talk in realistic terms? It should be a public hearing. We should let the public come to listen to the provincial health ministers and the federal minister debate the issue. Then they could get it out in front instead of the nonsense that is taking place.

The country is being divided over the health care issue. Provinces are trying to do their best, whether it is British Columbia, Alberta, Ontario, or any other one, but they are getting very little co-operation from the federal minister.

We have an aging population. There will be greater demands, not less, on our system of health care delivery. That will happen year after year after year. Currently one in ten Canadians is over 65. By the year 2025 it will be one in five, in just another quarter of a century. Mr. Speaker, you and I will be in that age bracket 25 years from now. We will be one in five instead of one in ten. It will be tougher and harder to get our hips replaced and to get our eyes fixed if the program does not improve.

Another very scary statistic is that the average age of a specialist in Canada right now is 59. With program and training cutbacks and so forth, foreign countries are seducing students with lower tuitions, better tax environments and better training tools. We will be losing more doctors and thus more specialists. While this is happening the Prime Minister is saying that there is no brain drain.

The average age of specialists is 59. They are not staying here. I know in my riding, which includes Whistler, the number one ski resort in the world, the odd person falls down. In fact the minister of fisheries is still using a cane these days because of a little accident on a ski hill. We used to have four of the best bone doctors at the Lions Gate Hospital. There are two left and one is leaving. In Vancouver right now it takes months and months to see one of those specialists after that kind of an accident. It is a serious problem and the government is not looking at it.

In 1974, with a population of 22 million, some 2,640 new doctors entered the system. In 1997, with a population of 30 million, only 1,882 new doctors entered the system. We cannot afford to lose any of these doctors to other countries, let alone the specialists.

In some cases Canadians are currently waiting for up to nine months to see a specialist. We are in a critical situation and the government says that it cannot throw money at it, that it has to look at the system, that we have a better system than the Americans and that we cannot have two tiers.

As I mentioned earlier, we have a three tier system right now. Every member of the House knows that. We have a system where we have to make an appointment to visit a doctor. If we need to see a specialist we have to wait one, three, six or nine months.

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Also every province has increased the number of services not covered under medicare. Every time I have been to my doctor's office there is a new list on the wall of items no longer covered under medicare. Who pays for those procedures? We pay for them out of our pockets. They are not being covered by medicare. That is a two tier system.

What about the constituent who is going down to the states for a hip replacement? That is the third tier: \$5 billion going out of the country every year. It should be staying here. That is what Ralph Klein is trying to do and it is going to work very well. These people will rue the day they tried to call this a two tier system. They already have a three tier system because they have let the medicare system go to pot. They try to defend it by saying it is anti-American, which is typical Liberal-NDP action. Anytime there is a problem they say it is anti-American. That covers it up for all Canadians who think they are doing a good job.

• (1350)

Millions of Canadians of all political persuasion know that the system is broken. It is not Ralph Klein's fault. It is not the fault of the premier of British Columbia or of the premier of Ontario. It is the fault of the federal government which has knocked \$25 billion out of medicare.

Mr. Alex Shepherd (Durham, Lib.): Mr. Speaker, I listened very intently to the member's speech. He mentioned a lot of things that have merit. While he described some of the chronic problems of the health care system, he has taken all the examples, turned them around and shifted them solely on to the shoulders of the federal government.

I criticized some of my other colleagues who want to get this done on the basis of money because I do not think it is about money, but the hon. member seems to think that the sole purpose of the federal government is to dole out money. I should like to have the member's opinion.

In approximately 20 minutes some of his colleagues in the front row will jump up to cross-examine the government. They will say taxes have to be reduced, that expenses have to be cut and so forth. Yet the member says that we should be spending significantly more money on health care. I think some more funding is in the cards.

Having said that and looking at the reality in terms of spending on health care, 10% of our gross domestic product is spent on health care. In all seriousness, if they criticize the federal government for not spending enough money, what is the percentage of our gross domestic product that Canada should spend on health care? We are already one of the highest spenders in the world. I want the member to be honest and tell me if the issue is about spending or the administration of the spending.

Mr. John Reynolds: Mr. Speaker, I am hoping that my constituent who wants a hip replacement is listening to the debate. I hope there are thousands of others across the country who are listening. They do not give a damn about the gross national product or what percentage it is because they do not understand it. All they know is that our health system is broken. If it takes 11%, 12% or 13% to make it work, let us make it work.

We say we have the best health care system in the world. Let us make sure it is the best. With all due respect I say to the member that there is an administration problem. There are more bureaucrats in our health ministry than we need. The provinces should be running health care. We do not need a big federal bureaucracy spending millions of dollars. We need to get Mrs. Smith's hip fixed. We need to get Mr. Smith's eyes fixed. We need to make sure there are no long six to nine month waits to cure our health problems. That is what the issue is all about. It is not about percentage. It is not about spending more here or less there.

The member is right. In a few minutes we will be up during question period asking lots of questions about the waste of \$1 billion in HRDC. That money should be put into health care. We will be asking about files. How much did it cost to keep 39 million HRDC files on every Canadian? Why do we need them? Each of those files must have cost a few hundred bucks. There are tens of millions of dollars there that could be put into health care instead of having a secret file on how many times Canadians went to hospital.

I do not want a file in any government department indicating how many times I had to go to a hospital in a year. Do I smoke cigarettes or do I not? Did I not wear my seatbelt and get a ticket for it? The RCMP could show the file to an insurance company that will increase my insurance. I want my health care fixed.

The Canadian Alliance Party, the NDP and the Bloc will give Liberal members a list of the wasted money in the federal system that could be going toward better projects than what it is going to right now. The Tories will not participate because they are part of the problem.

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I thought it rather strange but it sounded good that the NDP would be able to give the answers to the health care problems. We certainly can give the answers.

We never have suggested that money is the only issue. We never have suggested that there is an unending pocket of money to be used for health care. We have said that Canadians want dollars put into health care. If there is a surplus of \$11.9 billion or \$14 billion within the federal government, it is not because the Liberals did some good money management as compared to everything else they did. It means that they cut \$25 billion out of health care, took away services, continued to take Canadian taxpayer money and never provided the services. I want to get the member's comments on that.

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• (1355)

Mr. John Reynolds: Mr. Speaker, unfortunately I did not hear the end of the question. All I can say is that when I left the Government of British Columbia in 1991, because we were replaced by the NDP, our deficit was slightly under \$1 billion and our health care system was working very well. The deterioration started when the federal government took money away from us for emergency rooms. It took \$45 million out of the system.

I agree with my NDP friend. They have not just asked for money. They have asked for a curing of the system. We all agree with but it takes money to do it. There is a lot of waste in other government departments that we could use and should be prioritized. There are a lot of government departments. We do not need the minister of fisheries. Fisheries is a provincial jurisdiction. We should get rid of him and his department and put that money into health care.

There is a lot federal issues on which we could reduce money so that average Canadians could get the health care they deserve.

* * *

[Translation]

MESSAGE FROM THE SENATE

The Deputy Speaker: I have the honour to inform the House that a message has been received from the Senate informing the House that the Senate has passed a bill to which the concurrence of this House is desired.

STATEMENTS BY MEMBERS

[English]

INTERNATIONAL MUSEUM DAY

Ms. Sarmite Bulte (Parkdale—High Park, Lib.): Mr. Speaker, today is International Museum Day. The theme for this year's celebration is "Museums for peace and harmony in society".

Canada's heritage is one of our most important assets. It tells us who we are, where we came from and what influences shaped our development as a nation. It ties together generation upon generation. This rich and multifaceted heritages is preserved in our museums and galleries across the country.

International Museum Day highlights the important role that this institution plays in our society. It is not only a source of entertainment. It is also a vital means of cultural exchange, enrichment of cultures and development of mutual understanding, co-operation and peace among people.

Today museums across Canada will be opening their doors. I encourage all members and all Canadians to see an exhibit, take a guided tour and experience the wonders that our museums have to offer.

* * *

TAXATION

Mr. John Duncan (Vancouver Island North, Canadian Alliance): Mr. Speaker, Canadian students must claim scholarships as income. A Canadian student lucky enough to receive a large scholarship is actually unlucky because he must pay tax to Revenue Canada on the value of the scholarship as if it were income.

Scholarships to American universities are often large because the tuition rates are high. Canadian students are being forced to pay income tax on money they never see because much of it is earmarked for tuition. This situation turns to farce when the student spends his whole summer working just to pay taxes. On the other hand, American students receive the tuition portion of their scholarship tax free.

This draconian tax policy is unfair to Canadian students, encourages the brain drain and penalizes bright students who are awarded the larger scholarships. This needs to be fixed.

* * *

[Translation]

MEDICALERT MONTH

Mr. Bernard Patry (Pierrefonds—Dollard, Lib.): Mr. Speaker, I have the pleasure of informing the House and all of the Canadian public that the month of May has been designated MedicAlert Month by the MedicAlert Foundation.

More than 900,000 Canadians are protected by this service, recognized world-wide, which provides identification and medical information in an emergency.

It is estimated that one Canadian in five has a medical problem or allergy about which medical personnel should be informed in an emergency.

MedicAlert allows individuals at risk to be identified quickly in a medical emergency, and gives medical service providers immediate access to reliable personal and medical information.

During MedicAlert month, the Canadian MedicAlert Foundation will be launching a special campaign to increase public awareness of its services.

Let us all express to the Canadian MedicAlert Foundation our best wishes for the unqualified success of its campaign.

• (1400)

[English]

ST. MARY'S CHILDREN'S CHOIR

Mr. John Richardson (Perth—Middlesex, Lib.): Mr. Speaker, it is once again my pleasure to rise in the House to sing praise to the Presto Group of the St. Mary's Children's Choir who recently captured first place at the 13th annual CBC national competition for amateur choirs.

Carried live over the radio on CBC Radio 2, and under the tutelage of the choir director Eileen Baldwin, the St. Mary's Presto Choir group performed three brand new, unaccompanied pieces to beat Edmonton's Scholata Cantorum Chamber Choir to claim the national title.

In winning the title, the St. Mary's choir received \$3,000 in prize money which will be used to fund their upcoming tour to Vancouver where they will be participating in the World of Children's Choirs featuring 40 of the best children's choirs from around the world.

This latest achievement is just another feather in the cap of the St. Mary's Choir, having won numerous awards at provincial and national level competitions over the years.

Let me finish by saying, bravo.

* * *

GABE KRALJEVIC AND DOUG McPHERSON

Mr. John Harvard (Charleswood St. James—Assiniboia, Lib.): Mr. Speaker, I want to recognize two constituents whose dedication and commitment have earned them the respect of their colleagues and students and now of the Prime Minister and the country.

I am referring to Gabe Kraljevic and Doug McPherson who received Prime Minister's awards for teaching excellence.

Mr. Kraljevic teaches computer technology at West Kildonan Collegiate. His approach of balancing technology training by integrating language, communication, creativity and teamwork skills has ensured that his students develop the skills necessary for success in the information age.

Mr. McPherson teaches electronic technology at John W. Gunn School. His philosophy of start small, integrate subjects and provide differentiated learning opportunities has led at least one parent to say "My daughter's academic progress in your program has been exceptional—because you have designed a middle years program that is unparalleled".

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On behalf of the House of Commons, I extend congratulations to these two teachers.

* * *

HYACK FESTIVAL

Mr. Paul Forseth (New Westminster—Coquitlam—Burnaby, Canadian Alliance): Mr. Speaker, the royal city of New Westminster, British Columbia, is again proud to sponsor its annual Hyack Festival in the month of May.

This year marks the 130th May Day, making it the longest running celebration of its particular kind in the British Commonwealth. In the past, dignitaries like Queen Elizabeth have joined the festivities, witnessing firsthand the traditional cannon blast salutes in memory of Queen Victoria.

With children dancing around the historic maypoles, a parade with fancy floats and many marching bands, it is no wonder that people from all over North America come to take part in such a wonderful historic festival.

While Victoria may be British Columbia's capital, New Westminster remains the original royal city, given its name by the Queen. The word hyack comes from an Indian word for hurry up.

I urge my parliamentary colleagues to come to New Westminster next week and learn more about hurrying up because this is exactly what Canadians want. Congratulations to the Hyack Festival organization of New Westminster.

* * *

SANDRINE'S GIFT OF LIFE

Ms. Aileen Carroll (Barrie—Simcoe—Bradford, Lib.): Mr. Speaker, I rise today to congratulate you in your role as honorary co-chair for the national Sandrine's Gift of Life organ donation awareness campaign. Among the groups represented at the meeting you held today, were police services, funeral services, media, health services and fire chiefs.

Sandrine's Gift of Life is an awareness campaign launched by a family who donated a young girl's organs a year ago after a tragic school bus accident.

Canada has one of the lowest donor rates in the industrialized world. More than 3,500 Canadians are waiting for transplants and 150 people will die on that waiting list. These facts tell why co-operation in these organizations is so critical.

The campaign message "Talk to your family about organ donation. Someone's life depends on it" emphasizes the key role of communication, as almost half of families refuse consent for donation, often not aware of their loved one's wishes.

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I also want to thank those MPs who have helped to spread awareness of this campaign to their constituents.

* * *

ESTHER BRYAN

Mr. Bob Kilger (Stormont—Dundas—Charlottenburgh, Lib.): Mr. Speaker, artist Esther Bryan, a resident of my riding of Stormont—Dundas—Charlottenburgh, with the help of hundreds of volunteers and participants from across Canada, is bringing to life an immense textile artwork entitled, "Invitation", a reflection of Canada's cultural fabric and history.

All ethnocultural groups, Inuit and first nations communities within Canada are each contributing a handmade textile block of traditional materials and designs symbolizing their unique contributions to our Canadian identity. This quilt of belonging is a work in progress. Many completed blocks will be on display at five o'clock this afternoon in the Centre Block Hall of Honour.

• (1405)

I invite all members of parliament to join the Canadian Ethnocultural Council and the Board of the Invitation Quilt to participate in the national launch of this project.

A special congratulations to artist Esther Bryan for her vision and commitment to this very special millennium project.

* * *

VIMY RIDGE

Mr. Peter Goldring (Edmonton East, Canadian Alliance): Mr. Speaker, today its majestic white spires are basking in the sun and gentle breezes. The tranquillity of Vimy Ridge supremely contrasts the terror of old when 100,000 Canadians moved forth in a hell of inhumanity testing their mettle and mortality of soul.

They advanced on unconquerable Vimy. Canada's finest young men won the contest that day. A victory for all the world to see.

Today the monument that honours Canada's great war soldiers decays. Vimy shamefully succumbs to the ravages of neglect. This superb memorial to our veterans and war dead must not crumble and slip to the plains below. Vimy must not be allowed to fade to dust. We must keep the will to preserve this majestic torch and to keep it lit for all time as a reminder of Canada's true price of peace this century past, 100,000 war dead.

* * *

PRIME MINISTER

Mr. Mark Assad (Gatineau, Lib.): Mr. Speaker, I want to quote a letter from Senator De Bané on the article he co-authored with the

John Sigler, a professor from Carlton University, on the Prime Minister's trip to the Middle East.

The Ambassador of Lebanon, the Dean of the Diplomatic Corps writes:

Your article gave a considered and balanced view of this successful trip which was contrary to how it was portrayed by the Canadian media and some members of the Canadian Parliament.

In a recent de-briefing regarding the trip, the heads of missions to those Arab countries visited by the Prime Minister expressed their deep satisfaction at the success of the trip.

The warmth displayed by the various heads of state and governments toward the Prime Minister, which I witnessed during his visit to Lebanon, demonstrated their deep respect for the Prime Minister, as well as the great admiration and sincere friendship that the people of the region hold for Canada and Canadians.

The Speaker: The hon. member for Vancouver East.

* * *

CO-OPERATIVE HOUSING FEDERATION OF CANADA

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, today 800 delegates from the Co-operative Housing Federation of Canada are meeting in Ottawa. They are discussing urgent issues, including the unthinkable but very real possibility of the economic eviction of low income co-op owners, because of CMHC's failure to provide fair and reasonable help to co-ops that are facing complete building failure due to poor construction and leaky co-op syndrome.

About 30 co-ops in B.C. alone are facing their demise because of this serious situation. While the B.C. government's home protection office has helped, so far the response from CMHC has been appalling.

Is the minister responsible for CMHC aware that officials have not even responded to urgent calls to meet with representatives from CHF to discuss this disastrous situation?

I implore the minister to urge his officials to come to the table immediately to help these co-op owners who are facing economic eviction and building failure.

* * *

[Translation]

INTERNATIONAL MUSEUMS' DAY

Mr. Pierre de Savoye (Portneuf, BQ): Mr. Speaker, on this International Museums' Day, I wish to draw attention to the unique role our museums play in the cultural landscape of Quebec and of Canada.

Museums put the public in contact with fine arts, with technical and technological development, with folk tradition and with histo-

ry. The museums of Quebec and of Canada are without rival as windows opening onto cultures and civilizations.

Museums play a key cultural role. They also play a social role, one that has been aptly described by Roland Arpin of the Musée de la civilisation du Québec. According to him, museums are mediators between art, history and science, and their visitors, and as such they contribute to the development of critical abilities, thus making their own contribution to building a democracy.

In each museum, countless people, some of them working behind the scenes, are contributing their multiple talents to the spread of knowledge, to sharing the experience—

The Speaker: The hon. member for Haliburton—Victoria—Brock.

* * *

[English]

TOM LONG

Mr. John O'Reilly (Haliburton—Victoria—Brock, Lib.): Mr. Speaker, I wish to inform the House of a telephone call some members are receiving. It goes something like this, "Hello, you all. I am calling you on behalf of my good buddy, Tom Long. Will you all help my good old buddy Tom to get them Canadian taxes down?"

• (1410)

I asked "Are you calling long distance?" He said "You all, it's a Tom Long call. Tom is one of the good guys and he will save you Canadians from your further misery. He is a really good organizer and he wants to move from the back room to the front room so he can see the porch. He wants you all to support him up there and down here. Charlton will thank you".

* * *

[Translation]

HUMAN RESOURCES DEVELOPMENT

Mrs. Maud Debien (Laval East, BQ): Mr. Speaker, yesterday Quebecers learned to their astonishment that the federal government had created, without their knowledge, files which contain a unique, complete, permanent and virtually invisible record on each individual.

If more than four million deceased persons' records are still on file, it is very possible there are major errors in the information held on an individual by this department, which has demonstrated such total inefficiency in managing the grants it gives out.

The Bloc Québécois is therefore inviting everyone to check the contents of his or her personal file, by filing a written application under the Access to Information Act with to Human Resources Development Canada, Attention Jean Dupont, Place du Portage, Hull.

[English]

S. O. 31

CONSECUTIVE SENTENCING

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, it has been almost one year since the House passed the bill empowering judges to impose consecutive parole ineligibility periods on multiple and serial killers. Bill C-247 was introduced by the member for Mississauga East and was supported by members of all parties, including her own.

The PC Party unequivocally reaffirmed support for the principles of consecutive sentencing and its opposition to section 745, the faint hope clause, last weekend at our policy convention. Joining us in Quebec City were Gary and Sharon Rosenfeldt, whose son Daryn was Clifford Olson's third murder victim. This reminded us of the importance of this bill; when remembering Daryn as the third victim, the current system did not count him in the sentencing calculation.

During last year's debate, Carolyn Solomon, whose son Kevin was the second of three victims murdered by a federal parolee, also told me she felt her son did not matter to the justice system.

The PC Party calls on the government to stop stalling the progress of this bill, respect the will of the House and let it proceed to the Senate justice committee to give victims further say in the debate.

* * *

[Translation]

BOOK DRIVE FOR IQALUIT SCHOOL

Mr. Mauril Bélanger (Ottawa—Vanier, Lib.): Mr. Speaker, in early February the principal of a school in Iqaluit, Nunavut, sent a letter to the editor of an Ottawa daily newspaper describing the urgent need of books for his school.

After speaking to him, and to my colleague from Nunavut, we launched a book drive with hopes of collecting 100 or 200 boxes. To our surprise, we ended up with more than 1,000 boxes, in excess of 25,000 books.

I would like to thank everyone in the region who contributed, particularly one young lady, Catherine French, who collected over 2,000 all by herself.

I would like to thank the people of Mattawa, the village where I was born, the people at F.J. McGellight Secondary School, St. Victor's and St. Anne's schools and the municipal library, for contributing more than 200 boxes of books.

I also wish to thank Susan Scullion of my colleague from Nunavut's office, and Suzanne Demers of my own, without whom this project could not have been the success that it was.

Oral Questions

[English]

EXPORT DEVELOPMENT CORPORATION

Mr. Deepak Obhrai (Calgary East, Canadian Alliance): Mr. Speaker, today's response by the trade minister to the review of the Export Development Act represents nothing less than a lost opportunity for the government to tackle issues of transparency, accountability, competition with the private sector and the politicization of EDC's lending practices.

As a federal crown corporation, the EDC must be prepared for a certain level of transparency and accountability to the Canadian taxpayer. The EDC must not compete directly with the private sector and must operate within the tested and recognized international environmental framework of the World Bank.

Finally, the EDC must not be used as a political tool for this government to provide jobs and financial rewards to its friends. This response reveals who is really pulling the strings of this minister and the department.

What the EDC wants the EDC gets.

This minister chose to take his marching orders from the EDC rather than the elected representatives or the Canadian taxpayer.

ORAL QUESTION PERIOD

• (1415)

[English]

HUMAN RESOURCES DEVELOPMENT

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): Mr. Speaker, the privacy commissioner has warned us that the HRD minister is collecting detailed private information on each and every Canadian.

The minister's own security audit warns that "a formal national information technology security awareness program has not been established at HRD".

It is bad enough that such a database exists in the first place, but why is the minister not concerned that it might fall into the wrong hands?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, as she was doing yesterday, the hon. member is mixing apples and oranges. She speaks about an audit in my department and that had to do with general information technology systems in the Department of Human Resources Development.

In the context of what the privacy commissioner is looking at, it is a stand alone system that is highly controlled. There is limited access and the information is secure.

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): Mr. Speaker, I thought HRD grants were highly secure too. Not even dead Canadians can be out of the clutches of this minister's database. Mr. Speaker, once you are on that list you cannot get off.

The privacy commissioner is worried about it and he still is, even though that came out in September. He said, "So much personal data on almost every person in Canada poses significant risks to our privacy". The fact that so much sensitive information is in the hands of a minister who cannot even seem to balance a chequebook is downright scary.

At which point did the government decide to ignore the rights of Canadians' privacy?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, the hon. member is wrong again. In fact as one of the things that we did in response to the request of the privacy commissioner, we have curtailed the amount of time for which the data is managed.

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): Mr. Speaker, the privacy commissioner has been on TV the last day or two with serious concerns about this. Here is something out of the audit: "One administrator told the internal audit branch that the main method of finding out about changes to an employee's status or access rights is at the employee's going away party".

Canadians want to know why a minister who bungled a billion of their dollars is now gathering the most private intimate details about their lives. Will we have to wait until the minister's going away party to find out?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I want to be very clear that the hon. member is mixing apples and oranges.

In the audit that she is making reference to it was actually identified that our security measures are satisfactory, in fact probably better than we would find in the private sector.

With regard to the issues that are the focus of the privacy commissioner's review, it is a completely separate system. It is stand alone. The access is very limited. All the information is encrypted. It is secure.

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): So, Mr. Speaker, the minister is telling us that security is great in system A but terrible in system B. I do not think so.

Canada's privacy commissioner is warning of HRDC's "extraordinarily detailed database" on everyone in Canada. The privacy commissioner states bluntly, "Canadians should be concerned". The minister has been shown to be spectacularly unfit to safeguard our money. Why should Canadians want to trust her with the personal details of their private lives?

Oral Questions

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, today in committee I addressed this very issue that the hon. member raises. She time and again talks about a billion dollars being missing out of my department for grants and contributions. That is absolutely false.

The audit that we were talking about today at committee on grants and contributions deals with the very important issue of paperwork and administration. I wish the hon. member would actually stand up and for once tell Canadians that she has been wrong all along.

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, it would be easier to do that if the evidence did not keep accumulating that I am right.

The privacy commissioner says his report shows “how far we have to go in the ongoing—

The Speaker: Order. I wonder if I could appeal to the hon. member from Hastings—Frontenac to please lower his voice.

Mrs. Diane Ablonczy: Mr. Speaker, the privacy commissioner says his report shows “how far we have to go in the ongoing battle to protect the right to a life free of surveillance and intrusion”.

• (1420)

He disclosed that the minister has been quietly accumulating a dossier on everyone and then sharing this private information with groups outside government, all without the permission of citizens.

Why does the minister violate Canadians’ privacy without their consent?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, protection of the privacy and the information of Canadians is fundamental and I will not tolerate any breach of that in my department.

Let us look at where we are at. I quote the privacy commissioner who wrote:

Certainly we are not aware, nor has it been brought to our attention, that the database has ever been compromised or access inappropriately obtained by virtue of deficiencies in security safeguards. For that your department should be commended.

[*Translation*]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, the minister admitted this morning to the Standing Committee on Human Resources Development that her six point plan was intended only to correct the administrative problems encountered in her department.

Does the minister realize that she is in fact saying she had no concern about the real problems that worried the public, namely fraud, patronage, influence peddling and cronyism?

[*English*]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, on the contrary, indeed the six point plan is addressing the administration of grants and contributions in my department. I think that was made clear this morning.

Separate from that, I have always said that if there is ever any information that comes to light either from within the department or from outside that suggests that moneys may be misused, we take swift action. We refer it to the appropriate authorities as necessary. Should they come back to us and suggest further action, we take it.

[*Translation*]

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, I hope that she does not think we believe her. This report is smoke and mirrors—

Some hon. members: Oh, oh.

The Speaker: I would remind hon. members that here we take the word of someone who provides an answer or puts a question. Believing or not believing is not an issue. It is simply a matter of what is presented as facts.

Mr. Gilles Duceppe: The facts are totally wrong, Mr. Speaker. No one can believe these facts, this version of the facts, neither us, nor the public, nor the members of the opposition, and I know of many on the other side who are uncomfortable with what the minister has done.

How can she have us believe that this report is valid and truthful, when the 13 files under investigation amounting to \$6 million are not part of these audits? Can she say the opposite? Is she going to tell me that these 13 files are part—

The Speaker: The Minister of Human Resources Development.

[*English*]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, the hon. gentleman refuses to accept the facts. He refuses to accept that the audit was a focus on the administration of grants and contributions and that indeed we are fixing that.

He also refuses to accept, even though there is very evident proof, when we are informed of possible breaches, when there is a possibility that moneys may have been misused, that we take swift action, that we may indeed refer it to other authorities and then those authorities do their job.

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, one of the OECD’S principles for the protection of personal information, and one on

Oral Questions

which there is international consensus, is that information files must be regularly cleaned up, which means that they must contain quality data. I would remind hon. members that Canada has subscribed to these principles.

Can the minister explain to us how she can prove to us that such a file clean-up has taken place, when we know there are 34 million records, yet only 30 million Canadians?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, the hon. member may be referring to a reference by the auditor general to social insurance numbers. As I have told him and as I have made clear to the committee, we have taken significant action. We have reduced the number of social insurance files within the database. We have taken the references and the actions suggested by the auditor general in this case very seriously. The hon. member knows that.

• (1425)

[Translation]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I have to give permission right on my income tax return for my name to be put on the voters list, which is perfectly in line with one of the OECD principles, namely that the consent of those whose personal information they want to keep on record must be obtained.

Out of the 34 million records on file at Human Resources Development Canada, how many people's consent has the minister obtained?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, precisely the issue of how Canadians know how the information they provide is used is important. That is one of the issues that the privacy commissioner makes reference to in his report and in the correspondence we have had with him. That is why I would like my department to sit with him and his department in a working group to determine how we can ensure that Canadians do know how their information is being used.

* * *

THE ECONOMY

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, again the government has lowballed the surplus. It is \$11.5 billion more than Canadians were led to believe.

With health care hemorrhaging, with the CBC amputating limbs and students staggering under education debt, what is it going to take for the government to address the real priorities of Canadians and if not now, then when?

Hon. Jim Peterson (Secretary of State (International Financial Institutions), Lib.): Mr. Speaker, along with putting our fiscal house in order, we have addressed, with respect, the priorities of Canadians. In the past three budgets we have brought in tax measures, a 25% reduction. At the same time we have increased the investments in health care by a record 25%, another \$2.5 billion in the last budget. In the previous budget we brought in \$7.5 billion for students and for education.

* * *

HEALTH CARE

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, Canadians' priorities are not just about money. They are also about political leadership and some sense of political will.

In 1984 when the Canada Health Act and medicare were under attack, Monique Bégin did not make excuses, she made laws. When is the government going to muster the political guts to strengthen the Canada Health Act and outlaw American style two tier for profit health care?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, the member lauds the Canada Health Act. Now she ought to read it. If she does, she will find that we have already in the Canada Health Act the principles and the rules we need to safeguard medicare. What this government has said consistently and unconditionally is that we will use the powers in the Canada Health Act to protect the principles in the Canada Health Act. That is not true just in Alberta, that is true across the country.

* * *

NATIONAL DEFENCE

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, industry sources are expressing grave concern at reports that the government is preparing to announce a sole source contract for the Sea King replacement.

Will the Prime Minister guarantee to the House that the Sea King replacement will go through a fair and competitive public tender process and not a private political one?

Hon. Arthur C. Eggleton (Minister of National Defence, Lib.): Mr. Speaker, it certainly is not going to be a private political process. It will be a very open process. We are going through the final stages of the procurement strategy for the replacement of the Sea King which, as I have said many times, is our number one procurement priority.

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, the Minister of National Defence has had the statement of requirement for the Sea Kings on his desk for almost a full year. Why has the Prime Minister not called for industry bids? What reason does he have for not doing it today? Why the delay?

Oral Questions

Hon. Arthur C. Eggleton (Minister of National Defence, Lib.): Mr. Speaker, there is more to a procurement strategy than a statement of requirement. A statement of requirement is part of it.

• (1430)

This is a very complex purchase, not only in terms of the air machine, but in terms of the equipment that goes inside. In fact, the equipment that goes inside is at least as much of a cost factor as is the helicopter.

There are a number of factors that need to be taken into consideration. It is a very major government undertaking, requiring government approval. We are moving on the file, as I have indicated many times. We hope that an announcement will be made soon.

* * *

HUMAN RESOURCES DEVELOPMENT

Mr. Monte Solberg (Medicine Hat, Canadian Alliance): Mr. Speaker, here is the situation.

Private citizens grudgingly give personal information to government departments on the understanding that it will be kept confidential and never go beyond that particular department. Now we find out that this confidential information is freely traded between departments, collected on a master list and, according to the privacy commissioner, even traded with the private sector.

When did the government decide that its desire to do government research should trump one of the most basic rights of a free people, the right to privacy?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, there is a Privacy Act in this country and it applies to its citizens. We respect it. The privacy commissioner himself has said that we are not breaking any laws.

The privacy commissioner has looked at the way we operate this file. He has said that there has never been a breach of information.

Indeed, we have to make sure that that secure system maintains itself into the future, and that is why it is important for us to continue to work with the privacy commissioner to ensure that is the case.

Mr. Monte Solberg (Medicine Hat, Canadian Alliance): Mr. Speaker, I remind the minister that yesterday the justice minister said that the Privacy Act probably needs an overhaul.

There are big problems with that department and the minister knows it. All we have heard just now is a rationalization for big brother to collect personal dossiers on 30 million Canadians. Big sister, the minister, says whatever she wants.

The public is alarmed at the idea that their most—

The Speaker: Order, please. I would ask the hon. member for Medicine Hat to put his question.

Mr. Monte Solberg: Mr. Speaker, with whom has HRDC shared this information since the database was created, and will she table that information?

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I must respond to the inaccurate representation of my comments yesterday in the House by the hon. member for Medicine Hat.

I did not say that the Privacy Act needs an overhaul. What I said was that the Privacy Act, in light of technological change and advancements in areas like DNA, may in fact need to be reviewed.

Let me reiterate for the House—

Some hon. members: Oh, oh.

The Speaker: Order, please. We will hear the answer.

Hon. Anne McLellan: Mr. Speaker, I want to reiterate for everyone in the House that the information in question is secure. The privacy of Canadians is protected under this law.

[*Translation*]

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, all Canadians are in shock. The federal government is collecting information on each of us without our knowledge. The Minister of National Revenue is merrily supplying information from our tax returns to his colleague, the Minister of Human Resources Development, without our permission.

How should I feel today, when the tax return I just sent in will be forwarded to HRDC so that the government can help itself to the information it apparently needs?

Hon. Martin Cauchon (Minister of National Revenue and Secretary of State (Economic Development Agency of Canada for the Regions of Quebec), Lib.): Mr. Speaker, I think that we must not start crying wolf.

One of the fundamental principles of the Income Tax Act is the confidentiality of information. This is a principle that we will continue to defend as long as the Liberal Party forms the government.

I said yesterday that information was exchanged with other departments in connection with jointly administered programs.

• (1435)

One example, to be a bit more specific than I was in my answer yesterday, is paragraph 241.4(d)(x) of the Income Tax Act.

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, the minister can tell us not to cry wolf, but there is a whole pack of wolves on the other side of the House.

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There is nothing complicated about it: all the information that this government has worries the privacy commissioner. And we are the ones crying wolf?

Will the Minister of National Revenue assure us that the information he is handing over to the Minister of Human Resources Development is the same as what he hands over to the RCMP in the case of a fraud investigation, for example?

Hon. Martin Cauchon (Minister of National Revenue and Secretary of State (Economic Development Agency of Canada for the Regions of Quebec), Lib.): Mr. Speaker, at the risk of repeating myself, the element of confidentiality is a fundamental element we will continue to protect.

I have said that there could be exchanges of information in the case of jointly administered programs. I briefly alluded to sections of the Income Tax Act authorized us to exchange this information, which is done with a view to improving government administration.

Once again, I think that the opposition should join with the government so that we can explain to the public that when we speak of confidentiality, privacy, it is something we do not take lightly.

[English]

Ms. Val Meredith (South Surrey—White Rock—Langley, Canadian Alliance): Mr. Speaker, the claims by the human resources minister are not to be believed. Her own internal security audit warns: “Most HRDC personnel do not have a good understanding or clear knowledge of current information technology security policies”. How can the minister claim that her department will safeguard Canadians’ private files when her own officials are not even aware of the policy on security?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, again we see that party fabricating and repeating misinformation.

Some hon. members: Oh, oh.

The Speaker: On one side we have “not to be believed” and on the other side we have “fabricating”. I urge members to stay away from words—

An hon. member: Oh, oh.

The Speaker: I ask the hon. secretary of state for finance to please keep his voice down.

Hon. Jane Stewart: Mr. Speaker, again the opposition is mixing apples and oranges. It is trying to confuse Canadians. It is suggesting things that really are not there.

In the context of this audit we were looking at an information technology system and network that has nothing to do—nothing to

do—with the program that the privacy commissioner focused upon. In that case it is a stand alone system. It is highly secure. There is very limited access to this information. The information is encrypted and it is secure.

Ms. Val Meredith (South Surrey—White Rock—Langley, Canadian Alliance): Mr. Speaker, I find it amazing that the system does not belong and yet it is encrypted. It would seem to me that the technology that is there now is what is being used to gather this information on 33 million people.

HRDC security policies are not even uniform across the country. The security audit states: “Variances among regional offices led to inconsistent IT security measures, such as various IT security risks not being appropriately addressed”.

Why is the minister pretending that she can protect Canadians’ privacy when she cannot even enforce a basic uniform policy?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, that same audit said that our processes and practices were satisfactory and in fact exceeded those of the private sector.

We all have to be careful when we talk about individual information. On this side of the House we are careful. On this side of the House we protect data.

I am wondering, when we find out that one of the leadership candidates for that member’s party has been inappropriately collecting and using lists, if indeed she is talking to him about how appropriate it is to manage personal information in an effective way.

• (1440)

[Translation]

Mr. Michel Bellehumeur (Berthier—Montcalm, BQ): Mr. Speaker, yesterday, people asked at an office of Human Resources Development Canada to have the information contained in their personal files. Their request was denied, and they were referred to Ottawa and told to make a request for access to personal information.

Will the minister tell us why it is so complicated for an ordinary citizen to obtain personal information on himself, when her department can get it without the consent of the individual?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, in this regard we have to ensure that the citizen asking for information is indeed the person that he or she purports to be. To use and benefit from the access to information process is the right strategy in this regard.

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If the hon. member knows people who want to obtain this information, it is available, but it should be obtained through the access to information system.

[*Translation*]

Mr. Michel Bellehumeur (Berthier—Montcalm, BQ): Mr. Speaker, let us be clear. In order to obtain information that concerns me, information in my file, I go personally with my identity cards, me the person on file, to Human Resources Development Canada where I have to make a request for access to personal information in Ottawa with all the delays that entails.

Could the minister explain why I have to submit a request for access, when the departments exchange personal information that concerns me, on request, with a snap of the finger?

[*English*]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, again I want to make it absolutely clear that what we do is in the context of the laws of this land. There is no breaking of the law in this undertaking.

Surely the hon. member agrees that to use the access to information process, that which comes from an act of this parliament, is the appropriate thing to do when dealing with sensitive information.

Mr. Rahim Jaffer (Edmonton—Strathcona, Canadian Alliance): Mr. Speaker, the minister can claim all she wants that she has information security under control, but the fact is that her own officials who run her computer systems do not even get security training. Listen to this: “Since most administrators received no formal information technology security training or had little background in IT security, their concerns and expertise for IT security varied and led to inconsistent practices”.

Why should Canadians entrust their most private information to a proven bungler whose staff is not trained to handle it?

The Speaker: I would ask members, please, to address each other by their proper titles.

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, the hon. member does not have to believe in me. Let us review again what the privacy commissioner said. He said: “Certainly, we are not aware, nor has it been brought to our attention, that the database has ever been compromised or access inappropriately obtained by virtue of deficiencies in security safeguards. For that your department should be commended”.

Mr. Rahim Jaffer (Edmonton—Strathcona, Canadian Alliance): Mr. Speaker, it is not just what HRDC does with its computers now that is a problem, it is how it gets rid of them as

well. The security audit warns: “There is no assurance that all hard drives are erased of potentially sensitive data prior to disposal”.

I realize that keeping track of what leaves her office is not exactly the minister’s specialty, but this kind of neglect leaves privacy vulnerable.

Why is the minister who bungled \$1 billion now in possession of Canadians’ most private information?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, again, as I have said on a number of occasions with reference to this particular audit, it has nothing to do with the program that the privacy commissioner is reviewing.

As I said in the House yesterday, this was an audit done by the department, which is the right thing to do. We reviewed it, we have taken action on it and we have made improvements.

[*Translation*]

Mrs. Pierrette Venne (Saint-Bruno—Saint-Hubert, BQ): Mr. Speaker, there is a lot of concern following the discovery of a unique file of citizen profiles at Human Resources Development Canada.

Could the Solicitor General tell this House if CSIS or the RCMP or one of their agents has not had access to this file at Human Resources Development Canada?

• (1445)

[*English*]

Hon. Lawrence MacAulay (Solicitor General of Canada, Lib.): Mr. Speaker, all the files at CSIS are reviewed by SIRC. SIRC has reported on a number of cases and there is absolutely no problem.

* * *

LABOUR

Ms. Susan Whelan (Essex, Lib.): Mr. Speaker, for three weeks now the people of Pelee Island have been cut off from the mainland, isolated by a crippling labour dispute with the ferry operators. Farmers are unable to plant their crops. Tourism has stopped in its tracks and the entire economy of the island is in severe jeopardy.

How has the Minister of Labour tried to resolve the situation which involves an Ontario provincial government agency?

Hon. Claudette Bradshaw (Minister of Labour, Lib.): Mr. Speaker, I am very concerned with the situation affecting the residents of Pelee Island.

An officer of the federal mediation and conciliation service met with the parties on May 8, 2000. They were unable to reach an agreement. The federal mediation and conciliation service officer

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remains in contact with the parties and is available to provide them with mediation assistance once they resume negotiations. I urge both parties to return to the table and put an end to this dispute.

* * *

PRIVACY

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, the Minister of Justice jumps to the feds and says the lists are secure. The Minister of Human Resources Development says that there has been no breaking of the law and that it has never been compromised. Let me quote the privacy commissioner who says:

—including a complaint involving an overenthusiastic RCMP officer who in giving insurance companies the names of Alberta motorists ticketed for failing to wear seatbelts violated their privacy rights.

If that right can be violated, where is the security?

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I have no firsthand knowledge of the example that the hon. member has just provided, but let me reiterate that the information under discussion is secure.

The privacy rights of Canadians are being respected and the privacy commissioner himself indicates that information in the possession of HRDC is being managed properly.

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, the Minister of Justice can read the report. I was quoting from the privacy commissioner. There was a violation. In his report the commissioner expressed real concern with the confidentiality and security of privatization.

This minister has been denying it for three days. Five months ago we heard the same minister denying that HRDC grants were a problem. She was telling us everything was just fine. Now we have 20 police investigations into that department for those grants. Has the minister a plan, even a six point plan, to tell Canadians what she is doing to protect their privacy?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, very clearly the most important thing we are doing is working with the privacy commissioner. Let me say again that he has indicated we are abiding by the laws. He is saying that the information is secure. He is saying that there are things we can do to ensure Canadians know the information is being collected and how it is being used.

I agree there are ways that we could improve it. I hope to work with him in the future to ensure that security is sustained and that we can ensure Canadians that the information being collected is held appropriately.

THE ENVIRONMENT

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, my question is for the Minister of the Environment. We now know that the Minister of the Environment, along with Mexico, vetoed a recommendation by the NAFTA environment commission to investigate the enforcement of Canada's environmental laws.

Could the Minister rise in the House and tell us why he did that? While he is on his feet, could he tell us what his response is to the charge by Robert Kennedy, Jr., that Canada is deliberately trying to undermine the NAFTA environmental commission?

He dismissed the claims made by the NDP environment critic on Monday to the same effect as rubbish. Is he prepared to say to Robert Kennedy, Jr., that his claims are also rubbish?

Hon. David Anderson (Minister of the Environment, Lib.): Mr. Speaker, I never thought I would rise in the House to tell members of an opposition party that by their own admission they believe an American political figure with little contact with Canada knows more about what we do in the environment than they do as a group. That is incredible. Members of the NDP admit they know nothing and they are relying upon someone from outside the country as an authority on what happens here.

With respect to the first part of the question, if I may, and with respect to the Quebec livestock case, the Quebec government and the auditor general of Quebec, there has been an investigation. The process has been changed. Any continuation of this investigation would be strictly historical.

* * *

● (1450)

MINING INDUSTRY

Mrs. Michelle Dockrill (Bras d'Or—Cape Breton, NDP): Mr. Speaker, there is growing concern that the contract between the government and the prospective buyer of Devco includes conditions for no development, no expansion. No development means no more mining industry in Cape Breton.

Could the minister today guarantee the House that coal production will continue in Cape Breton? Will he make it a condition of the sale? Or, will Cape Bretoners continue to watch imported coal from Colombia being delivered on their shores by Canada Steamship Lines while Cape Breton coal stays in the ground?

Hon. Ralph E. Goodale (Minister of Natural Resources and Minister responsible for the Canadian Wheat Board, Lib.): Mr. Speaker, the whole objective of the sale process with respect to the assets of Devco is to place the coal mining operations of Cape

Oral Questions

Breton on a secure long term foundation for the future of the private sector in the most viable terms possible.

Obviously we will be looking for a transaction that has within it the best possible economic terms, most especially the maintenance of the largest number of jobs for Cape Bretoners.

* * *

[Translation]

NATIONAL DEFENCE

Mr. David Price (Compton—Stanstead, PC): Mr. Speaker, we have learned that, when the Prime Minister visits France, he will be discussing a directed contract for replacement of the Sea Kings.

He will be meeting with representatives of the French government and of Aérospatiale and Daimler Chrysler.

My question is for the Minister of National Defence. Is the government planning a directed contract to purchase in France the Eurocopter Cougar 2 as a replacement for the Sea Kings?

[English]

Hon. Arthur C. Eggleton (Minister of National Defence, Lib.): Mr. Speaker, as I have said before, no decision has been made with respect to the procurement strategy on the replacement of the Sea Kings. It is our number one priority. We have that matter in front of the government. It is a major procurement matter. Of course, an elected, accountable government must make a final decision about that.

What the hon. member is saying is not true. No decision has been made by the government. We certainly want to get on just as quickly as we possibly can. We are moving the file along and finalizing the procurement strategy so that we can get on with the replacement.

Mr. David Price (Compton—Stanstead, PC): Mr. Speaker, that is very strange. Our information says it seems that the Cougar II may come with a promise of a Daimler-Chrysler plant, probably in Shawinigan. A more interesting angle is that this deal may also come with a promise of neutrality from the French government in the next Quebec referendum.

Will the Prime Minister or the Deputy Prime Minister assure the House that a competition to replace the Sea Kings will be fair, open, public and in accordance with the approved statement of operational requirement?

Hon. Arthur C. Eggleton (Minister of National Defence, Lib.): Mr. Speaker, all of that sounds like a lot of nonsense to me. We are proceeding to replace the Sea Kings with a helicopter that will meet our operational requirements. It is a major government expenditure. We want to make sure that the Canadian public gets best value for the taxpayer dollar and that it meets the needs of the Canadian forces.

[Translation]

MISHTAPEW AWARDS OF EXCELLENCE GALA

Mr. Guy St-Julien (Abitibi—Baie-James—Nunavik, Lib.): Mr. Speaker, my question is for the Minister of National Revenue.

Last night, the Liberal minister from Outremont attended the gala for the Mishtapew awards of excellence held at the Capitole in Quebec City. This was a perfect occasion for celebrating and congratulating the determination of business leaders from a number of Quebec's aboriginal and Inuit communities.

Can the minister let us know what his priorities are for promoting the long term economic development of the aboriginal and Inuit people of Quebec?

Hon. Martin Cauchon (Minister of National Revenue and Secretary of State (Economic Development Agency of Canada for the Regions of Quebec), Lib.): Mr. Speaker, of course I thank my colleague for his excellent and important question.

Yesterday evening, at the Capitole in Quebec City, the third gala of the Association d'affaires des premiers peuples was celebrated. It celebrated the absolutely extraordinary dynamism that characterizes the new wave of economic development.

The Canadian government was rather proud to renew its partnership in the context of this gala. We therefore announced that we will be providing an additional \$1.5 million of support to the association, in order to enable it to provide other services to the first nations business community, such as services to entrepreneurs or—

The Speaker: The hon. member for Lakeland.

* * *

● (1455)

[English]

HUMAN RESOURCES DEVELOPMENT

Mr. Leon E. Benoit (Lakeland, Canadian Alliance): Mr. Speaker, the minister of HRDC said in response to a question earlier that she would not tolerate a breach of security in her department.

Listen to this dandy from the HRDC security audit: "When asked to define and describe their interpretation of an IT security breach people did not know exactly what this term meant or how to report it".

How could the minister claim that she will not tolerate a security breach when the people in her department do not even know what an IT security breach is?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I can think of nothing better to say than

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to remind the House what the privacy commissioner said in his report.

He first of all identified that the way we were using this information was useful in terms of improving the quality of our programs. He said that HRDC people were being careful with what they do with this information. He said "I am not suggesting either that they have done anything unlawful here or that is not legal".

We have to remember that things are in working order here, but we have to ensure in the future that remains true. That is why to me it makes sense for us to continue to work—

The Speaker: The hon. member for Rimouski—Mitis.

* * *

[Translation]

SMART COMMUNITIES PROGRAM

Mrs. Suzanne Tremblay (Rimouski—Mitis, BQ): Mr. Speaker, the Department of Industry launched a special competition for smart communities.

Groups from Bromont, Laurier—Sainte-Marie, Rimouski, and Shawinigan were among the finalists from Quebec. The winner was Groupe Forces, whose general director, Mario Pépin, was suspended following the CITEC scandal.

In order to remove any doubts about the merit of the winning project, will the Minister of Industry promise to make public the criteria used in judging entries, and the results obtained by each of the finalists?

Hon. John Manley (Minister of Industry, Lib.): Mr. Speaker, there was a completely independent process for determining which communities could apply as smart communities.

There are some who did not qualify and who had no trouble understanding that it was an independent committee.

[English]

The mayor of Deer Lake, Newfoundland, said "I have been around government for many, many years and I have not seen a process as fair and apolitical in my whole life as this one was. These people won it on their own merit so our committee offers sincere congratulations to them".

* * *

[Translation]

EMPLOYMENT INSURANCE

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, on May 9, members of this House unanimously approved a motion to review the EI program.

Recently, the Minister of Human Resources Development announced a recommendation to change the boundaries of EI economic regions.

Will the Minister of Human Resources Development tell us today when all the changes to the EI program will take place, because the regional committees are waiting to see what the response to their recommendations will be?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, if the hon. member is referring to the process of consultation on the EI boundaries, it has begun. It was gazetted on Saturday. There are 30 days now for all Canadians to consider the proposals that have been presented. They were built with the support of citizens across the country but now more have the opportunity to comment.

I would expect that the hon. member himself may wish to make comment in this regard over the course of the 30 day period.

* * *

HUMAN RESOURCES DEVELOPMENT

Mr. Bill Casey (Cumberland—Colchester, PC): Mr. Speaker, my question is for the minister of HRD. The privacy commissioner recently described the comprehensive files about Canadians. I should like to ask the minister if she will provide me with my file, complete with the names of all government agencies that have accessed my file.

I would like her to do it without going through the delay process of the access to information process. I would like her to explain if she will provide my file and, if not, why not.

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, as I have said time and again, I think in this particular circumstance, should the hon. member want that information and would like to detail the source of information he would like in particular, he should best go through the access to information process.

* * *

CRTC

Mr. Roger Gallaway (Sarnia—Lambton, Lib.): Mr. Speaker, my question is for the Minister of Canadian Heritage. For two days last month CRTC commissioners actively participated with industry representatives at the Canadian Cable and Television Association convention.

At a time when many Canadians question the neutrality of the CRTC, would the minister care to comment on the propriety of the commissioners' actions?

• (1500)

[Translation]

Mr. Mauril Bélanger (Parliamentary Secretary to Minister of Canadian Heritage, Lib.): Mr. Speaker, it is entirely proper

Privilege

that CRTC commissioners make efforts to improve the public's understanding of the CRTC as well as to improve their own knowledge of the technological evolution in the telecommunications industry.

This is why CRTC commissioners regularly attend a number of business and consumer conferences.

Not so long ago, I personally attended a dinner organized by a consumer association in which CRTC members participate. This is therefore behaviour that we encourage.

* * *

PRESENCE IN GALLERY

The Speaker: I wish to draw the attention of members to the presence in our gallery of His Excellency, Mr. Alami Tazi, the Minister of Industry, Commerce and Handicrafts of Morocco.

Some hon. members: Hear, hear.

[*English*]

The Speaker: In this order I would like to hear the last part of a point of privilege, then I will take the Thursday question from the opposition House leader, and then I will hear a point of order from the member for Dartmouth and then whatever comes after that.

To put everything in perspective, a few days ago the hon. member for Wild Rose rose on a point of privilege. Today we will hear the other side of this argument.

* * *

PRIVILEGE

CORRECTIONAL SERVICE CANADA

Hon. Lawrence MacAulay (Solicitor General of Canada, Lib.): Mr. Speaker, I wish to rise to respond to a question of privilege raised on May 16 by the hon. member for Wild Rose.

The allegations made in the question of privilege are serious. I agree with the hon. member that members of parliament must be treated with respect by Correctional Service Canada and by all parts of the government. That is why I have spoken at length with both the commissioner of Correctional Service Canada and to the corporate secretary to the service concerning this matter.

Mr. Speaker, I have been advised that there was no threat to withhold information made by anyone in Correctional Service Canada, nor was there any attempt to intimidate either the hon. member or his staff.

First, it should be noted that the commissioner and the corporate secretary have often dealt with the hon. member's assistant in the past.

• (1505)

In fact, the hon. member's assistant had placed a phone call to the corporate secretary last Friday concerning this very report. In this instance I have been informed that following question period on Monday, May 15, the corporate secretary phoned the hon. member's office seeking particulars regarding the report to which he had referred in question period.

Although the hon. member's assistant offered to fax a copy of the report to CSC, the corporate secretary declined that offer and indicated that she would get the report from senior Correctional Service Canada officials in the prairie region. When she was unable to locate the report within the CSC in a timely fashion, the corporate secretary phoned the hon. member's office and the hon. member's assistant again offered to fax her a copy of the report.

I am advised that when no fax was received, the corporate secretary placed a further call to the hon. member's office. She stated that she was on the speakerphone because she was in a meeting with the commissioner and the headquarters management team. The management team wished to discuss the report in an effort to respond to the hon. member's question as quickly as possible.

I have been informed that the hon. member's assistant indicated that she would not be able to provide the document. The commissioner inquired why the report would not be provided and was advised that the hon. member had instructed his assistant not to provide the report.

The corporate secretary concluded the conversation by stating she would continue her efforts to obtain a copy through CSC channels.

Fortunately for the commissioner and the corporate secretary, this conversation took place with nine other CSC executives in the room. These people have each confirmed that both the commissioner and the corporate secretary acted in a businesslike manner and that they did not at any time say that the CSC would refuse to offer the hon. member help or information concerning that report or any other Correctional Service Canada matter. These nine individuals have also confirmed that the tone assumed by both the commissioner and the corporate secretary through the conversation was professional and was not intimidating or rude.

When the corporate secretary asked me the other evening what would have happened if there had been nobody else in the room, I did not have an answer for her.

Having reviewed this matter personally, I am satisfied that CSC and its officials at all times acted in a proper and professional manner. I therefore believe that there is no substance to the allegations put forth by the hon. member.

Supply

The Speaker: What we have is a situation where the hon. member himself was not there to hear the conversation nor was the hon. minister. We are getting two reports secondhand on both sides. It is possible, I would imagine, for two different people to interpret facts in a different way. Both hon. members are to be taken at their word here. I think that their staffs passed down their interpretations and there may have been a misunderstanding on both sides.

I would find that there is no point of privilege in this particular case. However, I would like some kind of a communication between the person who is working in the minister's office and the secretary who is working in the office of the member for Wild Rose to see if they can straighten this thing out and get whatever information they need.

* * *

BUSINESS OF THE HOUSE

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, could the government House leader give us some idea of the government agenda we will face for the rest of the week and for the week after the break week coming up?

• (1510)

Specifically, could he give us the status again of the grain transportation act which I asked about last Thursday? We are looking forward to getting our hands on that as quickly as possible.

Also, is the Minister of Justice planning to bring forward any type of a review or changes to the Privacy Act about which we have been musing in the House of Commons?

Hon. Alfonso Gagliano (Minister of Public Works and Government Services, Lib.): Mr. Speaker, the business tomorrow will be report stage of Bill C-12, the labour code amendments.

Next week is a constituency week. When the House resumes on May 29, the business will be Bill C-16, the citizenship bill; Bill C-33, the species at risk legislation; and Bill C-31, the immigration bill.

Tuesday, May 30 shall be an allotted day. I understand that there will be agreement to sit later than usual to consider a proposed change to the migratory birds convention.

On Wednesday, May 31 we hope to deal with third reading of Bill C-12.

With regard to the two specific pieces of legislation to which the opposition House leader referred, I will transmit the question to our House leader. I am sure that when he is back in the House tomorrow, he will answer that.

The Speaker: I am now going to hear a point of order from the hon. member for Dartmouth.

POINTS OF ORDER

DIVISION NO. 1319

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, I would like to ask the House that the record show that the MP for Dartmouth was in fact not in the House for the first vote last evening. She was in fact approaching it at a run but was not in her seat and the hon. member realizes that was not good enough.

Ironically the hon. member was late for this vote because she was in the West Block at the launch of a new book about M. J. Coldwell, a parliamentarian with such honesty and integrity that it has reached legendary proportions.

I apologize for my error in judgment and any difficulty it may have caused. I will work harder to keep the standards high in this important public place.

The Speaker: The hon. member's statement is noted.

GOVERNMENT ORDERS

[English]

SUPPLY

ALLOTTED DAY—CANADA HEALTH ACT

The House resumed consideration of the motion and of the amendment.

Mr. Gary Lunn (Saanich—Gulf Islands, Canadian Alliance): Mr. Speaker, I am pleased to speak about the very important issue of health care. We have seen the decline of health care for a number of years. I can only go to the facts in my own riding with which I am very familiar. I hear the stories from across the country about waiting lists. I would like to take a few minutes to talk about some of these problems and then what I see as the solution to fix health care in the country.

For those who are not from British Columbia, Victoria is in my riding of Saanich—Gulf Islands. Victoria has one of two level two ICU pediatric intensive care units. The other is in Vancouver. The Victoria level two ICU unit for children is in the process of closing purely because of money. I spoke privately with Mr. Closson, the CEO of the Victoria health board. He told me that this discussion started purely because of economics.

There are other concerns. Saanich Peninsula Hospital is in my riding. Health services are being restructured there as well. What are we seeing? We are seeing a decrease in the level of service. It is believed that the hospital will be shutting down the emergency

department and will have only acute care beds. Patients on the Saanich peninsula will now have to go to Victoria General.

• (1515)

The problem is that wherever we go in this country, from coast to coast, the level of service is decreasing and the waiting lists are getting longer. The system is seriously broken. I think members opposite recognize that we need to revisit how we deliver health care. If we look at the demographics, the population is aging. Nobody can deny that greater demands will be placed on our health care.

I personally believe in one national public health care system. We need to work harder to make sure that happens. Our health care system is sacred to Canadians. The status quo is not going to do it now. We saw the magnitude of something like \$25 billion knocked out of health care in the last seven or eight years, which is a significant amount of money. When that much money is taken out of the pot, it is impossible to deliver the same amount of health care.

Beyond the financial aspect, we also have to be very innovative. We have to look at new ideas and be open to them. We have to be open to change on how we can best deliver the most amount of health care to Canadians and that the money we put in reaches the patient.

There are two side to this, the money side and the innovative side when looking for new ideas for delivering health care.

I first want to talk about the economics of health care. We often hear members from all parties in the House talking about putting more money into it. It needs to be emphasized that there is only one way we will be able to put the amount of money into health care to sustain it for a long time and that is through the private sector. I am not talking about the private sector creating its own health care system.

However, it is important to understand that governments cannot create wealth. The only people who can create wealth is the private sector. I firmly believe, if we want to have a truly sustainable health care system that Canadians can be proud of, that we will have to cut taxes to make Canada number one in the world and allow the private sector to flourish so that we attract investors from around the world to come to Canada. Only then will we begin to create wealth that the government can then use, through taxation, to deliver health care.

That me brings to the second part of why I got into politics. When I spoke to Mr. Closson in Victoria, he said "Mr. Lunn, yes, we are having to restructure what services we deliver out of what hospitals because there is only such money in the pot and we can only deliver so much. He continued on to say that they had a bigger problem that was not getting the emphasis it needed. He said that in Victoria this summer they will have to close hospital beds because they will not have the staff. He said that they could not attract

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people for summer relief because they were going south. He said that the brain drain in the health care sector was a real crisis, that it would take a long time to fix it and that they needed to start now.

We are not addressing those concerns and it comes back to taxes. It is my personal belief that this all comes back to economic prosperity. I firmly believe that if we are going to have the money to deliver health care, if we want to attract people to stay and if we want the graduates out of post-secondary school to achieve their dreams, we will have to look at how we tax people. I want to emphasize that because I do not believe it is said often enough.

The other half of the equation is that we have to be innovative. We often hear about bill 11. The New Democratic Party motion, in particular where it says "we have grave reservations about investing public funds in private for profit facilities", are words it likes to use to try to raise the hair on the back of people's necks. It talks about profits and corporations making money. I absolutely believe that we have to look at what is being done in Alberta before we blatantly criticize it. At least Alberta is trying to be innovative.

• (1520)

I firmly believe in a truly national public health care system, not the two tiers that we have now. The majority of the Canadian population lives within 100 or 150 kilometres of the U.S. border. The border very accessible to people across the country.

The status quo is not working. I know my colleague from Okotoks is listening with interest to this and feels very passionate about this subject. I am no expert in this, but maybe the private sector could do a better job in some parts of our public system. For example, with MRIs and CAT scans, maybe there are places where clinics could be set up that could do a better job at delivering these services. This would reduce the waiting lists across the country. I do not know, but we have to be open to looking at these ideas.

If we are going to be able to deliver health care to an aging population, we need to ensure that we receive the very best value for our health care dollars. I do not know the actual number, but I think we spend something in the magnitude of \$90 billion on health care globally across the country. That is a number that we cannot even wrap our heads around.

Are we getting \$90 billion worth of health care? The people in my constituency would argue that they are not. I am going to a meeting on Saturday when I go home because people are really upset about the emergency ward being shut down at the Saanich Peninsula Hospital. They are shutting down one of two ICU level two pediatric units in British Columbia. All of them will now have to go over to the children's hospital in Vancouver. When we start to withdraw our services in various areas that is wrong.

I personally will be voting against this motion because I think we need to be innovative when we look at how we deliver health care.

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We have to be open to new ideas. They may not work but we need to know that and we need to let the rest of the provinces learn from that. Let us try new things. Let us collectively collect all of that information. If we need to open the Canada Health Act, let us make it better and stronger.

Most important, we need to look at the economics of this. We need to attract investors from all sectors. We need to reduce taxes so people will want to stay in the country. It has been proven in every single jurisdiction, whether it is Hong Kong, Ireland, Ontario or Alberta, that when taxes are cut government revenues go up.

Let us make Canada number one. We can be better than the United States. We can be the best. We need that economic wealth if we want to sustain the health care that Canadians take so much pride in.

* * *

BUSINESS OF THE HOUSE

Mr. John O'Reilly (Haliburton—Victoria—Brock, Lib.): Mr. Speaker, I rise on a point of order. I believe you will find unanimous consent for the following motion. I move:

That this House endorse the initiative of the delegation of members of parliament, under the leadership of the Minister of Veterans Affairs and composed of a member of each party officially recognized in the House, to travel to France and to return to Canada with the remains of the unknown Canadian soldier who gave his life in defence of liberty during World War I.

The Acting Speaker (Mr. McClelland): Does the hon. member for Haliburton—Victoria—Brock have the unanimous consent of the House to present the motion?

Some hon. members: Agreed.

The Acting Speaker (Mr. McClelland): Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

* * *

SUPPLY

ALLOTTED DAY—CANADA HEALTH ACT

The House resumed consideration of the motion and of the amendment.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I have a couple of questions for the member of the Canadian Alliance Party.

During his comments he implied that the words that we were using in this motion, private for profit, were there simply to raise

the hairs on the backs of people. I want to tell the hon. member that the words in this motion are an accurate depiction of reality. The reason this motion is here today is to make a deliberation and a determination about where we want to go with our health care system.

• (1525)

I sat through question period today and heard over and over again from members of the Reform Party about how offended they were regarding breaches in privacy legislation and about their demands to change the law to ensure that fundamental rights are not violated.

When it comes to something as fundamental as the right of Canadian citizens to quality health care, why does the member's party not believe it is important enough to stand up for? Why is that party prepared to support the Liberals in a most passive, inactive response to a fundamental shift in our health care system? Why would that party endorse any system that ensures different treatment depending on ability to pay?

Mr. Gary Lunn: Mr. Speaker, first, I want to remind the member, in case she has forgotten, that we are the Canadian Alliance and we are very proud of that.

Second, why are we staying on the HRDC issue? I remind the member that this government gave more money in this fiscal year to grants and contributions under HRDC than it gave to health care. That is why we are questioning it. We do not believe in that program and we think we need to look at it again and redirect money into core programs, such as health care.

Do I believe a private for profit health care system is inflammatory? Yes. We have specialists in the public health care system who get paid very well, as they should. If they can also earn a living in a private setting and do just as good a job, then we should be open to that. I believe in my heart that the status quo is not going to work.

Let us listen to the people who want to try new ideas. This is not about politics, this is about something that is very dear to Canadians. We have to be open to new ideas. We have to look at how we deliver health care. We have to make sure we can afford it.

With all respect to the member, the only thing I hear is that we should raise taxes, which I do not agree with. The NDP believes Canadians should be taxed more. Since I have belonged to the Canadian Alliance, formerly the Reform Party of Canada, nobody has ever once suggested that health care should not be available to every single Canadian. It should be available to every single Canadian regardless of their ability to pay. We in this party believe in that principle and we will fight for it. However, we will not have that if we are not open to new ideas, not willing to try new things and if we do not recognize that we have to have the economic

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prosperity to deliver those programs. If we stay on our present course, public health care will no longer be available. That is a fact.

The issue of health care is something Canadians take seriously. Let us look at it, cut out all the politics and work together to find solutions instead of playing politics with this issue.

Mr. Ted McWhinney (Vancouver Quadra, Lib.): Mr. Speaker, it is a pleasure to intervene in this debate which has given us the opportunity across party lines to examine the Canada Health Act and the fundamental principles of which our system of social insurance and health is based.

My own constituents have made it very clear to me, and I have communicated their views to the Prime Minister and the government, that as we attain our budgetary surplus, as we have done in the last three years, 50% of the surplus should be used to reduce taxes and amortize the external public debt and 50% should be used in priority areas, such as advanced education, research and health and health insurance. Those principles have been accepted by the present government and they are the hallmark of the present budget and the present administration.

Many on this side of the House would take credit for the health care system and the work of Paul Martin Sr., the distinguished minister of health of some years ago, in the establishment of the Canada Health Act and the establishment of the five fundamental principles on which it is based: universality, comprehensiveness, accessibility, portability and public administration.

• (1530)

The motion before us is very specific and it has been given an even more specific association with the reproaches to the Minister of Health that he has not been combative enough, that he has not gone mounted on a charger against the enemy, sword in hand, and put them to flight. This minister is known for his quiet judgment and the use, as many skilled appellate lawyers like himself have, of the velvet hand in the iron glove, or reversing it if hon. members wish, the iron hand in the velvet glove. In other words, economy in the use of power, but use power when one has to. It is reproaching the minister for being something that he is not.

Our preference is co-operative federalism. We are often reproached for not being co-operative enough. It is interesting, from one of the parties in opposition, to have the reproach that we are not aggressive enough and we should be more so.

We have been trying to have a dialogue with provinces over a period of years; not always a happy situation. Some provinces, given money for education purposes, have used the moneys to build highways into the never never land. We do not like that and in those cases we are forced to take action of a corrective nature.

In relation to health care and health services, it has been suggested to us that we are neglecting certain legal principles. It has been said that we should get a reference to the supreme court. That is a misunderstanding of the nature of the supreme court reference. The supreme court reference is always on a hypothetical question. It is always on an abstract question. It is not and cannot be a substitute for a case controversy, even an anticipatory case controversy, and I think the minister, as an excellent lawyer, rightly rejected that approach and rightly rejected the possibility of a situation where the supreme court would rule against us, saying that it would not exercise jurisdiction.

Equally, however, the suggestions for disallowance of a provincial bill, bill 11, ignore the fact of the evolution of our constitutional system. The power of disallowance has not been used in half a century. In fact, I remember as a private citizen giving advice to a prime minister 30 years ago that the power was dead and that there were other remedies, and that it would be a constitutional *voie de fait*, a constitutional tort, in effect, to try to revive it at this stage. That is not our way.

We do, however, have ample powers under the Canada Health Act to take corrective legislation if and when that should come to be demonstrated as necessary. But the demonstration, the prior fact that it is demonstrated as necessary, has to be properly proven and properly established for us.

There are problems that I will take the opportunity of referring to, legal problems, and I would hope that these would be discussed by the Minister of Health with his provincial counterparts. One of these is simply that if private health facilities are allowed on a commercial basis, then under the provisions of NAFTA it is potentially open on a legal ground for foreign, financially based private institutions—I guess they are always financially based—from abroad, from the signatories to NAFTA, to enter Canada on a competitive basis. Some would say in the spirit of the market economy, what is wrong with that?

I will communicate to hon. members, nevertheless, reservations communicated to me by the board of one of our great hospitals in Vancouver—and the boards include many people with skilled knowledge of NAFTA—that we could see a situation of selective competition by specialist foreign—that is, U.S.—institutions with existing Canadian all-purpose hospitals.

In the city of Vancouver, one such hospital I have been associated with, St. Paul's, right in the heart of the city, performs the most advanced style of research and corrective medicine in those areas at the frontiers of medical knowledge.

• (1535)

That hospital is also downtown, so it deals, particularly every Friday and Saturday night, with emergency cases: hit and run accidents, incidents in bars, cases of drug overdose. It is pointed

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out to me that in terms of quantifying and costing the hospital administration, those are cases literally handled at a severe loss in medical terms. They are balanced, however, by the more specialized type of work this hospital does for which higher, offsetting compensation is available.

That concern has been expressed to me and I think it is a serious concern, one which warrants conversations between the Minister of Health and his counterparts in the provinces, and this would include the province of Alberta. I can see solutions here, but it would be premature, I think, to get into these.

The act as it stands has opportunities for the federal government, constructively and pragmatically, to talk with the provinces in the spirit of co-operative federalism to see if differences can be ironed out.

There are some principles that go beyond the five principles of the Canada Health Act that I have already adverted to, and it is perhaps worth referring to them.

We make full cash contributions to the provinces on the principle of good faith, but on a basis of specified conditions, and I will simply recite them for the record: no extra billing by medical practitioners or dentists for insured health services, no user charges, and reporting at the times and in the manner prescribed in the regulations. These are very basic conditions. If they are not complied with, the precedent exists, and it has been used, to cut back, or to indicate that one is prepared to cut back on the transferring of funds to the provinces.

It is enough in many cases to indicate that the power is there. It is certainly premature and not good federalism to apply the remedies before the actual case of conflict exists beyond the point where it can be settled by negotiation.

The attitude indicated by the Minister of Health is simply this. On his legal advice he was satisfied that he had no grounds constitutionally for challenging the specific bill, the Alberta bill 11, at this stage. This is not to say, though, that at a future stage, on particular facts, it could not arise on constitutional grounds.

More importantly, however, if breaches did occur, and one was satisfied that they occurred through an exercise of ill faith or a lack of appreciation and respect for the principles of co-operative federalism, then the machinery could be set in motion of corrective legislation by the federal parliament, or the use of the full discretionary power that remains in the federal government to withhold, to reduce or to block altogether the transfer of funds to the provinces.

I say, in this context, that there are extremely positive initiatives which flow from the emphasis that my constituents and I gave, and no doubt other people in the government caucus, and I am sure other members on the other side of the House, to the emphasis on

spending of surplus constructively in subsidizing medical research and services. The present budget provides \$2.5 billion additional to the Canada health and social transfer. It is a 25% increase over the last two years alone. There is a further cash component that will reach \$15.5 billion in each of the next four years, and it will continue to grow as the economy increases.

I welcome, on the government side, the support given by all parties in opposition for spending our money on medical research. The amount of investment in medical research is simply remarkable, and I would say to members on the other side of the House that the concentration on the frontiers research in medicine in western Canada is truly remarkable.

● (1540)

I take great pride in the concentration in British Columbia, but it does extend to other provinces. That is reflected in the extra funding under other areas of the budget for research, for fundamental research in medicine, for the creation of the millennial professorships which will allow us to arrest the brain drain of our leading medical researchers who have been going to the United States. There are already very welcome signs for people who could quadruple their salaries in the United States by moving there that they are satisfied with the relatively modest increases in their stipendiary under the millennial professorship plan and they intend to remain here.

This joins the increase in cash transfer payments and the commitment that we have made and the minister in particular. This is a man who relies on friendly persuasion, but as an experienced lawyer well recognizes that a certain element of power can be used, if it should be, but it should not be escalated or opted for in too quick a fashion.

That is our position. At the present stage we are monitoring the situation in relation to the province of Alberta, which has been specifically raised with us. We will seek to work with the province of Alberta. If we find that actions taken are incompatible with the Canada Health Act we will move at the appropriate time. But we will continue to discuss. We will bring, in particular to the attention of the province of Alberta and its health minister, the fears that we have under NAFTA.

I would be very sorry to see an institution like St. Paul's have its frontiers research experience and expertise drained away by competition from a sort of single issue specialist institution from another country. I think that any institutions coming in would be expected to play their part in carrying on what might be called the ordinary, tedious, but so vital a part of hospital administration's work.

That is the message from the minister. He will not engage in an unnecessary war with the provinces. He is determined to maintain the five fundamental principles of the Canada Health Act. He is

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determined to see that there will be full co-operation by the provinces in the spirit of that, but he will look to ways of working with them to effectuate that purpose.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, the member for Vancouver Quadra lives fairly close to a private clinic called the Cambie Clinic. This clinic is unable to look after individuals from British Columbia. It is illegal for them to enter the door. But this clinic can look after people from the U.S., from Asia, from Alberta, people who come from outside B.C.'s boundaries. However, those who are Workers' Compensation Board patients and those who have become sick through the armed forces or the RCMP have access to that private clinic.

Does this clinic cause any anxiety to the member opposite?

Mr. Ted McWhinney: Mr. Speaker, I thank the member for that question. This is the sort of issue that I would expect, in the spirit of co-operative federalism, will be part of the ongoing discussion between the federal government and the provinces.

In the specific province that has been discussed, the province of Alberta, our big fear is that it will possibly lead to a two tier system of medicine in which the financially privileged will get extra and prior benefits to others. I think that the debate would become simpler if it could be established that such a danger did not exist, but we have to work on the assumption that the principle of fundamental equality of access and of treatment is the bedrock principle of the Canada Health Act. On specific cases, just as I mentioned with the NAFTA situation, I would myself look for further discussion. But we cannot change that bedrock principle. It is fundamental to us and fundamental to the Minister of Health.

Ms. Judy Wasylcia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I am tempted to put a rather rhetorical question to the member, having listened to his very thoughtful remarks, and ask whether Liberal members of parliament were put through a workshop before this debate where they were all trained to express grave concern and then make excuses for the inaction of their government.

• (1545)

It is fine for us to call for co-operative, thoughtful approaches at the federal-provincial level, but are we really prepared to forsake medicare in the interest of keeping peace at the federal-provincial table no matter what the consequences?

If in fact we could believe for one minute that the member's government would be prepared to act immediately upon a violation of the Canada Health Act given bill 11, how can we wait for one second knowing the consequences under NAFTA? Is it not better to be safe than sorry? Is it not better to take every precaution now and amend the act so that there is no possibility of this bill opening the

door so that multinational American corporations are able to enter our health care sector in Canada and provide hospital services?

Mr. Ted McWhinney: Mr. Speaker, I advise the hon. member that if one expects an immediate decision from NAFTA one may be very disappointed. These are lengthy labyrinthine processes. The issue was raised with me because the answers require extensive research and my opinion was asked. I simply said that there will be time, but it is a matter that we need to discuss with the provinces and to point out to the premier of Alberta that this is a matter of concern. If the issue would arise as a practical matter, there are intermediate legal steps that we could take to block any action, and we would take them.

I think it is important not to jump into a case-controversy situation before it exists. That is why I stress the necessity for study and caution before acting. As far as approaches in this government are concerned, my constituency has a very large number of medical practitioners, professors of medicine and others. They have been educating me in their discipline, which I admire and respect. It is part of my response to them that I have campaigned for the last three or four years to establish the centres for innovation, those special centres for medical research that are parts of the last two, three, four federal budgets.

Most of my colleagues are getting the message, just as I think every member on the other side of the House is getting the message that the principle of universality of access to medical care is fundamental to Canadians. If it is threatened in any way in the interstices of federal-provincial relations, we will come down on the federal side. If there is no threat or if the actions of the provinces can be reconciled with those principles, we would be in my view ignoring our responsibilities as part of the federal system if we put it in issue.

As things stand we have full powers. We have not at the present time on the legal advice given to the Minister of Justice found a case warranting action of a punitive nature against a province.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, I have great respect for the member for Vancouver Quadra, but in a province like Nova Scotia, for example, we have a critical shortage right now of nurses and doctors. There is no light at the end of the tunnel that this situation will improve.

I ask the member for Vancouver Quadra who is a representative of the Government of Canada what his government will do to address the very serious situation of the shortage of nurses and doctors not only in Atlantic Canada but in more rural parts of the country.

Mr. Ted McWhinney: Mr. Speaker, it is a very crucial because one of the facts of life one discovers on talking to medical deans

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and deans of nursing schools is that a very large number of our graduates of nursing schools go on to the United States.

If one experiences any of our hospitals one will know a good proportion of the staff is immigrants from other countries. Solutions there will require larger solutions to the brain drain problem. Part of that is bound up with the principle of reducing taxes which is, as I have said, part of the policies my constituents have communicated. We have 50% of the budget surplus going into tax reduction and amortization of the external debt.

• (1550)

We have looked at the issue of subsidizing medical and nursing schools by means of scholarships and the like. We still face the problem that the salary is too low. We have to get more money into the hospitals. Then we are getting into provincial jurisdiction. We may have to move on that.

Some of us have said what a pity the constitution was not written in 1967. We would have given advanced research and perhaps advanced education to the federal government. Then somebody reminded me that in 1864 universities belonged to the federal government. It was a vestige of royal power. It was after a whiskey laden voyage around Cape Breton and the like that federal representatives dropped higher education into the provincial area of responsibility in 1867.

There, though, we are dealing with problems on which the provinces must move, but I think proposals for ways in which the federal government can help will be received. I take that as the thrust of the hon. member's question.

Mr. Peter Stoffer (Sackville—Musquodoboit Valley—Eastern Shore, NDP): Mr. Speaker, before I start on this very important issue, I just want to say that I could not help but notice what a great place the House of Commons is for our pages who come from all parts of the country to work and use up their first year of university education.

It is doubly exciting to know that one of those pages is with us today in the capacity of our *Hansard* concerns. It is wonderful to see them use the experience they gain as pages in the House to secure gainful employment in the House of Commons in other capacities. It is wonderful to see. It is a great improvement for our young people.

Speaking about young people and what we hope to give them in the future, we in the New Democratic Party hold health care as the primary issue. It is the core of what we do in most cases. It is the aspect of why people like Tommy Douglas, M. J. Coldwell and many others brought the issue to the forefront time and time again.

I also wish to say that I will be splitting my time with the member for Regina—Qu'Appelle.

I had mentioned to the member for Vancouver Quadra that in Nova Scotia we have a critical shortage of doctors. We also have a critical shortage of nurses. There is a lack of dollars in what the federal government is transferring to the province. The provincial Conservative Party said during its last campaign that health care would not be reduced in any way, shape and form. Then it took \$51 million from health care in the recent provincial budget.

That instils fear in the people in rural parts of my riding. Indeed that is the case in all of Atlantic Canada and in Nova Scotia especially. It instils fear in seniors, people of fixed incomes and single mothers with children. They wonder what will happen to them if they become seriously ill. Will the hospital remain open? Will there be an ambulance for them? Will they be able to afford the so-called extra user fees that are being charged?

Right now pharmacare for seniors in Nova Scotia has gone up another \$160 per person. They simply cannot afford that. Any government, municipal, provincial or federal, should not balance its books on the backs of our most vulnerable people, our seniors. In many cases they are veterans who fought overseas and lost their brothers and sisters. Many of them raised their families during the depression, during war and during the post-war eras as well. It is absolutely unacceptable for governments to treat them that way in their golden years.

Our seniors are our knowledge base. We talk about a knowledge based economy. Our seniors have more history and more knowledge than we could ever care to think about. For governments to treat them as a cash cow on which to balance their books is simply unacceptable. There are many other avenues on which to balance the books without taking it out on our seniors, especially those in the beautiful province of Nova Scotia.

In terms of the hospitals right now, the stress within hospitals is phenomenal. In the news today the husband of a personal friend of mine required bypass surgery. He went to the hospital the other day and waited seven hours for his surgery. He was told at the last minute that his surgery had been cancelled and he would have to come back another day. This is the type of health care we are giving people in Nova Scotia. This man happens to be 63 years old.

• (1555)

Can we imagine the confidence the youth of the country would have in the health care system as they go through life after reading stories like this one? It is sometimes amazing and sometimes not very surprising at all why some people choose greener pastures in other parts of the world when they leave Canada. We in the House all say that Canada is the number one country in the world. One of the reasons for saying that is our health care system or our medicare system. It is absolutely unacceptable that governments at all levels in all provinces have been chipping away at that most

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basic and fundamental foundation by which we define ourselves as Canadians.

Other hon. members have mentioned that it is time for the Minister of Health, along with all premiers of other provinces, territorial leaders and aboriginal leaders, to get together in a health care summit to start defining the health care of the future.

In poll after poll the people of Canada have demanded through their tax dollars a publicly funded not for profit health care system. This is what Canadians want. This is what they are saying loud and clear. It is not very difficult. They are asking for a publicly funded not for profit health care system to be available for everybody from coast to coast to coast, no matter what their income and where they live. In the unlikely event that they require emergency health care, long term health care, or any health care under any circumstance, they want the service to be there for them. Right now many Canadians are losing trust and faith in the system. It is absolutely unacceptable that we as members of parliament, the leaders of the country, are saying to them that we really do not know the future of health care.

I always like to recite the story of when Tommy Douglas first introduced health care. He was hung in effigy by doctors in Saskatchewan. He was considered Satan. They asked how he could take away the right to earn dollars from medicine and socialize medicine, how he could possibly think like that.

Many New Democrat members of parliament were at the Canadian Medical Association awards dinner the year before last when Tommy Douglas was posthumously inducted to the Canadian Medical Association Hall of Fame. This just showed how ahead of the times he was. He personally fought battles so that the experiences he had would not happen to any child in the country. Our party and indeed all Canadians owe Mr. Douglas, Mr. Coldwell and many others in the movement a sincere debt of gratitude. Without them we probably would not be having this debate today and we would probably be into the American style right now.

It is unacceptable that many groups would love to see a two tier system. Insurance companies would love it. American multinational corporations would love it. Health care spending is anywhere from \$40 billion to \$90 billion. The figures bounce around a lot. Many private businesses would love to get their hands on that. The fact is that it would place a tremendous burden on those Canadians who cannot afford it, those Canadians who are on fixed incomes, and those Canadians who do not have the wherewithal to compete like that.

I should remind the House that according to the latest statistics from the United States 43 million Americans have no access to health care services, a land that calls itself the land of the great, the home of the brave, the land of great democracy. I would hate to be in the House years from now saying that three million Canadians have no access to health care. That would be a disgraceful thing to have to say.

• (1600)

It is why the New Democrats have brought forth this motion today, so we can stress to the public and fellow members of parliament from all parties the seriousness of this issue. We cannot allow health care to be eroded any more than it has now. We have to reinvest in health care and understand that it is the core public concern today. Everyone talks about health care.

For all governments at all levels to sit back and say that they will think about it and that they are gravely concerned about it is absolutely unacceptable. We have to put those words into action. Part of that action starts with this motion today.

I encourage all members of parliament to think deeply, to look into their hearts and talk to their constituents. See what they say about this motion and what they are saying about health care. I am sure they would find that the majority of people in their ridings agree with us.

Members themselves probably would agree as well, if they would get away from the politics of it and understand what defines us as Canadians. Members should forget about being Liberal, Canadian Alliance, Bloc Quebecois, Tory or New Democrat and think in terms of being fellow Canadians, and to know that no matter where they go in the country if they become ill they will have the best quality health care possible. People should not have to go into a hospital wondering whether they have enough money for a particular procedure. That would be unacceptable.

If I can do one thing in this House of Commons as a member of parliament for my own two children, it is to stand and fight for the number one concern of Canadians, which is health care. That is why I am standing today on this very important subject. I want my children to have the same access to health care that I had when I broke my leg, when I had my appendix out, when I had my tonsils out, when I fell out of a tree, landed on a fence and stayed for a week at the Vancouver children's hospital back in the 1960s.

I had access in all those instances. My parents had nine children and ran a group home for over 400 children. All those kids had access to health care as well. We have to be able to say that 20 or 30 years from now the children of tomorrow will have the same quality access I had when I was a young man.

I thank the House for the opportunity to speak to this very important motion. I literally beg all members of parliament from all parties to seriously consider this motion and to support the New Democrats on this one.

Mr. Grant Hill (Macleod, Canadian Alliance): Mr. Speaker, I had an opportunity to ask the member from Vancouver what he thought of a private facility in Vancouver. Let me take the opportunity to ask the member from Nova Scotia what he thinks of

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the Wolfville hospital in Nova Scotia. That hospital was threatened with closure and the Wolfville citizens said, "You are not closing down our hospital".

Here is what they did. They said they would disregard some of the rules and regulations and charge people for some things such as syringes when they go to emergency. That is against the Canada Health Act according to the rules. That is a user fee. However, the people of Wolfville said their hospital was more important than some rules.

What does the member from Nova Scotia say to the citizens of Wolfville who valued their hospital more than the rules?

Mr. Peter Stoffer: Mr. Speaker, I thank the hon. member, who himself is a physician, for his question. Unfortunately I do not know about the situation at Wolfville at all. It is the first I have heard of it and I apologize for not knowing about it.

I will relate an experience that I do know. Dr. Herb Dickieson, who is the leader of the Prince Edward Island New Democrats, was elected in 1995 because he stood on the principle that he did not want his O'Leary hospital closed. At that time the government of the day in Prince Edward Island was going to shut it down. He fought along with the citizens of that area to keep that hospital open. I am not aware of what he did in terms of funding in order to keep the hospital open.

I can only say to the people of Wolfville that I would assume, and I do not know this for sure, that they probably would not have had to go to the user fee aspect if all governments had respected and honoured the commitment of dollars to that hospital and had not put those people in that situation in the first place. Desperate times call for desperate measures. I am sure they do not like charging user fees for other things as well.

In retrospect, I would have to say that without knowing the incident, those people did what they felt they had to do and there is not much I can say about it. I wish them well in their endeavours but the fact is, if provincial and federal governments did not download and shirk their responsibilities, the people probably would not have faced that situation in the first place.

● (1605)

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, today's debate is a very important one in terms of the future of health care in the country.

I come from Regina. Regina was the birthplace of public health care in the country many years ago. It really started with the CCF in the election of 1944. It was after the Great Depression and there had not been an election since 1938 in the province. The previous Liberal government had gone on for six years during the war without an election campaign. When the campaign came, Tommy

Douglas and the CCF were swept to power. One of the promises they made to the people of that province was for health care and hospitalization.

In those days there was not any thought at all of the federal government cost sharing health care. Under our constitution, health care comes under the jurisdiction of the provinces and the federal government gets involved through the use of the spending power, but it was a long time before those discussions were held.

The CCF came to power in that small province of about one million people. They had come through the Great Depression and a tremendous dust bowl in terms of drought. There was bankruptcy such that the province was almost foreclosed upon by the bankers. Despite that, three or four years after it came to power, the CCF set up the first hospitalization plan anywhere in North America. That was about 1948.

As the years went on, it became more and more popular and the idea caught on around the country that public health care was extremely important. By the time the CCF government had improved and strengthened the economy with balanced budgets and so on, it made a commitment. In 1960 with Tommy Douglas as premier, it promised it would bring in North America's first public medicare program.

The people of Saskatchewan re-elected Tommy Douglas and the CCF and they had a mandate to bring in public health care. Tommy Douglas resigned about a year later to become the leader of the federal New Democratic Party, but the minister of education, Mr. Woodrow Lloyd, became premier. It was Mr. Lloyd who was premier at the time medicare became a reality in the province of Saskatchewan.

I was 14 or 15 years old at the time and just going into high school. I remember the summer of 1961 or 1962 when health care came in. There was a doctors' strike against what they called the socialistic move to intervene in the marketplace in terms of health care. The opposition of course was the Liberal Party but it was a very conservative Liberal Party, quite similar to what is called the Canadian Alliance today or the Reform Party. It opposed this as a tremendous infringement on the freedom of Saskatchewan people and predicted that it would spread across the country.

The doctors' strike went on for about 28 days and created a great deal of emotion. There were many demonstrations and a lot of struggle and debate in the province, but the provincial government prevailed. I remember very well seeing a picture of the leader of the opposition, because the legislature was not in session in the summer, going to the legislative chamber and demanding that the speaker call a special session to deal with the doctors' strike. Of course it did not happen, but I still remember the picture of him kicking the door of the Saskatchewan legislature. He had his foot

up in the air and he was kicking the door. That snapshot of him went right across the country.

The people prevailed and the CCF government of Woodrow Lloyd prevailed. In 1961 and 1962 we had our first ever medicare system anywhere in the country, financed entirely by the people of the province of Saskatchewan as the federal government was not involved in any way in a cost sharing program in those days.

A few years later the federal government established the Hall commission with Justice Emmett Hall of the supreme court. He looked at the idea of a national health care program and federal funding for health care along with the provinces in a co-funding operation.

• (1610)

In 1967, centennial year, I think Lester Pearson was Prime Minister at the time and the health minister was Paul Martin Sr., the federal government finally brought in a national health care program modelled on the prototype in the province of Saskatchewan. The agreement was that the federal government would cost share with the provinces 50% of the costs for health care. In other words for every dollar put up by the province of Nova Scotia, Saskatchewan, or British Columbia the federal government would put up a dollar as well.

In the original negotiations the federal government was not going to be that benevolent or generous. But guess what, it was an Ontario premier in those days as well, and the Government of Ontario under Robarts was threatening not to participate in the national health care program. When the federal government decided to put up 50% of the costs, the carrot was so big that even Ontario with its wealth in those days decided it could not afford not to participate and became part of the national health care program we know today.

Things went pretty smoothly for a number of years. Then in the 1970s if I recall—I was a member of parliament by that time being elected in 1968—the federal government of Pierre Trudeau brought in a bill that untied the federal contribution from going directly to health care in terms of the transfers to the provinces. I remember Tommy Douglas sat roughly where the Conservative Party is sitting today at the far end of the Chamber. He stood up and said that if we untied the federal contribution to health care, that which goes directly to health care, the day would come when the federal government involvement would lessen gradually and gradually and we would have a crisis in the funding of health care.

I remember him speaking in Winnipeg in about 1981 or 1982 and giving the same warning in front of a huge crowd at a national convention. I remember him saying that people assume that health care is here to stay. We assume it is here. It is a good plan. We assume it is here forever but some day someone is going to try to take it away and that day is not too far down the road. How true that was.

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If I were to sit back in those days and predict who would try to do it, I do not think I would have predicted it would be a Liberal government that would get us into a health care crisis. However it was the Liberal government, the Prime Minister and the Minister of Finance and their famous budget in 1995 that had the most radical cutbacks in social programs and health care this country has ever seen at any level of jurisdiction in the history of Canada.

I look across the way at the member from New Brunswick, the minister in charge of homelessness, the Minister of Labour. I know her background in activism. I sometimes wonder how she can sit in that government and support it after these tremendous conservative cutbacks that Brian Mulroney would not have even contemplated in his most conservative days when he was Prime Minister.

That is the legacy of the Liberal Party that sits across the way. Now we are in a crisis. We are in a crisis where some provinces, such as Alberta, are getting into the business of two tier medicine and looking at privatizing part of the medical system, allowing people to get back into health care for a profit. If we go down that steep and slippery road, the time will come when health care will be destroyed. We will have two systems in this country, one for the rich who can afford to buy the extras, jump the queues, get health care, and one for the poor who have to line up at the doors of public care institutions.

The reason public health care started in the first place was so that each and every Canadian citizen, regardless of wealth, regardless of income, regardless of region would have equal access to a public health care system. That is the kind of system we are going to have to keep in this country.

I will close by saying something that makes it even more sad in my opinion. I picked up this morning's newspaper and the headline was, "Federal surplus is higher by \$11 billion". The federal surplus is \$11 billion higher for the year 1999-2000 than was predicted in the budget last February. In other words the federal surplus will be \$14.9 billion instead of the predicted \$3.9 billion, an extra \$11 billion. A lot of that extra \$11 billion could have been spent on health care in terms of helping the crisis from one end of the country to the other.

• (1615)

The money is there. It is not as if we were running a huge deficit. It is not as if we cannot afford to do this. The money is there. What we are lacking is the political will. That is why we tabled this motion in the House today to try to instigate a great national debate, to say "Health care is the most important priority in the country. It is about time we reinvest in social programs, starting with health care". The money is there. Let us use the people's money to invest in a good health care system for the people of this country for our future.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, I commend the hon. member for his participa-

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tion in this debate, for his words and the actions of his party in bringing this debate forward. It is very timely and very useful that we embark on this debate.

I also thank him for the faint praise that he heaped upon the Progressive Conservative Party, although I believe it should be real praise when one compares the record of that government to the current government.

I listened very carefully because I, like all members of the House of Commons and the Senate, am extremely concerned about what is taking place. One only has to visit our local hospitals, and I have, the Aberdeen Hospital in New Glasgow, St. Martha's in Antigonish and other health clinics, to know the effect that is being felt at this time as a result of the drastic cutbacks that have been downloaded to the provinces as a result of this government's actions. It is, as the previous speaker has indicated, very stark when one considers that this surplus continues to grow while the provinces are crying out for reinvestment in this area.

It is fine to engage in this debate and to talk about what is wrong with the system, but what seems to be missing is: What are some positive initiatives that we can take?

The Progressive Conservative Party and the hon. member for New Brunswick Southwest, who is our health critic, have put forward some positive ideas. He talked first and foremost about the resources that need to be put back in, putting them back to 1993 levels. He also talked about convening a first ministers' conference with premiers.

What positive initiatives are the hon. member and his party putting forward as to how we could fix the crisis in health care? We could talk about it until the cows come home, but what is he presenting as a positive initiative that would work to move the yardstick forward in this area?

Hon. Lorne Nystrom: Mr. Speaker, we have a five point plan, which starts with more cash from the federal government. That is what I spoke about today. The federal government is putting in about 12 cents or 13 cents on the dollar. It used to be 50 cents on the dollar and we have to start moving back toward that level of contribution.

Mr. Steve Mahoney: You know that is not true.

Hon. Lorne Nystrom: The member across the way is now trying to interject. He is saying that it is untrue. It is 12 cents or 13 cents on the dollar, depending on the province. Those are well documented facts. The only people who dispute them are some Liberal members of the House of Commons. If we look at Statistics Canada, that is the kind of information we get.

The other things we are talking about are home care and pharmacare, as well as amending the Canada Health Act to make

sure that bill 11 in Alberta does not pass without the Government of Alberta being penalized. Those are three or four of the points that we are talking about.

Mr. Grant Hill (MacLeod, Canadian Alliance): Mr. Speaker, I appreciate the member's nice, historical overview of health care. He mentioned Justice Emmett Hall. It is interesting to note that Justice Emmett Hall's son became an orthopaedic surgeon and was so frustrated with the Canadian situation and the technology that we have in Canada that he left. He has abandoned the country of his dad and the country that trained him.

I try to go to the home community of each speaker on this issue and ask a question about what is going on. I lived in Regina—Qu'Appelle as a young man and I have a couple of colleagues who still practise there.

What does the member think, when there is a shortage of capital in his community, of a foundation that is set up to raise money for those nasty for profit corporations? It raises money for MRIs and for equipment that is not available in any other connection. Those foundations are set up literally across the country to raise capital. What does he think of those dollars from those dirty, for profit corporations?

• (1620)

Hon. Lorne Nystrom: Mr. Speaker, it is unfortunate that people have to do this. The money is in the federal treasury. There should be more money put into transfers from the federal government. The surplus is now \$11 billion more than it was thought to be only a few months ago. The federal government should be putting up its fair share of the money. If that were to happen, then private fundraising would not be required.

I also say to the member that Saskatchewan is one of the few provinces which backfilled the drop in federal contributions dollar for dollar. That is actually quite a feat for a small province which does not have a big treasury like Alberta or Ontario.

[*Translation*]

The Acting Speaker (Mr. McClelland): It is my duty, pursuant to Standing Order 38, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Dartmouth, Communication; the hon. member for Beauséjour—Petitcodiac, Human Resources Development.

[*English*]

Mr. Bryon Wilfert (Oak Ridges, Lib.): Mr. Speaker, I will be splitting my time with my colleague from Mississauga West.

I am pleased to participate in today's debate concerning the Canada Health Act and to deal with the issue of enforcement.

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The federal health minister is responsible for monitoring provincial and territorial health systems to ensure that they adhere to the criteria and conditions of the Canada Health Act.

Canada's publicly funded health care system is a partnership. In terms of the federal government, Health Canada is responsible for the administration of the Canada Health Act, while the provinces and the territories are responsible for the organization and the delivery of health care services in their respective jurisdictions. This shared role requires us to work in close co-operation with one another.

The Canada Health Act contains nine requirements that the provinces must fulfil to receive their full share of federal funds, which are provided to the provinces and territories in the form of tax points and cash under the CHST. These include the five program criteria of public administration, comprehensiveness, universality, portability and accessibility, which apply to insured health services.

In addition to the five criteria, there are two conditions of the act, information and recognition, which apply to not only insured health services, but also extended health care services.

As members may know, insured health services are medically necessary hospital and physician services. Extended health care services are nursing home intermediate care services, adult residential care services, home care services and ambulatory care services. Finally, there are the extra billing and user charge provisions, which only apply to insured health services.

The Canada Health Act provides sufficient flexibility for the provinces and territories to restructure their health care systems so that they continue to respond to the individual needs of their populations.

Changes to Canada's public health care system can occur without violating the principles of the Canada Health Act. We all know that the time has come for a national effort to renew and strengthen medicare. All governments believe that the status quo is no longer an option. The changes required can and should occur within our public health care system. The principles of the Canada Health Act are broad and flexible enough to allow for innovation while building on the strengths of our single payer system.

The federal government's commitment to maintaining the principles of the act is to ensure that the integrity of one of the best health care systems in the world is not jeopardized and that Canadians continue to have access to a comprehensive range of medically necessary services on the basis of their need, not on their ability to pay.

Many potential issues of non-compliance with the Canada Health Act criteria or conditions over the years have been resolved without resorting to CHA penalties. In these instances, discussion

and negotiation at the official level were instrumental in bringing these matters to a satisfactory conclusion.

• (1625)

In the event that discussions and negotiations between the federal and provincial officials prove ineffective in reaching a resolution, the Canada Health Act provides a process by which suspected violations can be investigated and resolved, or indeed penalized.

When the federal health minister receives information and is of the opinion that there is a suspected violation of the act, the minister must undertake consultations with provincial and territorial counterparts. Only after these consultations does the minister proceed to invoke the penalty provisions of the act, if the facts of the matter under investigation confirm that a CHA violation has occurred.

Under the Canada Health Act penalties for violations of the criteria and conditions are financial. The government uses moral suasion and financial penalties under the CHST to persuade the provinces and territories to take corrective action.

While the government is prepared to act if there are violations, let me reiterate that it is always our hope that we do not reach that point, that issues of potential non-compliance can be resolved through discussions and negotiations, without resorting to penalties.

There are broad, fundamental challenges which are facing the health care system in Canada. The federal government is committed to working with the provinces and the territories to meet these challenges. We would always prefer to build on the co-operative relationship we have shared with provinces and territories over the years, and to build on the creativity and innovation which created our public health care system that is the envy of the world.

In response to the auditor general's concerns about Health Canada's capacity to enforce its responsibilities vis-à-vis the Canada Health Act, the federal minister made a statement to the House of Commons on Thursday, May 11, announcing a budget increase of \$4 million to the existing \$1.5 million for the Canada Health Act division. This will allow for an increased enforcement capacity to monitor and assess compliance with the act across Canada, as well as to investigate potential non-compliance issues on a proactive basis.

As well, the announcement of the realignment of the administration of activities at Health Canada on April 17 will strengthen the department's regional presence and increase the policy and analysis capability in the regions to strengthen Health Canada's ability to monitor Canada Health Act compliance on the ground.

Information is an essential tool for the federal government in administering the Canada Health Act. To that end, Health Canada is developing an improved information gathering framework that

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will assist the federal government in improving its monitoring, assessment and reporting of provincial and territorial compliance with the criteria and conditions of the Canada Health Act.

Health Canada's response to the auditor general's report, and to Alberta's bill 11, will result in the development of a process which will ensure a comprehensive and fair approach to the administration of the Canada Health Act. This new approach will take time to implement and requires the support of our provincial partners. This is why the government is working closely and collaboratively with the provinces and territories on all the issues related to the Canada Health Act.

Our goal is to ensure that the underlying principles of our health care system are protected for the benefit of all Canadians. By working with the provinces we are putting a much needed emphasis on making the co-operation and administration of our cherished, publicly financed health care system more transparent and accountable to Canadians.

In closing, I want to reaffirm the government's commitment to working with the provinces and territories to ensure compliance with the principles and conditions of the Canada Health Act. The changes that are needed to see us into the 21st century are possible within the public health care system, and are fully consistent with and supportive of the principles of the Canada Health Act.

Ms. Judy Wasylcia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, we heard a great deal from the Liberal member about plans by the government to enforce the Canada Health Act. This is of course used as an excuse for its inaction on bill 11.

• (1630)

My question for the member is quite simple. All the enforcement officers in the world will not mean anything if there is nothing left to enforce. A million medicare cops will not do anything if the bill and the consequences under NAFTA are allowed to proceed.

Can the member not see the importance today of amending the Canada Health Act to ensure that there is absolutely no possibility of private for profit hospitals being allowed to be included as part of our health care system?

Mr. Bryon Wilfert: Mr. Speaker, I outlined very clearly the process by which the federal government would respond if there were a violation of the Canada Health Act. Having the appropriate information and the proper monitoring is critical.

I will point out to my hon. colleague one of the difficulties we have. Earlier she talked about the fact the we as a federal government gave about 11 cents to 13 cents to the provinces. Again I want to correct that. It is about 33 cents to 34 cents in cash and tax

points. I heard some provincial members say that they do not recognize tax points. If that is the case we should simply take them back.

In answer to my colleague, one way to add to the accountability of provinces that are responsible for the administration of health care is to add two new principles: accountability and transparency. If the provinces do not feel that the tax points are of much use to them, maybe the federal government should take them back and go back to silos. My hon. colleague from Regina Qu'Appelle mentioned the fact that we had gone to the CHST. I would suggest to him that maybe we should go back to silos and say that this is for health; this is for post-secondary education; and this is for social services. This would put the onus back on the provinces where it belongs.

In terms of accountability, when we transfer money to the provinces we have no idea what they do with it. Coming from the province of Ontario I can point out very clearly that the province is sitting on half a billion dollars. At this point it has the ability to provide for tax cuts, but it does not seem to be able to provide for the administration of hospitals, which is in its jurisdiction. Those are two principles that my hon. colleague might think about in this debate.

Ms. Angela Vautour (Beauséjour—Petitcodiac, PC): Mr. Speaker, if I am correct, I should remind the member that the change to the CHST was made under his government. We know that is a problem.

Would the member admit that lack of funding is the cause of the problem we are seeing in health care right now? Every province is asking for health care funding to be restored to the 1993-94 level. Why is the member's government not restoring it so we can stop the privatization of our health care? I did a survey in my riding—

The Acting Speaker (Mr. McClelland): I am sorry to interrupt but the member's time has expired.

Mr. Bryon Wilfert: Mr. Speaker, I point out to my colleague that last year the government restored \$11.5 billion in health care transfer payments. It was the largest amount of money that any government put into the health care system. Again this year we put in \$2.5 billion.

We have provinces crying for money at the same time as they are giving tax cuts. The Ontario government will mail every taxpayer in that province a \$200 cheque. That is \$1 billion. If it can afford those kind of tax cuts while sitting on half a billion dollars, it cannot cry wolf too often as it has.

Maybe my colleague might ask her kissing cousins in Ontario, although I am not too sure how close they are in terms of kissing any more, what is going on. How can it afford tax cuts but not

afford to restore health care which according to her is a priority under its watch?

• (1635)

Mr. Steve Mahoney (Mississauga West, Lib.): Mr. Speaker, while my colleague was attempting in a very articulate manner to answer the question we could hear cat calls coming across indicating that it was not enough. That is the mantra of the NDP. Perhaps that member should cross back into the NDP fold.

Hon. Lorne Nystrom: No, no.

Mr. Steve Mahoney: He does not want her. I can understand. This is an interesting situation. I thank the NDP for putting the motion forward today. We owe it to all of our constituents to talk about the issue of health care, the issue of bill 11, the issue of whether or not it is enough, the issue of the tax points and the issue of cash transfers. It is very confusing. All my constituents want us to do is to fix the darn system. They do not care much about who is responsible.

Part of the difficulty, however, is that we have this convoluted mechanism called Canada whereby we have entered into agreements. Members opposite know full well that the federal government's role is to collect revenue from around the country and redistribute it to the provinces for various services.

We are not allowed to deal directly under the terms of the constitution and the agreement. It is up to us to provide a certain floor, ceiling or whatever. It is clearly up to the provincial governments to deliver the health care services to the people. All we need do to find out the difficulties is to have a loved one who is involved in it.

Since I am here most of the time, my wife and I, and my wife particularly, are going through the terrible experience of having a family member with a serious illness who is in and out of hospital. She is phoning 911 at three o'clock in the morning and frantically going to the hospital where she is being kept for two or three days and then discharged back into her home. Then it is 911 again and the ambulance costs. I am talking about this occurrence happening five or six times a month every month for the last several months.

We have tried to find out how we can put her into some kind of a care facility to ensure that someone is available to take care of her and can react to it. The waiting lists are incredible. We are talking years, unless one is in a position to do what the former Reform Party and current CA would have us do, that is simply privatize it all. Then if one has the money the waiting list disappears. We do not believe in that. I think this debate is all about a vision for health care.

The New Democrats should always be congratulated for the leadership that some of their former leaders, Tommy Douglas and

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others, showed in bringing into Saskatchewan and then on to the national stage the necessity for a health care system based on the five principles.

The first one is universality, which means that it is available to all regardless of financial status.

The second is accessibility, which means that we should be able within any kind of reasonable timeframe to access whatever health care is needed.

The third is comprehensiveness, an issue that I think the provinces are flirting with, never mind bill 11. When they start deregulating and decommissioning certain health care services from OHIP, in the case of Ontario, and start saying they will not pay for certain services, in essence they are flirting with damaging the comprehensiveness of the system. That is an issue I have not heard members talk about today. I think it is something we need to watch very carefully.

• (1640)

The fourth is portability, the ability for a Canadian from British Columbia, Nova Scotia or Ontario to access a comprehensive health care plan right across the country.

The fifth and final one is administration. What is the issue there? The issue is that if we do what some would do, if we do what Tom Long, the former leader of the former Reform Party and the former treasurer of Alberta who is a member of the former Reform Party, public administration goes out the window. I am sure hon. members get my point in using the word former.

Why is that important? Canadians know that there must be a sense of control in costs and in what kind of health care is being provided. If it is turned over to the private sector in a for profit scenario, I think we lose that control.

I want to talk about another issue. The New Democrats should be particularly interested in this one. There is a health clinic in my home of Sault Ste. Marie. It is a health clinic that operates on a capitation system. In a city of 80,000 with two hospitals there is also a health clinic. Capitation means it submits a roster, a list of the members of the health clinic, to the provincial government and the provincial government gives the clinic a cheque. It does not operate on the OHIP principle. It operates under capitation.

Who do we think built it? It was not the government. I can tell hon. members that no provincial or federal money was put into the health clinic in Sault Ste. Marie. It was built by the private sector, except that the private sector in this case happened to be the United Steelworkers of America. It was built by the union. It was built with its funds, with its membership money. It was done in the fifties and it was great. The reason I know a bit about it is that my dad was the national director of the union at the time it was built.

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I often quote a man named Johnny Barker in Sault Ste. Marie who was a great union leader. He had one of the greatest lines that I like to tell NDP members they should remember. Johnny Barker once said "Don't let your bleeding heart run away with your bloody head". It is a terrific quote and NDP members should think about it more often.

Johnny Barker and my dad built the health clinic in the Soo. Some say it was a fight between Sault Ste. Marie and Hamilton. The reason it went to the Soo, they tell me, is that dad and Johnny Barker used to get together and drink the odd glass of pop. They got to be great buddies and they decided the clinic should go to the Soo.

Who knows what the reason was? However, do members know why it was so effective? It was because there was a large membership, which tragically does not exist there any more, that worked at the steel plant. There was a local community that could be harnessed. There was a membership that could be developed and brought in for health care services, and it worked.

I have tried to promote this idea in other communities. I went to the Chinguacousy Health Board in the city of Brampton when I was in the provincial house and suggested that it take a look at the model in the Soo. It is a terrific concept. It involves the community. It makes sure that health care is delivered. It was built with private dollars. It is operated on a not for profit basis and it truly works.

Instead of just putting their blinkers on and saying that under no circumstances will they look at anything, perhaps members of the NDP should take a look at what happened in Sault Ste. Marie. That clinic, which was built with union money, could be a model for many different communities around the country.

In the case of Chinguacousy I thought it made sense to get the CAW and Chrysler involved. Again a certain membership or a group of people could be identified to be involved. Perhaps the region of Peel could have been involved. Unfortunately it did not happen because people still had the grandiose idea that great new hospitals would be built.

We have a wonderful hospital in my riding, the Credit Valley Hospital. We call it the Credit Valley Hilton. Those days are over. We will not be building those kinds of facilities any more. We have to find new ways of delivering both in terms of medical services and in terms of the facilities in which they get delivered. We have to find new ways of doing it.

• (1645)

Instead of just fearmongering and pretending that none of this should be talked about, and that we should just amend the Canada Health Act and punish people, we need to look at new ways and new alternatives. They exist. I invite the NDP members to check

the record, talk to the steelworkers and check out the operation in the Sault. I think they will find it is good advice.

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, knowing the member's background and his affinity to the labour movement many years ago, is he not embarrassed about sitting in a caucus that is led by a government that has instigated the largest cutbacks in the history of our country in terms of social programs and health care?

The 1995 budget of the Minister of Finance was the most draconian budget in terms of cutbacks in the history of our country. This government almost makes Brian Mulroney look like a raving socialist in comparison, in terms of funding for social programs.

I wonder if the hon. member can tell the House whether or not he has lobbied the Minister of Finance and the Prime Minister to reverse their ways, to mend their ways and to open up the public purse and make sure there is more money going into health care.

I think he saw the statement yesterday as well that the surplus is now \$11 billion more than the government thought it was going to be. It is \$14.9 billion instead of \$3.9 billion. The money is there.

What has this member done to lobby the Minister of Finance and the Prime Minister, or is he part of this great conservative trend in the Liberal Party that makes Brian Mulroney look like a compassionate socialist?

Mr. Steve Mahoney: Mr. Speaker, I am probably what one would call a right wing Liberal. I make no apologies for that. In fact, not only am I not embarrassed, I am proud of a government that wiped out a \$42 billion deficit and put this country into a sound financial position so that we can in fact deal with the problems in health care. Believe me, we will.

I am used to getting misrepresentation from some members opposite in the official opposition, but it disturbs me when a man of the quality of the member from Regina stands here and says something that he knows is patently false. To say that this government's transfer for health care is 13 cents is just not true. The member knows that in 1977 the federal government reduced its share of the tax base and gave the power to tax for that reduction directly to the provinces. They are called tax points.

The member knows that when we combine cash and tax points the amount being transferred is 33 cents. He says that it used to 50 cents. It was when it started. It was reduced because the provinces increased the number of items being covered down to 41 cents. The real truth here, and let us not play too much with numbers, is that it has gone from 41% down to 33%.

Yes, that needs to be increased. There is no question about it. We will work with the provinces. The one thing I can say is that this government is not about to hand blank cheques to Mike Harris and

Ralph Klein so they can turn around and give 30% tax cuts to their wealthy friends without putting that money into health care. We are going to make sure it goes where it is needed.

Mr. Bill Casey (Cumberland—Colchester, PC): Mr. Speaker, it is certainly a pleasure to rise and speak to this motion today. I find the motion takes a strange direction. Rather than have a negative approach, why do we not have a positive approach? Why do we not say what we can do and not what we cannot do? Why do we not say what we need is to replenish the health care system back to where it was in 1994, or 1995 at least, rather than where it is now, where there is such a crisis in health care and no one knows whether they can get a doctor, whether the doctor who comes to their community is going to stay, whether he is going to leave and what is going to happen? It is the same with nurses and all other health care workers. It is a crisis.

If anyone thinks health care it is not in a crisis they are certainly operating under false pretences. It is clear to all of us. It is certainly clear in my riding where a site was prepared and the foundation laid for a new hospital years ago. They have been gathering information and money for seven years and are still in the planning stages for this hospital. We are still having trouble putting it together because of the reduction in transfers for health care funding from the federal government.

• (1650)

The federal government unilaterally began cutting health care funds when it was the number one issue. Health care is the one thing that ties the whole country together. Every region, every province and every culture depends on our health care system.

We have been proud of our health care system in Canada. It has been the model that many countries have used as the example upon which to build their health care systems. Then the Liberal government, which has always prided itself on having a social interest and a social conscience, just sucks the system dry. It has reduced funding steadily year after year and then makes these tiny, insignificant motions to try to pretend it has put money back into health care. However, it has not fooled anyone.

The premiers have not been fooled. They are all calling for health care to be the number one issue for the federal government to address. Every community is asking the federal government to re-invest in health care and to work with the health communities to come up with a better system to resolve the issue.

What happens when the federal government withdraws its funding? The provinces then have to explore other areas. They have to experiment. They have to become innovative. If the funding was back at former levels, the province of Alberta would have no need to do what it has done, and other provinces would have no need to

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explore the other innovative angles and efforts they are trying to experiment with now.

I come from a rural area in Nova Scotia that has a lot of small communities. We used to have several hospitals in my riding but they have continually been reduced. They have been turned into clinics, into senior citizens' homes or into something like that. Meanwhile, these communities are losing their health care system. When a community loses a hospital or a health care facility, or when a facility deteriorates and does not maintain its standards because it has no money, then the doctors leave. It is very important for doctors to maintain their practice and to have the ability update their technical knowledge and training.

Health care is a work in progress. A doctor never finishes training in health care, especially with the recent developments in technology, genetics, health care, medications and treatments. Today doctors have to maintain their ability to compete by continuing their education and everything else.

The doctors in my riding are faced with obsolete hospitals and equipment. The money is not there for the new technology and new equipment that is need to treat the patients and for the doctors to continue their training.

The waiting lists are incredible. A short time ago I visited one of the main hospitals in my riding. The hallways were filled with patients in beds waiting to get a room or just to get into the hospital. The waiting room was full of patients who could not get a doctor. When they did get a doctor he or she was a stranger.

For decades people had family doctors who they could become familiar with, get to know, feel comfortable with and trust. Health care is a very personal thing. Today people do not know their doctors because the doctors change so fast. When the doctors realize that the workload is too much and the responsibility too great they pack up and go somewhere else. They go wherever there is more money, less work, less hours, more people to share the burden and a much higher quality of life for doctors. We lose our health care workers. We lose our nurses. What I primarily run into is the loss of doctors, the turn over in doctors and the shortage of doctors.

In my job as a member of parliament, I deal a lot with Canada pension clients, Canada pension disabled clients, worker's compensation victims and people who need but cannot access the health care system. They cannot get the help from the doctors because the doctors do not have the time to deal with these issues. If it is not an urgent issue, the doctors will not deal with it. They deal with the patients who need help right away. Meanwhile, these people who are disabled and are applying for disability, or need help in worker's compensation or need specialists to qualify for pensions to which they are entitled, cannot get support from the health care industry because they are just too busy.

Recently I talked to a person who had a bad accident. The person is totally disabled with broken bones and organs that are damaged.

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He cannot get his doctor to write a report because the doctor is just too busy dealing with people who need care right now. I have asked the doctor on two occasions to write us a report. I do not tell him what to say, but we need a report from the doctor and we cannot get it. That goes on and on.

• (1655)

Just when patients get to know their family doctor, the doctor changes or moves. This creates a lot of stress for people, especially seniors and disabled people who have effectively educated their doctor about their problems, their ailments, their lifestyle and their situation, and then they have start all over again. When it happens again and again it becomes even more stressful.

All we can say about this motion is that it should be a motion to restore health care funding. That is the solution. Yes, other changes are needed but they are not going happen without the money to back up the innovative ideas that are necessary. There is no question about that.

It all boils down to the fact that the government has reduced the funding to the provinces and then tells the provinces that they have to honour the Canada Health Act but does not give the leadership nor the funding.

How many months, years and times has the issue of health care been brought up in the House of Commons? The Minister of Health continues to say that they are working on a plan and that they need ideas and leadership. The ideas and the leadership are supposed to come from the government. It blames everybody else for the problem but itself.

The fact of the matter is that the problem starts right over there with the Department of Health and the Minister of Health because they will not make the commitment to health care, which we have always had in this country, to maintain the health care system of which we have been so proud for so many years. It is not complicated. All the government has to do is to restore the funding to 1993-94 levels and most of these problems will go away.

I do not disagree that health care is changing really fast. Technology, medications and treatments are changing at lightning speed and they have to be baked into this whole process, but without the money that will never happen. Until the government makes a fundamental decision to re-fund health care, all these ideas that the minister speculates about will never see the light of day without the funding, the research, the development, the technology and the tools to work with.

We are siding with the premiers of all the provinces. I do not remember this ever happening before, but all the provinces have now united in one stand and are demanding that the federal government restore the money to health care that it has taken away over the years. I have never seen this happen on any other issue, not

immigration, not transportation, not anything except health care. The federal government should listen to the premiers and respect what they are saying because it is actually the provinces that deliver the health care.

The provinces and the provincial ministers of health understand the problem and they know what the solutions are. They are calling on the federal government to restore health care funding. It is not complicated. They are on the front lines of this whole debate. They know what the problem is and they know how to solve it. They have spoken very clearly with one voice.

I just hope that the federal Liberal government will get the message to stop stalling and to do something. Day after day, week after week, month after month, year after year there are two issues in the House that get stalled, one is the health care issue and the other is the helicopter issue.

Time and time again the federal government says that it is developing a plan and exploring the options. The Minister of National Defence has now said that the file is moving. Is that not what he has said?

An hon. member: A top priority.

Mr. Bill Casey: The minister said that the helicopter situation is a top priority. I think he is now saying that the file is moving. Well, it is moving awfully slowly.

It is the same with the health care file. The government talks about solving the health care problem but it does absolutely zero about it.

The problem is simple: Just listen to the premiers of all parties in all the provinces because they are the frontline people. They are the ones who have to deal with the actual health care system. It is a simple as that. If it would just do that, the problem would be solved. Mr. Speaker, I am depending on you to tell them to do that.

• (1700)

Mr. Gordon Earle (Halifax West, NDP): Mr. Speaker, I was quite interested to listen to the member, a fellow Nova Scotian, who spoke about some of the health care problems which we experience in the province of Nova Scotia. He certainly outlined many of them well.

He spoke about the waiting lists in hospitals and delays because of the lack of funding in the health care system. Those illustrations support the motion we put forward because we are suggesting that public funds not be allowed to move out into the private realm and the for profit hospitals. Public funds should be maintained within the public system. We should strengthen, maintain and keep this system of publicly funded health care.

I would be interested in hearing the hon. member's views on another aspect of health care which is very important to this entire

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picture of the health care system. That is the issue of pharmacare, one thing which we feel is very important.

I have witnessed it in my province and many seniors have spoken to me that quite often they need certain medications but cannot afford them because of their fixed incomes. Sometimes they either go without their medication or stretch it out in a way that is unrealistic according to how it has been prescribed. If they are supposed to take it three times a day, perhaps they will end up taking it once a week. They figure they can make the prescriptions last longer because they just cannot afford their medication.

I am wondering if the hon. member has any comments on that aspect of the health care system. There is a need for the government to put funding into a national pharmacare system to aid our seniors who have given so much of their lives to our communities. It is time that we helped them.

In particular, in our province the provincial government has moved to the extent that it costs the seniors more for their pharmacare program. It has increased the amount that the seniors have to contribute to the program.

Would the hon. member comment on that aspect of the health care system?

Mr. Bill Casey: Mr. Speaker, the hon. member does make an excellent point. Our party's main point is there has to be a stable funding program on a long term basis, a program which will allow the departments of health in the provinces to have a long term plan. This is not an industry or a business that can have a six month plan or even a five year plan. The planning has to go much further than that. To do that the government has to provide stable funding.

On the pharmacare issue, the member brought up a really good point. Let me read from the Liberal red book two of 1997. "The Liberal government endorses pharmacare as a long term national objective". I am sure the hon. member will be pleased to hear that. It goes on to say, "Some provinces are already developing a system of drug care. We will work with our provincial partners to ensure that all Canadians have access to medically necessary drugs within the public health care system". The hon. member's problem will be solved because surely the Liberals will honour all their promises in the red book.

It goes on to say, "The federal government has a role to play in bringing together its provincial and territorial partners". This is strange because it refused to meet with its provincial and territorial partners on the health care issue, but if it says so in the red book, it must be true.

Mr. Greg Thompson: Like the GST promise.

Mr. Bill Casey: What else does it say? It is full of good promises.

"A new Liberal government will pursue a strategy, together with representatives of provincial and territorial governments"—why does it not do that—"health care service providers, private payers"—private payers, is that not interesting—"and consumers to address the fact that drugs have become an essential component of health care. We will develop with these groups a timetable and fiscal framework for the implementation of universal public coverage for medically necessary prescription drugs".

I am pleased to put that on the record for the member. It answers his question. It is right in the red book, so surely the Liberals are going to develop a pharmacare program. The hon. member from Nova Scotia can sleep well tonight.

• (1705)

Mr. John Bryden (Wentworth—Burlington, Lib.): Mr. Speaker, I am very delighted to rise in this debate because I have wanted to have my say about the problems with health care financing for some time. I think the debate has been skewed in the wrong direction. It is not a matter of giving more money to medicare, it is a matter of greater accountability.

I regret that my NDP colleagues are leaving the Chamber now as I begin a speech. They really ought to listen to it because it is not just a matter of throwing money at issues, it is a matter of creating the climate of transparency in corporations that deliver the health services to ensure that the money is adequately spent. What I am alluding to is the fact that hospitals around the country are some of the greatest users of taxpayers' money, something in the order of \$30 billion to \$40 billion a year. They are the prime deliverers of health care.

The difficulty is that hospitals are charities and charities are not governed by any meaningful legislation which requires them to meet the standards of corporate governance, standards of transparency. The result is that across the country we will find hospitals that vary in the quality of their financial administration and their ability to efficiently deliver health services. We are talking about billions of dollars of waste because we cannot see whether the hospitals are spending the money effectively.

What has happened with the cutbacks in health care, whether the cutbacks were done by the federal government or the cutbacks were done by the provincial governments during the mid-1990s, is a cutting off of the services rather than cutting back the administration. This was a phenomenon that occurred in the United Kingdom.

The United Kingdom went through a similar period when it tried to rein in the high costs of medicare. The British government cut back investments in its hospitals and what happened was an enormous cutback in nurses and nursing staff and of course the

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administrators remained. The Tony Blair government learned its lesson and in fact it is restoring many of the service personnel and cutting back on the administrators.

Mr. Speaker, you might ask what is he really talking about? Does he have any real examples? We do not have to go very far in my community to discover a real example of waste in the delivery of hospital services.

Next to my own riding is the Hamilton Health Sciences Corporation which last year posted a \$40 million deficit. This coming year it is expected to post a \$90 million deficit. Mr. Speaker, it has something very much to do with the failure of the board of governors or the failure of the hospital management to adequately inform the board of governors on the needs of that hospital and the proper functioning of that hospital.

Indeed, Mr. Speaker, there was a scandal not very many years ago at the hospital. The chief director was brought in at a huge salary.

Mr. Steve Mahoney: They are all getting huge salaries.

Mr. John Bryden: Oh, yes. Her salary was something like \$400,000.

The point is, after a couple of years it was decided that she was not an efficient chief executive officer so the hospital let her go. It gave her a \$1.8 million golden handshake. It absorbed in one fell swoop all the money that had been raised by the various hospital association charitable foundations. They are out there doing telethons raising money to try to buy x-ray machines and that kind of thing and that money goes to a golden handshake for an executive it is trying to unload. It is the same situation around the province.

In fact, in a recent article from my local newspaper it is suggesting that not only is the Hamilton Health Sciences Corporation in difficulty, but other hospitals are in trouble. The London Health Sciences Centre in 1999 ran an \$18 million deficit. Mount Sinai and Mississauga Trillium hospitals were in an \$11 million deficit and the Cardiff Valley hospital was at a \$10 million deficit.

Members may say that the problem is simply that they have a greater demand than they have the money to meet it. That is possible, but other hospitals around the country do run within their means.

• (1710)

So long as we cannot be sure, so long as we do not have the ability to thoroughly examine the decisions made by a corporation, made by a hospital or any kind of social services institute, so long as we do not have the opportunity to examine how they are making those decisions, we cannot be sure that they are running efficiently.

Indeed on a smaller scale, in Hamilton there was a classic instance that was the joke of all the social services providers a few years ago. If you recall, Mr. Speaker, the Harris government came in and said it was going to cut 20% off the bottom line of all the social services organizations that were receiving Ontario provincial funds. An organization in my riding absorbed that 20% cut by eliminating all the service staff and just retaining the administrators and it continued to function without delivering any services.

The reality is when we talk about cuts to health care we have to remember that we cannot do cuts to health care until we create the efficiencies. The reality is if an organization, whether it is a corporation or a non-profit organization or a charity, is running really inefficiently and we compare it against an organization that is running very efficiently and we cut 20%, the efficient organization is hurt and the inefficient organization is not touched, no problem, because it can absorb the cutback in its inefficiencies.

That is the situation. We have done nothing as the federal government and we have done nothing as the provincial government to correct problem. What we need to do is we need to have a debate here not about whether we should restore funding to health care, we should have a debate about how we can make health care delivery more transparent, how we can make it more accountable, how we can make sure that those executive officers are reporting correctly to their boards of governors.

I have known, and other members in this House will have had the experience as well, instances where politicians—oh, that word politicians—have been on the boards of directors of hospitals in their communities and they have not been able to get the salaries of their chief officers. They cannot get the information. They are told, “No, you cannot have that sort of information. That is confidential”. The difficulty as the situation sits right now is that every hospital and other charitable organizations that deliver social services are only as responsible as their letters patent that were originally formulated for them, and only as responsible as their boards of directors show due diligence.

One of the sad things about social services and charities that deliver social or medical services is that too often what happens is people get on the board of directors in order to have a credential or in order to have a place in society so that when they are at cocktail parties they can show what grand contributors they are to the community because they are on the cancer society or a hospital board or whatever you will, Mr. Speaker. But too often these people do not do the due diligence and they leave it to their executive officers and those executive officers are not of the very finest quality. We the public have no guarantee that our taxpayers' money is going to be spent efficiently.

There we have it, Mr. Speaker. It is so simple. Why can we not just do something in this legislature? I have to say I have been struggling with this issue about bringing transparency and accountability to not for profit organizations for four years no, maybe five

years, and so far we have not come to grips with it. So far, although I will admit I have had some, shall we say, warmth of response from cabinet, still there has not been a commitment.

What is saddest of all is the fact that the very conservative government that we see in Ontario and elsewhere in the country but let us take Ontario as the example, is always saying that we must cut taxes, we must cut spending, we must be efficient. That is not the government that is demanding transparency of the very institutions that are absolutely swallowing up money right, left and centre and not giving us a guarantee that money is being used effectively.

• (1715)

In my view, it is something that we as a House should certainly address. We should try to look at the problem of bringing charitable organizations to account, particularly hospitals.

We have had a tradition, through the 1970s and especially the 1980s and early 1990s, that when we have a problem in society or a problem where people are not getting the care they deserve—and it is a serious problem, I will not argue that—we seem to think that it can be answered by simply throwing more money at it. I think the government has seen only too well, particularly in the case of the money that went to the Atlantic provinces to help the situation when the cod moratorium took effect, a clear example of where it was very difficult to simply fire money at a problem and solve it. The analogy to the health care delivery systems is apt.

If we really care about Canadians who are in need and who are not getting the services from the health system that they need, then we as a parliament should be moving as quickly as possible to create legislation that brings charities and non-profit organizations under the same level of transparency that now exists for for profit corporations.

I am sure the members opposite do not realize this, but the Canada Corporations Act, under which many hospitals and other charitable organizations are incorporated, provides standards of corporate governance only for for profit organizations. It provides standards of transparency only for for profit enterprises. It specifically excludes from those requirements non-profit organizations. We have a situation in which a large hospital, which may be spending billions of dollars, literally, does not come under the same type of minimum regulations or minimum requirements for transparency and governance that is required of a for profit corporation.

I ask you, Mr. Speaker, at the very minimum, let us bring non-profit organizations and charities under the Canada Corporations Act when they incorporate so that they at least have a minimum level of transparency, accountability and standards of governance. At least let us do that. We would save billions. The federal government would not have to add to the transfers for

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health care, the provincial governments would save money and all Canadians would benefit.

Mr. Steve Mahoney (Mississauga West, Lib.): Mr. Speaker, I listened carefully to my colleague's remarks. I find it quite interesting that CEOs of major urban hospitals, particularly in the Greater Toronto Area, are paid amounts of money that are really quite surprising. They are paid \$400,000 to \$600,000, which is four to six times the amount of money that CEOs of entire municipalities are paid. I think his point about transparency and the need to look at it is well taken.

I am a little concerned, however, about the comment that could be taken as castigating all volunteers. It is my view that many of the people who sit on hospital and charitable boards, as well as those who work in the community, do so out of dedication and commitment to the community, not simply so they can talk about it at cocktail parties. Would the member agree with that?

Mr. John Bryden: Mr. Speaker, the member is right. It is always dangerous to make sweeping statements. There are a great many volunteers in all types of social and medical service delivery charities.

The problem is that hospitals have under their control enormous amounts of money. I think the thing we have to be concerned about is that people who volunteer for these boards must remember that when they volunteer for them they are shouldering a very high responsibility. I would suggest, with great respect to the many people who do volunteer for such organizations, that they should not volunteer unless they are prepared to make the commitment and to put real energy into it.

• (1720)

On the other side of the coin—and I think this is where there is a fundamental problem—too often people get on these boards with only the very best of intentions, but they do not bring to the job the kind of cynical rigour that is sometimes needed by the boards of directors of large corporations which are managing huge amounts of money.

We need to change the Canada Corporations Act. We need to set standards for the boards of directors to ensure that they will understand very clearly what their responsibilities are and realize that if they take on that appointment they do so with the full knowledge that they have a responsibility that is exactly equivalent to, say, running the Steel Company of Canada, or Dofasco, or any other large corporation, and perhaps even more so.

In the case of organizations that deliver our medical services—and we all need and cherish the ability to have free services for all Canadians—this is a heavy responsibility and one which people who serve on these boards of directors can never take lightly.

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Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, no amount of speech-making about the faults of others, whether they be hospital executives, hospital management or provincial governments, such as we have heard from the Liberal member who just spoke, can absolve this federal government of the fact that it was responsible for the single most massive reduction in federal transfer payments to the provinces for health care that this country has ever seen.

That is the root of all evil. The lack of that money is the root of all evil when it comes to our health care system. It is what has put hospitals, emergency wards and other health care facilities in this country in the situation they are in today. It is what has set up premiers like Mike Harris and Ralph Klein, who, for ideological purposes, would like to privatize our health care system. They are using the federal reductions as a cover for their philosophical agenda.

The massive reduction in 1995 came on top of a systematic withdrawal of the federal government from funding for medicare that began in 1982 under a Liberal government. It was under one of the budgets of Allan MacEachen in which the first unilateral withdrawal of funding took place, and the first shattering of the federal/provincial fiscal partnership that medicare represented.

From then on, every single federal government has proceeded to unilaterally withdraw more and more money from medicare, particularly in 1995, the crowning glory of cutbacks that the current Minister of Finance brought in, until we arrived at a point where the federal government now feels that it does not have the moral authority to act, even when a province like Alberta has done something which is so clearly a threat to the spirit and the future and the practice of medicare.

Why does it feel it does not have that moral authority? Because of that systematic reduction, culminating in 1995, which puts the Minister of Health in the pathetic position of only being able to say to himself—and here we perhaps give him more credit than he is due—that he might want to act but he feels he cannot because the federal government has ruled itself out by being a government that only contributes somewhere between 8 or 13 or 15 cents on the dollar, depending on whose figures are believed.

There was a time, in 1984, in the context of a previous threat to medicare that developed through the proliferation of extra billing by doctors and the charging of user fees by provinces, when a previous Liberal government and a previous Liberal health minister, Monique Bégin, was able to act. Though it took a while to make them act. It took a lot of pressuring by the NDP at that time.

• (1725)

It has been a bit of a rerun for those of us who were there at that time. The NDP pushed the Liberal government to do something

about health care. The Tories at that time were silent, in the same way that the Tories and the Canadian Alliance members are silent today with respect to protecting our health care system.

At least the minister of health at that time eventually acted and brought in amendments to the legislation that governed medicare in the country. It was not always called the Canada Health Act. It was the medicare act and there was another act. Those two acts were brought together and made into the Canada Health Act, which provided penalties for provinces that allowed the things which the federal government saw to be a threat to medicare.

The government has admitted that what is going on in Alberta is a threat to medicare. The difference is that this time we have a Liberal government that does not have the political courage, the political will, or whatever we want to call it, to act in a way that previous government did.

When the history of medicare is written, and when the eulogy for medicare is given some day, we hope not, but if it is ever given, they will point to this parliament, this Minister of Health and this Liberal government as the one federal government that not only should have done something about bill 11, but should never have done what it did in 1995, which created the context for bill 11 and all the other attacks on medicare that we have seen since that time.

Is this really a surprise? The Liberals like to take credit for medicare, but maybe they will not be so high and mighty about medicare from here on in because let us remember that they really only act when they perceive that they have to act. Only in this case they have even lacked the will to do that.

I am referring of course to the fact that the Liberals first promised medicare in 1919 to the people of Canada. When did they deliver? It was 1967. There is always a bit of lead time with Liberal promises. If we calculate the time between 1919 and 1967 we could figure out when those promises about pharmacare and home care will be lived up to. We just have to calculate the lead time that always exists between Liberal promises and delivery. Of course, some things are never delivered.

What we see here is part of a larger pattern that I do not have time to go into, unfortunately. However, medicare is one of the things that people value. It is on a list of things that have been under attack by the government. I think of medicare, the CBC, the CNR and Air Canada. I think of a lot of different public sector institutions, things that we have done through the agency of government, through the agency of public ownership. These things have been systematically undermined and destroyed by the government.

In recent days we have seen the reticence on the front benches to act with respect to the CBC. We see a lack of will when it comes to medicare. The government already sold out the CNR a long time

ago, in one of the greatest acts of quizzing economics I have ever seen, and it finished the job on Air Canada that the Tories started. It has allowed the whole country to be bought up week after week by foreign corporations. It is not a record of which I would be very proud.

Despite all the great cheering that goes on in question period whenever a Liberal cabinet minister gets up to deliver one of those—I am not sure what to call it. I am trying to think of something polite. I certainly would not call it an answer.

I was astounded at the member who spoke before me, albeit he pointed to some legitimate problems that exist with respect to how hospitals are run and the way some provinces behave. However, the way the federal government acted in 1995, the way it has continued to act now that we have a surplus by not restoring full federal funding to medicare, and the way the Minister of Health has refused to act decisively with respect to bill 11 all adds up to a strong condemnation of the Liberal government with respect to health care.

• (1730)

All we have asked in this motion is for the government to do what is its responsibility to do with respect to medicare and what is within its constitutional jurisdiction. It can put conditions on the spending of its own money. It can say to the province of Alberta that it will not transfer money to that province if it allows for profit hospitals to provide insured services. It is within the power of the federal government to do that.

We say that it is against the spirit and the intent of medicare and of the Canada Health Act. If the Minister of Health does not agree with us about the current act, he should do what we have asked him to do today and change it, change the Canada Health Act as former ministers of health have done and create an entirely different situation.

We know when we are getting to the Minister of Health because he gets up and says that we do not have any ideas and that we are not putting forth any suggestions. We have put forward suggestions with respect to restoring federal funding so he has the moral authority to act and also with respect to innovation.

For years we have been talking in this place about how medicare was only the first step and that the next step was to develop a more preventive, community oriented model. Now we have suggested dealing with problems with respect to high drug prices and the provision of pharmacare and home care. I am just getting started on the way the Liberals sold out the low cost of drugs with their—

The Deputy Speaker: I know the hon. member will not want to get started on drugs because we have run out of time.

Private Members' Business

It being 5.30 p.m. it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

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 Deputy Speaker: All those in favour of the amendment 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:

The Deputy Speaker: Call in the members.

And the bells having rung:

Mr. Bob Kilger: Mr. Speaker, I would ask that the vote be deferred until Monday, May 29, at the expiry of Government Orders.

The Deputy Speaker: At the request of the chief government whip the vote on the amendment is deferred until Monday, May 29, at the conclusion of the time provided for Government Orders.

It being 5.30 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]

PROPORTIONAL REPRESENTATION

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP) moved:

That, in the opinion of this House, the government should work towards incorporating a measure of proportional representation in the federal electoral system, making use of a framework which includes: (a) a report on proportional representation prepared by an all-party committee after extensive public hearings; (b) a referendum to be held on this issue where the question shall be whether electors favour replacing the present system with a system proposed by the committee as concurred in by the House;

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and (c) the referendum may be held either before or at the same time as the next general election.

He said: Mr. Speaker, I rise today to put a motion before the House as a private member, asking that the House conduct a study in a parliamentary committee of the idea of incorporating a measure of proportional representation into our electoral system; that a committee look at the various models which might be appropriate for the country; and that, if the House adopts one of these models, we put that model to the people of the country in a referendum at or around the time of the next federal election campaign.

• (1735)

I do this realizing that this issue has hardly ever been discussed in the Parliament of Canada. The last time there was a private member's motion on the whole idea of changing our electoral system and bringing in a measure of proportional representation was back in 1979 when then Liberal member Jean-Luc Pepin proposed a non-votable motion that was debated by the House. The last time parliament actually voted on the idea of proportional representation was back in 1923. That was a long time ago so I think the time has come now for a debate on whether or not we should look at changing our electoral system. Parliament was strangely silent on the issue for most of the last century.

I also believe that one of the great issues of the next few years will be the issue of governance or democracy, how we govern ourselves as a people, how we organize our society, how we organize our institutions. We talk about governance. We talk about democracy. We talk about an electoral system. We talk about the empowerment of people to make sure that they have a say over what kind of government, what kind of society and what kind of institutions they want to evolve in Canada.

I believe we have to take a serious look at changing our system. Most Canadians do not realize that we are one of only three countries in the world with more than eight million people that has a democratic system which does not have some measure of proportional representation. The other countries are the United States and India. The world has passed us by in terms of evolving an electoral system that reflects more accurately what the people want.

Even in the mother of parliaments, the British parliament, current Prime Minister Tony Blair in his policy of devolution of powers created a Scottish parliament where some people are elected through a measure of PR. It is the same in the Welsh parliament. As a matter of fact in the British Isles all members of parliament who go to the European parliament from Great Britain are elected strictly by proportional representation and the Jenkins committee has recommended PR in England, which I predict will happen in the election after next.

We are being left behind by modern democracies in the world along with the United States and India by using the old first past

the post system designed for a two party system. We have left that behind us about 50 or 60 years ago with a multiparty system that creates tremendous distortions in terms of the representation in the House of Commons.

I remember very well when I was first elected back in 1968. There was excitement in the air. People were engaging in politics. People were involved in campaigns and fully 80% of the people in that election campaign cast a ballot. It was common in those days that 80% or more of the people would participate in federal campaigns and in provincial campaigns.

In the last campaign in June 1997 the turnout was 67% of the polls. The turnout has been plummeting in every province in the last 25 or 30 years. The reason for it is that people feel alienated from the political process. They feel politicians do not listen to them, that politicians do not reflect what they want.

There is truth in that and that is one reason people do not participate in the political system. I submit that we are sleepwalking to a crisis in democracy. If we do not look at changing the system to have it more reflective, we will have a real crisis in a few years time.

I want to take a look now at how distorted the present electoral system is. I will use the last election campaign. In 1997 the Liberal Party received 38% of the vote. It got a solid majority that could constitutionally run the country for five years in a system that concentrates a lot of power in the hands of the Prime Minister's Office and the Privy Council Office.

Let us look at the opposition side. We have two parties that got around 19% of the vote, the Reform Party and the Conservative Party. The Conservative Party got 19 seats and the Reform Party got 60 seats, with the same number of Canadians voting for each of those two political parties. Each of the NDP and the Bloc Quebecois got 11% of the vote. The Bloc Quebecois got 44 seats and the NDP got 21 seats, with the same number of Canadians casting a ballot for each of the political parties.

• (1740)

We have a House of Commons that does not reflect or mirror how the people of the country voted three years ago. When people turn on their television sets and see a debate in the House of Commons, parliament does not reflect or mirror the composition of the electorate that voted for us in the first place.

As I said, we are one of only three countries in the world with a population of over eight million people which does not have a measure of proportional representation in the electoral system. That will have to change.

Let us look at the history of our country back in 1921. We have had many majority governments elected over the years but only

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four of them were elected by a majority of the people. Except for John Diefenbaker in 1958, Mackenzie King in 1945 and Brian Mulroney who had almost 50% of the votes in 1984, all other majorities have been elected by a minority, which means that a minority of the people are governing and ruling a majority of people. That leads to all kinds of alienation.

As a result many issues in the country are now realities that would not have been realities if we had proportional representation. I will name but a couple. I remember the 1988 election campaign. We had two parties, the Liberal Party and the New Democratic Party, campaigning against the free trade agreement with the United States. Between the Liberals and the NDP, the two parties together picked up around 56% or 57% of the vote. That was reflective of the opinion polls which said that the overwhelming majority of the people did not like the free trade deal with the United States.

Brian Mulroney and the Conservatives got 42% of the vote. They won a big majority. Free trade went through and it changed the country forever. It was the same with the GST. There have been many such distortions over the years despite the fact that the majority of people voted against the party that was advocating a particular policy.

We have another distortion. For example, at the provincial level today two provinces have a majority one party government: British Columbia and Quebec. The leading opposition party received more votes than the governing party that by itself forms a majority. We have those kinds of distortions in the electoral system.

I think we need change. The motion today is saying that we should strike a parliamentary committee to look at the ways of incorporating a measure of proportional representation into our system. The motion is very deliberate in saying that we should set up a committee to study the ways of incorporating a measure of PR into the system or, in other words, mix some PR into the system. There are many examples of this in New Zealand, Germany and other countries. We have the Welsh example and the Scottish example. There are many other examples in the world where we have a measure of PR.

There have been studies in this country which have talked about a top-up of 20 members, 30 members, one-third of the members, one-half of the members, or a quarter of the members being elected according to the proportion of votes that a party receives. If at the end of the process a party receives 30% of the votes, say in the province of Quebec, that party should get roughly 30% of the members in the House of Commons from the province of Quebec.

We have great regional distortions today. I look across the way and I see three of my friends from the Liberal Party in Ontario. In Ontario in the last campaign 101 members of the 103 are Liberals. We would say that everyone in Ontario is a Liberal, but if we look at the results in Ontario the Liberals are members of a minority party in Ontario, receiving slightly over 49% of the vote. The

majority of Ontarians voted for the NDP, the Reform Party, the Conservative Party and for independents. Almost 51% of Ontario residents voted that way yet only 2 of the 103 members from Ontario represent members who are now sitting in opposition in the House.

I do not think that fosters good nation building or a good vision of what the country should be. It has created great balkanization and great regionalism in the country. If we can bulk up with heavy votes in certain regions we can do well, but if the vote is scattered across the country we do not do anywhere near as well. I think it has created all kinds of regional tensions.

• (1745)

Imagine that we had a system of PR, whatever the appropriate model is for our country. I want to say to members across the way, including my friend from Hamilton who is opposed to the idea of PR, that my motion does not advocate any particular model. That is why I want a parliamentary committee to look at what models may be appropriate to our unique federation. Then take that model back to the House of Commons. If it is approved by the House of Commons, then go to the people in a referendum and let the people decide whether they want the status quo or a new model of proportional representation. What could be more democratic than that in terms of a process?

I appeal to my Liberal friends across the way to give this process a chance. Let us have a discussion for the first time in the history of our country since 1923 as to whether or not we should modernize our electoral system and whether or not we should engage people and empower people in a system that is much more relevant.

Back to regionalism. Imagine an election where we had a measure of proportional representation. Proportional representation would force all the parties in the country to have a national vision about Canada. If they did not have a national vision they would not receive votes.

It would force us in the NDP to look more seriously at Quebec and its uniqueness and distinctiveness. In the same way, Canadian Alliance would look at Quebec and its uniqueness and distinctiveness. It would force the Liberal Party to take the crisis of Saskatchewan and Manitoba farmers more seriously. As a matter of fact, part of the frustration was when farmers from our province came here to lobby, when they asked why the government would not take them more seriously the answer was it only has one seat in Saskatchewan anyway, so what does it matter?

If we had PR, a vote in Kamsack, Saskatchewan would be worth as much as a vote in Trinity—Spadina. It would force all parties to take all parts of the country equally seriously in terms of a national vision as to where they want the country to go. A dream people have, is that we have national parties that would knit the country together to unite it. PR would probably be the greatest step toward national unity we could possibly dream of in terms of the future of

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our country. I recommend that people think about that as we go on with the debate over the next few weeks.

Another thing is the empowerment of people. If we look at federal and provincial campaigns, the majority of people vote for losers. How many times have we heard, "Well, I vote for losers. My person did not win. My woman did not win. My man did not win. My candidate did not win. I wasted my vote. I voted for a loser".

In fact, the majority of people in the last campaign voted for losers. The majority of people in my riding voted for losers. I got 43% of the vote. Fifty-seven percent of the people voted for other parties. Even in ridings where people had a majority, such as yours, Mr. Speaker, I suspect 40% to 45% of the people in your riding voted for losers. They feel they waste their vote so why should they engage themselves in the process?

Under proportional representation no one votes for a loser. Everyone is a winner. Every single vote counts. Every single vote has weight in the Parliament of Canada. When we turn on our televisions the day after the election, our vote will count no matter where we are in the country, because our vote will be going to a certain political party that will get a certain number of members in the House of Commons in accordance with the vote for that party. That is what almost every country in the world does. It means we could vote Reform in Newfoundland, it means we could vote NDP in Alberta, it means we could vote Liberal in rural Saskatchewan and our vote would still count.

Our point of view would still count. Our point of view would still be important not just on election day but for four years. Our vote would count for four years each and every single day as we empower a member of parliament to speak on our behalf because our vote is reflected in the House of Commons for four years.

It would do something else that is extremely radical, so radical for our system that maybe it is heresy. It would force politicians to work together. We could not harangue each other all the time. We would have to work together. We would have to form coalitions and work together like they do in most countries around the world.

Since the second world war Germany has never had a majority government by one party. There has always been a working coalition, Social Democrats, Christian Democrats, the Liberal equivalent in that country, and so on. It is the same in most Scandinavian countries, France and many other countries around the world. It would force politicians to form a consensus in terms of what we want to do and where we want to go.

• (1750)

PR in Canada would radically change voting patterns. How many times have we heard people say, "I would vote for your party

but you cannot win". I have a friend who has voted for a party that he does not like for the last 20 years in every single federal election campaign. He votes for that party because he is trying to keep out another party he likes even less. For the last 20 years he has not voted for the party of which he is a card carrying member. Under PR he could vote for the party of his preference because his vote would count. We might see a radical change in voting patterns because we would not have such a thing as strategic voting. A vote would count no matter who an individual voted for. That is another reason we should look at PR in terms of empowering people.

Those are some of my arguments in favour of proportional representation.

Some people may ask would proportional representation not create all kinds of fringe groups and all kinds of instability and uncertainty? I want to respond to a couple of those questions. I think they are myths.

In almost every country in the world where there is proportional representation there is a threshold above which parties must achieve votes before they are represented in parliament. In some countries that threshold is 3%, some countries 4% and some countries 5%. That is something we could look at as well.

Other people may ask if it would not create a great deal of instability. We have more instability now because we are a first past the post system. With a minor change in the votes we create great U-turns in terms of policy. Free trade is a good example of that. I think with proportional representation where all parties were represented in the governing process there would be more gradualism in terms of policy changes and more stability in terms of the direction of the country because a consensus representing the people at all times would be needed.

There are a number of other criticisms of the PR system that some people have, but my time is coming to a close. I say to my colleagues that in private members' hour we have a chance to debate and vote on something that might be done outside the constraints of the party whips.

I appeal to all members of the Bloc Quebecois. René Lévesque spoke very passionately about proportional representation. Many people in the Parti Quebecois and the Bloc spoke about PR. I say to them that my motion does not define a particular method of PR. My motion deals with a process that will lead us to an appropriate model of PR for Canada which could be good for the Bloc Quebecois.

I say to the Reform Party, now the Canadian Alliance, that many of its people were among the first to advocate proportional representation in this country, including the member from Vancouver who is about to speak. This system could also be helpful to get their ideas in a permanent mix in the country. The same thing is

true of our party in terms of being social democrats. It could be a system for the Conservative Party which is really underrepresented now because of our first past the post system.

I appeal in particular to the government. The first past the post system works very well for the government in power just because of the mathematics. I say to the government across the way that the day will come when it will not be in power. I would like the government members to think about that because when they are sitting on the opposition benches, when they get a lot more votes than seats in the House, then maybe the idea of doing what almost every other country in the world has done, having a measure of PR in our electoral system, will look a lot more appealing to them.

I remember sitting on this side of the House and seeing the huge Conservative majority of Brian Mulroney with 211 seats. Suddenly in a few short years that majority disappeared. I was very pleased to have heard many Conservatives talking about PR at their convention recently. I am talking of individuals such as Hugh Segal and others.

I appeal to the House to take my motion seriously and look at changing our electoral system to make it more democratic. Let us make sure it is a system where no vote is wasted, where people are empowered and the Parliament of Canada will truly reflect the way the people vote.

• (1755)

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, I congratulate the hon. member for Regina—Qu'Appelle for an excellent and informative speech and for taking the initiative to bring this matter to the House of Commons. I also extend my thanks to members present who permitted me to speak in this order.

The motion as set out calls upon the government and all members of parliament to embark on what would be a very historic and important journey. That is to examine our federal electoral system making use of a report on proportional representation that would come about as a result of participation of an all party committee.

I know, Mr. Speaker, that you personally and many others followed with great interest the proceedings of the Progressive Conservative Party's policy conference which took place last weekend in Quebec city. I note the acknowledgement by the hon. member for Regina—Qu'Appelle. He would know that over 1,200 delegates participated in that exercise. They debated and voted on a number of policy issues, including this issue.

The issue of proportional representation, although judgment was reserved as to how we would proceed in the future, was a topic of great interest and participation by delegates. It signals the fact that this is a very important issue on the public's mind. It is something

on which we should not close the options when it comes to this discussion.

The wording of the current motion troubles me somewhat in the sense that it calls upon the government to embark on a referendum process. Do not get me wrong. The Progressive Conservative Party has never shied away from national referendums and can lay claim to having been one of the national governments that ever openly participated in national referendums in a tangible way. It is a party that has done this and it continues to look at this type of participation in our democratic process.

The difficulty with the motion as framed is that it would be virtually impossible to carry it out within the timeframe we have to work in. The next general election is very likely less than one year away. It would be virtually impossible and highly dubious that the machinery which would be necessary to put it in place could be implemented. I do not say that with any false premise. I believe that this exercise is extremely fruitful and one which again I congratulate the member for having the impetus to bring forward.

In his speech the member mentioned the fact that it has led to certain policies. He mentioned the GST and free trade. The government when in opposition chastised and said the sky would fall if the country were to embark on these. We know it has embraced, expanded and called these same Conservative policies its own. This type of duplicitous reaction and approach is what has added greatly to much of the cynicism that exists not only about our electoral system but about politics in general.

What we are looking for and what is underlying this type of debate is the issue of relevancy in people's lives and the legitimacy of government in the undertakings which Canadians participate in on a daily basis. In a sense it is a very interesting scenario in that I know the hon. member was also present in the fall last year when we had a conference in which you, Mr. Speaker, were very much a participant and a chair with respect to citizen empowerment. And I openly thank you for that, Mr. Speaker.

I believe that the exercise we are partaking in today is something that furthers the debate. It brings about hope for the achievement of some relevance and an achievement of a system that would be far more representative of Canadians' interest, their participation and their ability to hold government and elected members accountable.

At that conference much was discussed in a very positive light about a system of proportional representation. As you will recall, Mr. Speaker, we discussed other countries that have embarked on such systems. There is much to be learned from examining those other countries.

One has to have a very healthy degree of caution as well when we go into this debate. There is no panacea. There is no one system

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or one magic bullet when it comes to changing a system which will ensure that it actually will improve what we have in the country today. The hon. member quite fairly indicated in his remarks that there is no one answer. However, the exercise of looking for that answer is what we should all be doing today.

• (1800)

With that reservation I say that we must proceed with caution. When we are talking about fundamental changes to our democratic process this must be ever present in our minds.

With that reservation it is fair to say that there are a broad number of academics and members of parliament present, who I expect we will hear from, who are very interested in this idea of empowerment and, by extension, citizens being empowered in a system of second round run-off elections.

It is interesting to see the electoral process being mirrored in some leadership races. That is something as well that can stand as a benchmark and stand as a precedent as we proceed in this exercise.

This run-off type of system would result in every member of the House being mandated to achieve at least a 50% threshold in the electoral district for which they were running.

The motion before the House calls for a statement of the opinion of the House as to actions that the government should take. We all know that the government could and likely will ignore this resolution. However, governments generally, in fairness, are very reluctant to embark or change a system that propels them into office and gives them a docile backbench. That is very much implicit in this debate as well, because it is not only members of the opposition but very much members of the government who are forced to clam up and bow down to a very centralized and very powerful executive branch of government.

It is even more unlikely, I suggest, that the current Prime Minister, in the dying days of his administration, would launch into such a vigorous reform of the electoral system. This Prime Minister is too comfortable and complacent with a system that has propelled him to office, and he knows that he has never been an innovator or very willing to embark upon new ideas. That is demonstrated, as I indicated earlier, by the policy approach which this government has taken.

The Prime Minister is at the head of a very powerful executive dictatorship. I do not use that word lightly, but that is the acknowledgement and that is very much the undertone of many academics who have been looking at this exact issue. There are no effective checks or balances in the current system. As Professor Donald Savoie described in his very important book *Governing from the Centre*, the Prime Minister is no longer first among equals, he is an all powerful individual. Even ministers in this government who wield a great deal of power are toiling in the

shadow of the Prime Minister's senior staff. There is ample evidence of this outlined in Professor Savoie's work. The real power brokers are Eddie and Jean, not Paul and Allan.

Regionalism, which was touched upon by the hon. member, has also been exacerbated by our current system. I would suggest that this is very much a motivating and propelling force for us to look at the system we are currently saddled with.

This is not to belittle anyone personally; it is to set out a problem that exists and that very much weakens parliament in its ability to be effective and accountable. Accountability is something that we have to be conscious of.

One of the remedies that is put forward by many as leading to a stronger parliament, and one that I must acknowledge, is that if we abandon the parliamentary form of governance we must be prepared very quickly to move into a new and effective replacement. The proponents of proportional representation argue that members of parliament with the support of 50% plus one have the ability to enhance the mandate from their community and this would very much further embolden and empower the member who was elected. I agree with that sentiment.

Would that human condition be that simple. We know that is not the case, for party machinery will always play a role in our electoral process. Party leaders will always wield tools. We have seen instances in the very recent past where the government, without having a nomination process, simply appointed candidates. The current government has embarked on that process.

Any examination of this subject needs to pay particular attention and detail to the proponents of a new electoral law.

There is an important example of small changes to the system having important effects on the balance of power. When public financing became very much a part of the electoral system, a provision was inserted to require the leader of a party to sign the electoral papers of every candidate. The supposed purpose was to ensure, dare I say the word, clarity in who was to be the official party candidate, since public money would flow to that person's and that party's electoral machinery. This was seemingly an insignificant detail at the time, but the devil is in the detail and that is why I say we have to go forward with caution.

• (1805)

That procedure has led to a process which allows the government, or any party for that matter, to simply appoint candidates as opposed to having an electoral run-off system through a nomination.

This sort of backroom bludgeoning, I suggest, will continue to occur with proportional representation unless we have some defining guidelines. Change is fine. However, it should not be taken lightly and not embarked upon simply for the sake of change.

I am encouraged by the hon. member's initiative. I support him in what he is trying to do. We have reached a threshold of dissatisfaction and we must go forward from here.

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Canadians are very proud of the fact that they have one of the most stable and democratic political systems in the world. It has made Canada a model for many other countries.

This is not something that just happened by accident. We are the beneficiaries today of what our ancestors have provided and what political leaders over the last century and a half have handed down to us. However, even the best system in the world will have its critics.

It is natural that from time to time members of parliament and others interested in the political process will come forward with suggestions for improving our system, which in this case is our system of election.

Today's private member's motion is an example of this, with its call for the introduction of a new electoral system, incorporating a measure of proportional representation. If I may, I would like to take a few minutes to discuss some of the aspects of the motion, how it might impact Canadians and why in the view of some it may represent a risky gamble for Canadians, which I maintain might not be warranted under present circumstances.

To begin with, it is important to note that proportional representation is not a new idea. It has been tried in a number of forms in a number of countries all around the world, with varying degrees of success. Currently it is used in one form or another in many countries, notably Germany, Israel, Ireland and New Zealand. I understand that it was used in France, but it has now been substantially abandoned.

The member for Regina—Qu'Appelle indicated that we are one of only three countries in the world which does not use proportional representation. I did not quite understand that. If we include the U.S.A.—and I do not recall what the other country was—

An hon. member: India.

Mr. Derek Lee: India. Within the last couple of months I was over at Westminster in the United Kingdom. The last time I looked,

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they do not use proportional representation. Some British members of parliament and I discussed the issue when I was over there. Notwithstanding that the party in power had held out the possibility of increased proportional representation, I did detect a drawing back from that in the British House of Commons. They were looking at it carefully, and it is not everything that its advocates make it out to be. There are some pluses, to be sure, and there are minuses.

While all of these systems are called proportional representation, they often vary enormously and use different approaches, such as the following.

Some have preferential ballots where voters rank candidates in order of preference, with votes for low-polling candidates being transferred to the remaining candidates, according to voter preference.

There are pure proportional representation systems where the entire country is treated as one constituency, with members being selected from party lists based on the percentage of the popular vote received by the parties.

There are mixed systems where some members are chosen on the basis of first past the post, while others are chosen from party lists.

While proponents of the system claim it leads to better representation, particularly of minorities, minority interests and regions, with a higher voter turnout, the experience of those countries currently using proportional representation suggests that there may be some potential negative impacts as well.

For example, it could lead to a splintering of political interests in parties and therefore lead to more minority governments. It could make governing more difficult. It could increase political instability. It could force parties to engage in lengthy political deal-making in order to cobble together coalitions involving very different interests.

● (1810)

Some will say that process is actually quite democratic and representative but there are two sides to the coin and there is more than one view of this. As well, small one issue parties can sometimes find themselves in the position of being kingmaker which may allow them to force their own narrow agendas onto the nation as a whole.

Proportional representation sometimes can give a voice to extremist groups who would have been shut out in a first past the post system. Examples of such situations can easily come to mind.

Some countries have also found that proportional representation can exacerbate regional differences and cleavages within a society and can make it more difficult to reach a national consensus on

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some important issues. That is an important issue for a country as vast and as regionally segmented as Canada is.

Other countries have found that the use of party lists in selecting members of legislatures can strengthen the power of those party insiders responsible for deciding who will be on the list and in what order of precedence. I also as a member of parliament representing a constituency am curious as to what the balance would be, for example if I would continue to represent a constituency but those selected from a party list would not have that responsibility at all. They would not have the constituency responsibility, something to which all members of the House pay considerable attention and devote considerable resources.

These are just a few of the issues, some say problems, that we would encounter in moving toward a system of proportional representation. There are some other problems that might be specific to Canada. We have benefited in the past from an electoral system that allows for the diversity of our peoples to be drawn together in a parliament where there is a reasonable likelihood of a majority government. Minority governments might not so easily maintain our focus and our unity.

In addition it could under certain models involve a change. These changes could involve changes to our constitution, and this is a particular policy envelope that I am not convinced Canadians would want to open at this particular time. A referendum on the issue could also prove divisive judging from recent past experience.

Finally, one of the strengths of our electoral system is that Canadians are represented at the constituency level by members of parliament. All of us here do represent constituencies and that is a real strength for the House, something that might be—I am not saying would be lost—but could be lost if we are selecting MPs simply from party lists without reference to particular constituencies.

For these reasons, I am not inclined to support the motion in its whole. However, if there is a broad interest among members to pursue the issue of proportional representation, and I know there are members on both sides of the House who do have a real interest in this, the House could ask a committee of the House to look at this. I suggest the Standing Committee for Procedure and House Affairs as one possibility.

Members of that committee discussed the issue in the course of their 1998 review of electoral issues. There may be merit in further study. Such a review would provide us with information on the strengths and weaknesses of proportional representation, in international experience and the implications it could have in the Canadian context.

I want to sincerely commend the hon. member for Regina—Qu'Appelle for his commitment to improving Canada's electoral

system and for bringing this important issue to the House. I do not know what members will do with the issue in terms of the actual motion. I am certain that somewhere in the future there is a further study envelope of proportional representation to see how it might be adapted or used in Canada, and if there is a substantial consensus that would develop to do that in the House.

Mr. Ted White (North Vancouver, Canadian Alliance): Mr. Speaker, I would like to start by saying to the member for the government side who just said that referenda are divisive, what could be more divisive than a government with 100% of the power with only 38% of the vote ramming its agenda down the throats of the people? Referenda are never divisive because people have the discussion and they all accept the democratic outcome.

• (1815)

That having been said, I would also like to congratulate the hon. member for Regina—Qu'Appelle for bringing this issue before the House. However, I would say to him right at the beginning that it is highly unlikely, as I think he realizes, that the government would do anything with the motion, mainly because the history of changes to electoral systems indicates that these things happen only during a time of crisis.

He mentioned that Germany, for example, since the war has a different system. He mentioned the Scottish system. Obviously a big change there allowed that new system to be introduced. In New Zealand, an example I know a lot about, it only happened because of the crisis in the financial system there which caused a huge reorganization of government. That was what led to the change to MMP down there.

The only thing I can think of that would happen in Canada which would cause such an upheaval would be a Quebec separation, for example. It would cause such a disruption to our electoral system that it would probably result in some serious looking at some other systems. That would be a terrible way for us to get to that point.

In talking about the motion before us it is flattering in the way that the motion is very similar or very close to Canadian Alliance policy, formerly Reform Party policy. The policy of the Reform Party, as I said, is very similar except that we would put the referendum or the decision-making to the people of Canada. Instead of a committee of the House looking at the alternatives and saying this is the one it favours and then asking the people of Canada in a referendum if this is what they want, we would take the decision-making fully 100% to the people.

The reason we reached that position within the Reform Party and now the Canadian Alliance is that we had many people who brought resolutions to our party conventions promoting one form of proportional representation or another. Whether it be straight proportional or the single transferable ballot, there are many different versions. The people who brought these motions forward

were very firmly wedded to their particular form of proportional representation. It was very difficult to have any sort of meaningful debate on the floor of conventions.

We set up a task force to look at the alternatives. We had all the people with the different forms of proportional representation come before the task force to promote their views. We concluded that we would have to adopt a system similar to the one used in New Zealand to reach the consensus there.

Instead of choosing one of the forms of proportional representation being promoted by our members, we would give the job to Elections Canada to conduct an education process for the people of Canada across the country from coast to coast to coast for about a year, informing them how the different forms of proportional representation worked. Then we would have a referendum, first to find out if people wanted to change the system based on the information they had. If they did, we would have a second vote to indicate which form they would choose.

That is exactly what happened in the New Zealand case. I would like to go into a bit more information about the choices given to the people in New Zealand. Incidentally I should mention an interesting spinoff effect of what happened in New Zealand. The voters in New Zealand chose mixed member proportional, a system where the house is divided in two. Half of the members are elected under the first past the post system that we have in Canada. The other half are selected from a list based upon the proportion of vote received by each of the parties.

In New Zealand the parties have to get 5% in order to get any members into the house. In the last two elections in New Zealand there have been 30 or more parties on the ballot, but only four or five have managed to get into that grouping above 5% to actually get members in the house. The interesting side bar spinoff that has occurred is that with mixed member proportional some of the members in the house do not actually represent ridings because they are selected from the list.

How would we address them in the House? We could not say the member for Regina—Qu'Appelle because if he is a list MP he would not necessarily represent a riding. They had to change the standing orders in New Zealand to refer to members by their names. It really begs the question why we have to refer to one another by our ridings in the House? There was no good reason to retain that rule in New Zealand and they scrapped it. Everybody calls one another by their names now.

• (1820)

I have pages in front of me from the documentation that was sent to every voter in New Zealand in order to have the discussion take place over a 12 months period. The booklet described the various

forms of proportional representation that could be selected by the voters.

Straight proportional is where everyone is elected on the basis of the proportion of the vote from lists that are provided by the parties. Then we have the supplementary member system under which most of the members, perhaps about four-fifths, are still elected on first past the post and about one-fifth or one-quarter of the total would be elected based on the proportion of the overall share of the votes. It can be a very complicated system in terms of allocating the votes to the parties, because how do they decide who will be on the list of members who get elected under the proportional system.

As mentioned by the government representative there are different ways of doing that. Sometimes it is a party list selected by the party brass, for want of a better word. Sometimes it is more democratically selected, perhaps by members of the party going through some sort of nomination process to get people on the list. A third way would be for people to argue in elections in an open nomination process pretty much like the first past the post system.

Under the supplementary member system usually there is very small representation from the smaller parties so they still tend to get a dominant larger party in the house. That was not the system that the New Zealand people chose.

Then there is the preferential voting system which is not truly proportional but ensures that the winning candidates get more than 50% of the vote. The person marking the ballot would mark their first, second, third and fourth choices. When they count all the first choices on the ballot, if the candidate who is in the lead does not get over 50% then the candidate receiving the bottom number of votes gets knocked off. Then all the second choices from those ballots get added in, counted again, to see whether one of the candidates gets more than 50%.

These are complicated ways of doing things but they are a little more democratic than what we have. I mentioned that was used in Australia. That system is also used in the Canadian Alliance, formerly the Reform Party, to select the national counsellors who run our party between elections.

Another system that is pretty complicated is the single transferable vote system. It is very similar to the preferential voting system but it involves having numbers of members representing one riding. It could be anything from three to seven members in one riding. It is used in Tasmania. Whilst I cannot show the House the examples I have here from the Tasmanian elections, it does allow a variety of smaller parties to get involved in the house itself.

Then we have the mixed member proportional system which I mentioned was finally chosen in New Zealand. The party list system there is actually chosen by the party brass because it really wants the opportunity to ensure that it has skilled people selected to

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come into the house. For example, my colleague who was here in the last parliament, Herb Grubel, the member for West Vancouver, is a very accomplished economist. He might, for example, be put on a list so that a party would make sure that it had those sorts of skilled people brought into the house.

I guess the bottom line here is whether or not I would recommend to my colleagues that they support the motion presently before us. I pointed out that the one flaw perhaps is that the decision on the type of system would be made by the committee and it would only be the final decision given to the people of Canada.

However, in reading the motion carefully I get the impression that there might be enough flexibility at committee to actually manipulate that a bit and for the committee to recommend what I am talking about, which would be that we cannot quite make up our minds which would be the best, that there are so many good advantages we want to put the whole package to the people.

On that basis I am certainly recommending support of the motion. I will be supporting it myself. In conclusion, once again I say congratulations to the member for Regina—Qu'Appelle for bringing this important subject to the House of Commons.

• (1825)

[*Translation*]

Mrs. Madeleine Dalphond-Guiral (Laval Centre, BQ): Mr. Speaker, I am pleased to rise to speak today in the debate on Motion No. M-155, introduced by my NDP colleague, the member for Regina—Qu'Appelle.

I am grateful to him for this motion, since it gives us the opportunity to debate an important question that I will look at from three angles.

First, can democracy be improved? Second, is the electoral process a component of democracy? Third, could proportional representation serve to improve democracy?

Members will have understood the importance of this debate, since it involves thinking about parliament as the favoured place of the democratic expression of a country.

To my first question, "can democracy be improved", I have no hesitation in answering yes. Our electoral system is of course democratic. However, it is not perfect, since it promotes the hegemony of the majority party. I must quote a 19th century author who wrote "Truth, laws, rights and justice depend on 40 rumps that rise among 22 that remain seated".

How many governments have been elected and will be again, even though a strong majority of electors do not want them elected? In the present system, the person getting the most votes is the person elected, and the party with the most seats forms the government. Tough luck for the tens of thousands of voters who have no voice in parliament.

Everyone remembers the 1993 federal election, which robbed the Conservative Party and the New Democratic Party of party standing in the House of Commons.

To my second question, "is the electoral process a component of democracy", I answer yes as well, since it enables the public to choose the person best able, in their opinion, to represent them. If they are wrong in their choice, they will try to correct their fire a few years later in another election.

The last question focuses on the value of proportional representation as an instrument likely to improve democracy. To this question, I answer yes, but on certain conditions. But before briefly describing those conditions, I would like to give a few figures.

A UN study listed 174 countries according to their degree of human development. Of the 64 countries said to meet the criteria for superior human development, 34, or just over 50%, have a proportional representation system. The percentage drops to 33.5% for the group of countries considered to have an average level of human development, while in the last group of countries only one in four has proportional representation.

In short, the more developed a country is, the greater the likelihood of proportional representation. In fact, of the 174 countries, 66 elect their parliament proportionally—the less developed a country is, the less this is the case.

However, it might also interest the House to know that, of the 222 political systems listed in 1997 by the International Institute for Democracy and Electoral Assistance, only 64 elected their parliament using a first-past-the-post system.

A hard look at other countries obviously requires that some serious thought be given to this topic, since fewer than 30% of them elect their parliament based on the number of votes.

Is proportional representation a panacea for democracy? What are its advantages and its disadvantages?

In *Esprit des lois*, Montesquieu wrote "The love of democracy is the love of equality". A century later, in his *Du Contrat Social*, Jean-Jacques Rousseau associated the notions of liberty and equality, saying "If we seek to find precisely what comprises the greatest good of all, that which must be the goal of any system of legislation, it will be found that this can be reduced to two principal objects: liberty and equality. Liberty, because any indi-

vidual dependency takes away an equivalent amount from the strength of the body of the state; equality because liberty cannot exist without it”.

Proportional representation seems to work in favour of a better women’s representation in parliament.

• (1830)

It cannot be mere happenstance that, if any country has more than 20% of women MPs, it is one which uses proportional representation. In Sweden, Norway, Finland and Denmark, the proportion of women varies between 33% and 40%, while it is a mere 12% in the United States. The same conclusions apply to the figures for minority groups.

There is one other interesting element. The rate of popular participation is also higher, no doubt because the individual citizen has the assurance that his vote will be worthwhile.

While the single constituency single ballot system, known as first-past-the-post system, promotes government stability, one of the disadvantages of proportional representation is, no doubt, the instability it can generate, with all the political, economic and social consequences that may follow. This disadvantage is not insignificant. It does not take much imagination to see that a parliament with 30 parties sitting in it could, at times, be a bit of a circus.

Another not insignificant aspect is the lessened importance of the elected representative’s link to his riding. We all know people who vote for the man, as we say. In my case, they vote for the woman. It is the candidate’s personality that, for some voters, makes all the difference.

With a proportional vote, the party’s program takes precedence. It is easy for voters to believe that the person elected from their riding will represent their party rather than themselves.

The Bloc Quebecois considers it worthwhile to hold a serious debate on the various types of voting, including proportional representation. One element seems fundamental, however, and that is recognition in the debate of Quebec’s uniqueness.

Since 1993, the Bloc Quebecois has been a federal party devoted to the interests of Quebec. We are the first case, but who here can say that our situation will always be unique, a sort of artifice without real importance? Everyone knows how interests differ from coast to coast.

The advantage of proportional representation is to give the difference a fair place. Because we rightly consider that our difference as a people warrants respect in the electoral process, I move:

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That the motion be amended by adding, after the word “proportional” wherever it appears in the motion, the words “by province”.

In closing, I would express a hope that democracy may end up resembling the portrait Jules Romain painted of it:

A democracy is first a way of life in which people dare to talk to each other of important things, all the important things, in which they feel entitled to speak as adults and not as disguised children.

This comes from his work about men of goodwill, which I claim we all are.

[*English*]

Mr. John Bryden: Mr. Speaker, I rise on a point of order. There is a chance that there might be a minute or two left in this debate. I have some, I think, very relevant and, I would like to think, important things to say. Is it possible, rather than have my speech cut off after a minute or so, that we see the time for Private Member’s Business as being completed?

The Acting Speaker (Mr. McClelland): As a matter of fact I will just have time to propose the amendment, provided that it is in order, and then debate will be terminated for the day. I will not be calling on the member for Wentworth—Burlington today in any event. The motion is receivable. When the bill next comes before the House the debate will be on the amendment.

• (1835)

The time provided for the consideration of Private Members’ Business has now expired and the order is dropped to the bottom of the order of precedence on the order paper.

ADJOURNMENT PROCEEDINGS

[*English*]

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

COMMUNICATION

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, it is my pleasure to speak to the House today on the issue of newspaper concentration.

On February 15 of this year, based on a query by the House leader of the New Democratic Party, the Prime Minister said that the government would study the concentration of newspaper ownership in response to Thomson’s announcement that it would sell off most of its newspapers.

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On May 1, given that Hollinger announced that over 300 community papers and over 50 daily papers would be up for sale, I asked the Prime Minister what the progress of his study was. I was stunned to hear him say at that point that he really saw no need whatsoever for a study any longer because it seemed that the problem had cured itself. He said that if Mr. Black was selling his papers, someone else would buy them and there would be less concentration rather than more. The Prime Minister said that it would be better to wait and see what Thomson will do with his newspapers.

I would suggest that the government abandon its wait and see policy on newspaper concentration and act now to re-establish a healthy environment for Canadian and community owned newspapers. I want to tell the Prime Minister that there are alternatives to his wait and see policy but they have to happen quickly.

Yesterday I had the great pleasure of hearing Tom Kent present to the industry committee an ongoing review of the Competition Act. Mr. Kent headed the royal commission in 1980 which recommended legislation to curb media concentration. That was 20 years ago. He said then and says now that the reason newspaper concentration is dangerous to democracy is, quite simply, that owners choose the viewpoint that rules their papers, that they in fact are the ideological masters of their papers. This is fine if there are dozens or hundreds of owners running hundreds of newspapers, a wide teaming forum of diverse views, but that is not the case in this country.

We have instead a spectacle of very few owners in control of all the papers. Two companies, Hollinger and Thomson, have a stranglehold on newspaper ownership, both weekly and daily. Lo and behold, something happened. We are not exactly sure what but some kind of economic force has intervened and newspapers are once again on the block and up for sale.

I would like to join with Mr. Kent and urge the Competition Bureau and the government to do something ambitious right now. The government should amend the Competition Act to allow the review of any purchase that would give a buyer more than 10% of the Canadian circulation of a newspaper owned either in English or French.

I would urge the government to create tax incentives that will assist community groups, institutions, co-ops and groups of investors to reinvest and rebuild community ownership of our means of expression, rebuild the diversity of opinion which is in fact democracy's oxygen and what we need to have a healthy citizenship.

I urge the government and the Prime Minister to make the necessary changes in the Competition Act during this very brief window of time that it has to actually cause some real change in the balance of ownership in our newspapers. I strongly recommend that the government act quickly so that we can re-establish a balance of diverse opinions in Canada.

Ms. Bonnie Brown (Parliamentary Secretary to Minister of Human Resources Development, Lib.): Mr. Speaker, I think there has been some kind of glitch in the proceedings. I believe on April 4 the member opposite asked a question about proposed telephone rate increases, and subsequent to that, I believe she asked a question about the consolidation of newspapers.

However, in being drawn for a late show tonight, the question that was drawn was her April 4 question which had to do with telephone rate increases not newspapers. Am I correct, Mr. Speaker?

• (1840)

The Acting Speaker (Mr. McClelland): The parliamentary secretary is quite correct. If she would like she can respond to the telephone request and when the other comes up she can respond to it then.

Ms. Bonnie Brown: Mr. Speaker, I want to assure the member that affordable telecommunications services to Canadians in both rural and urban areas across Canada is a fundamental policy objective of the Telecommunications Act and it is key to the government's program called Connecting Canadians.

The CRTC has taken a number of initiatives to ensure that Canadians have access to a affordable, high quality telecommunication service, including an explicit subsidy from long distance carriers to support local telephone service which particularly benefits high cost rural and remote areas.

The CRTC has mandated that the level of basic telephone service generally available in urban areas must be provided in rural and remote areas. The CRTC has ordered the incumbent telephone companies to file service improvement plans to provide this level of service in those few areas where it is not available. This will mean significant investments by the telephone companies. However, in the end it will eliminate party lines and ensure that all Canadians can have access to the Internet without paying long distance charges.

Until 2002 the CRTC has capped annual price increases for residential service. Increases in residential rates are limited to inflation on average, with a maximum allowable increase of 10% on any particular local rate.

Under this price cap regulation, the telephone companies must file with the CRTC annual proposals for price changes.

Most of the telephone companies are proposing increases to be brought in over two years. In some cases, the companies are seeking approval for the maximum allowable increases in areas where the disparity between the cost of providing service and the price of service is the greatest. In Bell's territory, for example,

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most rural customers pay less for telephone service than urban customers even though the cost of providing them service is higher.

It is worth noting that, according to the OECD, Canadians continue to enjoy among the lowest telephone service rates in the world and the lowest—

The Acting Speaker (Mr. McClelland): I am sorry, the parliamentary secretary had two minutes when she actually started the response after the explanation.

[*Translation*]

HUMAN RESOURCES DEVELOPMENT

Ms. Angela Vautour (Beauséjour—Petitcodiac, PC): Mr. Speaker, I am always delighted to address the House on behalf of my constituents.

On May 8, 2000, I put a question to the Minister of Human Resources Development. I submitted to the minister that:

—the counties of Albert, Petitcodiac, Hillsborough and Salisbury, are part of an urban economic zone, when they are in fact rural communities with high rates of unemployment.

I asked the minister to tell the House when she was going to begin the consultation process. I also reminded the minister that workers needed an answer before next fall.

Under subsection 18(2) of the EI Regulations, employment insurance regions must be reviewed at least every five years. Finally, this week, consultations began.

[*English*]

I was very happy to see that Hopewell Cape, Alma, Riverside-Albert, Fundy, Salisbury and Petitcodiac had been included in the new rural zone. I will explain why this move was so important.

I will give the House the example of Alma, which has Fundy National Park, and Kent county, which has Kouchibouguac National Park. The employees at Fundy National Park, who were doing the same work as those at Kouchibouguac National Park, needed 655 hours to qualify for employment insurance with a duration of about 15 weeks, while workers at Kouchibouguac National Park needed only 420 hours for a maximum of 32 weeks. That created quite an injustice between the communities.

Unfortunately this spring people working in Albert county, Hillsborough, Petitcodiac and Salisbury, which were zoned in with urban regions, went four months without income because of the 1996 legislation which shortened the period.

• (1845)

I would like to thank the government for correcting some of this injustice. We have to thank it when it does something good and I did see something good happen this week.

However, two communities were excluded from the rural zone in my riding. That is going to cause these communities quite a lot of hardship. The two communities that have been excluded are Elgin and Hillsborough. We have statistics from 1996 which show that those communities were at 17.8% unemployment. I strongly recommend to the minister that these two communities be taken into consideration during the consultation. Both Elgin and Hillsborough have very high rates of employment.

For example, if it stays as proposed, workers from Hillsborough and Elgin will be working in Hopewell Cape. Working side by side in the same industry, one worker will need 420 hours to qualify for maybe a period of 32 weeks, while the other worker working next to him or her will need over 600 hours to qualify for maybe a period of 15 weeks.

I think the government is on the right track in solving the injustice created by the economic zones that we had before. It now has a chance to make it fully correct and just for everyone. I certainly hope that the minister will take my recommendations. I am sure the mayors and community leaders are going to be putting forth recommendations also that those communities be included in the rural zone where they should be.

Ms. Bonnie Brown (Parliamentary Secretary to Minister of Human Resources Development, Lib.): Mr. Speaker, as the member has noted, a review of the employment insurance economic boundaries is now under way. These reviews as set out in the regulations must be conducted every five years. They are conducted because just as the national unemployment rate changes over time, local and regional unemployment rates also change. We need to ensure that the system reflects local unemployment rates and remains fair.

These boundaries are set out fairly and are based on four factors: the urban-rural split as in the case of the member's riding; the homogeneity of the labour market; the geography; and the reliability of employment.

We have issued a proposal for public comment. The member has suggested that part of her riding is happy with that and part of it is not so pleased. We have put that notice in the *Canada Gazette* starting May 13. The opportunity for the member and the public to comment will last for 30 days.

The EI commission has reviewed the economic zones and members of parliament of all parties have now been briefed on the

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proposed changes. The commission has every intention of having the review finalized by the summer of this year. I encourage the member opposite and her constituents to put their views forward within the 30 day period. I am sure they will be taken into consideration.

The Acting Speaker (Mr. McClelland): The motion to adjourn the House is now deemed to have been adopted. Accordingly, this House stands adjourned until tomorrow at 10 a.m., pursuant to Standing Order 24(1).

(The House adjourned at 6.47 p.m.)

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