



CANADA

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OFFICIAL REPORT
(HANSARD)

Thursday, December 5, 2002

—

Speaker: The Honourable Peter Milliken

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HOUSE OF COMMONS

Thursday, December 5, 2002

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1000)
[*English*]

GOVERNMENT RESPONSE TO PETITIONS

Mr. Geoff Regan (Parliamentary Secretary to the 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 18 petitions.

* * *

• (1005)
[*Translation*]

CRIMINAL CODE

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.) moved for leave to introduce Bill C-20, an act to amend the Criminal Code (protection of children and other vulnerable persons) and the Canada Evidence Act.

He said: Mr. Speaker, I have the honour to introduce today a bill entitled an act to amend the Criminal Code (protection of children and other vulnerable persons) and the Canada Evidence Act.

[*English*]

The bill would respond to the government's commitment in the Speech from the Throne to protect our children and other vulnerable members of society. This comprehensive package of reforms would help safeguard children and other vulnerable persons from sexual exploitation, abuse and neglect, and would better protect victims and witnesses in criminal justice proceedings.

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

* * *

COMMITTEES OF THE HOUSE

CANADIAN HERITAGE

Mr. Tony Tirabassi (Niagara Centre, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the first report of the Standing Committee on Canadian Heritage. Pursuant to its orders of reference of Thursday, October 10, 2002, the committee has

considered Bill C-227, an act respecting a national day of remembrance of the Battle of Vimy Ridge, and agreed on Thursday, November 28, 2002, to report it without amendment.

* * *

INCOME TAX ACT

Mr. Rick Casson (Lethbridge, Canadian Alliance) moved for leave to introduce Bill C-325, an act to amend the Income Tax Act (deduction for volunteer emergency service).

He said: Mr. Speaker, this private member's bill would allow for a \$3,000 deduction on taxable income for volunteers in the emergency services area who perform over 200 hours of volunteer service, people such as volunteer firefighters, rescue operators, EMS and people in those fields.

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

* * *

EXCISE TAX ACT

Mr. Rick Casson (Lethbridge, Canadian Alliance) moved for leave to introduce Bill C-326, an act to amend the Excise Tax Act.

He said: Mr. Speaker, this bill would allow for medical practitioners to have their GST zero rated on supplying diagnostic treatments, consultative services, and the expenses that they incur by performing their duties as doctors. It is supported by many and I look forward to it being debated in the House of Commons.

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

* * *

• (1010)

CONTRAVENTIONS ACT AND CONTROLLED DRUGS AND SUBSTANCES ACT

Mr. Keith Martin (Esquimalt—Juan de Fuca, Canadian Alliance) moved for leave to introduce Bill C-327, an act to amend the Contraventions Act and the Controlled Drugs and Substances Act (marihuana).

He said: Mr. Speaker, our current drug laws with respect to marijuana possession are a dismal failure. They are applied unevenly across the country and they simply do not work.

Routine Proceedings

The bill calls for the decriminalization, not legalization, of the simple possession of marijuana in amounts less than 30 grams. This would actually affect some of the youngest people in this country. It would remove the punitive effects of the drug laws we have today and hopefully put the resources from our police forces to better use, to go after the real criminals who are the organized crime gangs which are the real parasites in society.

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

* * *

[*Translation*]

CANADA LABOUR CODE

Ms. Monique Guay (Laurentides, BQ) moved for leave to introduce Bill C-328, an act to amend the Canada Labour Code.

She said: Mr. Speaker, it is with great pleasure that I rise today to introduce, one more time, anti-scab legislation.

We had a debate on this issue on November 20, but the bill was not designated as a votable item. I am introducing it again today and relishing the thought that, starting in February, the new procedure adopted by the House will be in place and we will therefore be able to have a real indepth debate on this most important issue.

I have just had people telling me again that they support this bill, including people from New Brunswick. All provinces want anti-scab legislation. We will finally be able to vote on this and see if our colleagues opposite are interested in such legislation.

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

* * *

[*English*]

PETITIONS**GOVERNMENT CONTRACTS**

Mr. Jim Abbott (Kootenay—Columbia, Canadian Alliance): Mr. Speaker, it is my privilege to present to the House three petitions on behalf of my constituents.

The first petition, signed by 29 people, relates to the Auditor General and her review of the Minister of Public Works and Government Services particularly with respect to Groupaction. The petitioners are requesting the government assembled and Parliament to order an independent public inquiry which is the only way to shed light on the close links between the Liberal Party and some advertising agencies which received hundreds of millions of dollars worth of contracts from the Prime Minister's government in the past nine years.

●(1015)

STEM CELL RESEARCH

Mr. Jim Abbott (Kootenay—Columbia, Canadian Alliance): Mr. Speaker, the second petition, signed by 61 people in my constituency, has to do with stem cell research.

The petitioners recognize that hundreds of thousands of Canadians suffer from debilitating illness and disease, such as Parkinson's, Alzheimer's, diabetes, cancer, muscular dystrophy and spinal cord injury. They call upon Parliament to focus its legislative support on

adult stem cell research to find the cures and therapies necessary to treat the illnesses and diseases of suffering Canadians.

CHILD PORNOGRAPHY

Mr. Jim Abbott (Kootenay—Columbia, Canadian Alliance): Mr. Speaker, the third petition, signed by over 700 people, has to do with child pornography.

The creation of child pornography is condemned by a clear majority of Canadians. The courts have not applied the current child pornography law in a way which makes clear that such exploitation of children will always be met with swift punishment. The petitioners are calling on Parliament to protect our children by taking all steps necessary to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

CANADIAN EMERGENCY PREPAREDNESS COLLEGE

Mrs. Cheryl Gallant (Renfrew—Nipissing—Pembroke, Canadian Alliance): Mr. Speaker, on behalf of the people of Renfrew and Nipissing I present yet another petition on a matter of great urgency. It requests that Parliament recognize that the Canadian Emergency Preparedness College is essential in training Canadians for emergency situations, that the facility should stay in Amprior, and that the government should upgrade the facilities to provide the necessary training to Canadians to protect our citizens.

STEM CELL RESEARCH

Mr. Gurmant Grewal (Surrey Central, Canadian Alliance): Mr. Speaker, I am pleased to rise on behalf of the constituents of Surrey Central to present a petition. The petitioners call upon Parliament to support adult stem cell research to find cures and therapies necessary to treat the illnesses and diseases afflicting Canadians.

TAXATION

Mr. Gurmant Grewal (Surrey Central, Canadian Alliance): Mr. Speaker, the second petition I am tabling is signed by Surrey residents. The petitioners call upon Parliament to give Canadian taxpayers a break in the upcoming budget by instituting tax relief of at least 25% over the next three years.

MARRIAGE

Mr. Gurmant Grewal (Surrey Central, Canadian Alliance): Mr. Speaker, the third petition I am pleased to table on behalf of the residents of Surrey Central calls upon Parliament to affirm the opposite sex definition of marriage in legislation and ensure that marriage is recognized as a unique institution.

[*Translation*]

GOVERNMENT CONTRACTS

Mr. Ghislain Lebel (Chambly, Ind.): Mr. Speaker, I am pleased to table three petitions this morning. The first two concern the same subject and were signed by 382 people; they request the government in Parliament assembled to order a public inquiry into the whole affair concerning the awarding of contracts to friends, namely Groupaction and Everest, of the Liberal Party of Canada. I hereby table this petition containing 382 signatures.

CHILD PORNOGRAPHY

Mr. Ghislain Lebel (Chambly, Ind.): Mr. Speaker, the third petition urges the government to take strong measures against child pornography.

It is signed by 33 petitioners, who are asking Parliament to be stricter when it comes to protecting our children from all the advertising and pornography that surrounds us, including those on some stores' shelves.

The petitioners therefore ask the government to act to protect our children. I hope that the bill introduced earlier by the Minister of Justice does just that.

[English]

INCOME TAX ACT

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, pursuant to Standing Order 36, it is my pleasure to rise to present a petition containing 203 signatures of people living in the Montreal area who support my private member's bill that amends the Income Tax Act to permit tax deductions for child adoption expenses.

The petitioners call upon Parliament to pass Bill C-246, which would allow adoptive parents to deduct a portion of the cost they incur when adopting a child.

It is interesting that in today's *Globe and Mail* there is a story about how adopting a child can be an extremely expensive process. That is why these petitioners believe the government should move immediately to reduce these expenses through allowing tax deductions for those costs.

CHILD PORNOGRAPHY

Mr. Reed Elley (Nanaimo—Cowichan, Canadian Alliance): Mr. Speaker, it is a pleasure, on behalf of over 500 constituents in my riding of Nanaimo—Cowichan, to present four petitions.

Two of the petitions were signed by 378 constituents in which they ask that the government please take all the necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children be outlawed.

BILL C-415

Mr. Reed Elley (Nanaimo—Cowichan, Canadian Alliance): Mr. Speaker, I have two other petitions that have been signed by 138 petitioners who are concerned about private members' bill, Bill C-415. In their opinion it would add sexual orientation to a current list of identifiable groups, that this would then have the capacity under the Criminal Code to brand the Bible and other sacred religious books as hate propaganda, and that this would indeed then be a matter of religious freedom.

The petitioners would ask that Parliament halt the passage of Bill C-415, ensuring that religious freedom remains unfettered in Canada.

• (1020)

CHILD PORNOGRAPHY

Mr. Carmen Provenzano (Sault Ste. Marie, Lib.): Mr. Speaker, it is my honour to present a petition signed by several hundred

Points of Order

people in my riding calling upon Parliament to protect our children by taking all necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

MARIJUANA

Mr. Rick Casson (Lethbridge, Canadian Alliance): Mr. Speaker, I have two petitions here today. The first one has been signed by 70 residents of my riding of Lethbridge.

The petitioners call upon Parliament to protect our youth and oppose legislation that legalizes or decriminalizes the use and abuse of marijuana. They find that the Senate recommendation to wipe clean the records of any person ever convicted of marijuana possession would set a dangerous precedent.

CHILD PORNOGRAPHY

Mr. Rick Casson (Lethbridge, Canadian Alliance): Mr. Speaker, the next petition has been signed by 407 residents of southern Alberta, Medicine Hat, Calgary, Lethbridge and Coaldale. They petition Parliament to protect our children by taking all the necessary steps to ensure that all materials which promote or glorify pedophilia or sado-masochistic activities involving children are outlawed.

* * *

QUESTIONS ON THE ORDER PAPER

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

The Speaker: Is that agreed?

Some hon. members: Agreed.

* * *

POINTS OF ORDER

BILL C-10

The Speaker: Yesterday the Chair heard a point of order from the hon. member for Winnipeg—Transcona, which the Chair put off because the message had not arrived. The message has arrived.

If the hon. member for Saskatoon—Rosetown—Biggar wishes to pursue this point. I am prepared to hear from her and other members who may wish to have something to say on this point.

Mrs. Carol Skelton (Saskatoon—Rosetown—Biggar, Canadian Alliance): Mr. Speaker, my point of order is in regard to the Senate message received yesterday. It reads:

That the Clerk do carry this bill back to the House of Commons and acquaint that House that the Senate has divided the bill into two bills, Bill C-10A, an act to amend the Criminal Code (firearms) and the Firearms Act, and Bill C-10B, an act to amend the Criminal Code (cruelty to animals), both of which are attached to this Message as Appendices "A" and "B" respectively; and That the Clerk further acquaint the House that: (a) the Senate desires the concurrence of the House of Commons in the division of Bill C-10; (b) the Senate has passed Bill C-10A without amendment; and (c) the Senate is further considering Bill C-10B.

Points of Order

These are the two issues. First, I will agree that it is not in order for the Senate to divide a bill passed by the House of Commons. Second, the House cannot waive its privileges in this matter. Therefore, the only response would be to decline the concurrence because by agreeing to this message the House would be going beyond the powers conferred upon it by the Constitution.

Bill C-10 received three readings in the House and second reading in the Senate. On November 20, a motion was adopted in the Senate regarding Bill C-10. It read:

That it be an instruction to the Standing Senate Committee on Legal and Constitutional Affairs that it divide Bill C-10, an Act to amend the Criminal Code (cruelty to animals and firearms) and the Firearms Act, into two Bills, in order that it may deal separately with the provisions relating to firearms and provisions relating to cruelty to animals.

Yesterday a message was received by the House informing members that the Senate had divided Bill C-10 into two bills, Bill C-10A and Bill C-10B, and the Senate is asking for concurrence.

There is only one precedent regarding this issue.

On June 7, 1988, the Senate considered the matter of dividing Bill C-103, an act to increase opportunity for economic development in Atlantic Canada Opportunities Agency and Enterprise Cape Breton Corporation, and to make consequential and related amendments to other acts. Bill C-103 had gone through the normal legislative process, received third reading and was sent to the Senate.

The Senate instructed the finance committee to divide Bill C-103. This was challenged and the Speaker in the Senate made the following ruling:

The main procedural problem, the Chair feels, lies with the nature of Bill C-103 itself. It is a government bill and a money bill, having been recommended by Her Excellency the Governor General. Senator Graham's motion is quite clear that the National Finance Committee will be instructed to divide Bill C-103 into two bills. Erskine May states, on page 564, that, when an instruction has been given to the committee that a bill may be divided into two or more bills, "the separate bills have been separately reported." If it is divided, Bill C-103 will no longer be on the Senate Order Paper but will be superseded by two separate bills.

The Chair has a problem in accepting that these two separate bills are still government bills. Senator Graham's instruction does not deal with amending a government bill, but with dividing a government bill into two bills. These two bills would therefore have found their way before Parliament, not in the House of Commons but in the Senate. Since they would both be bills appropriating public money, it would appear to the Chair that such action would be in contravention of Section 53 of the Constitution Act, 1867. For this very important reason, I must conclude that the motion of the Honourable Senator Graham is not in order.

This ruling was overruled by the Senate and Bill C-103 was divided and part I of the bill was sent to the House of Commons.

On July 11, 1988, the Speaker of the House of Commons ruled that the procedural event concerning Bill C-103 was totally without precedent. He said:

In the case of Bill C-103, it is my opinion, and with great respect of course, that the Senate should have respected the propriety of asking the House of Commons to concur in its action of dividing Bill C-103 and in reporting only part of the Bill back as a fait accompli has infringed the privileges of this place.

Furthermore, Bill C-103 has attached to it, pursuant to our Standing Orders and Section 54 of the Constitution, a financial recommendation of Her Excellency the Governor General. So this Bill is in a very real sense a Financial Bill.

• (1025)

The Speaker then ruled that the privileges of the House had been breached. As you are aware, Mr. Speaker, Bill C-10, also has

attached to it a royal recommendation and therefore falls within the same definition as Bill C-103.

In his ruling on Bill C-103, the Speaker stated that he did not have the power to enforce the privileges of the House directly. He said that he could not rule the Message from the Senate out of order for that would leave Bill C-103 in limbo. He said:

The cure in this case is for the House to claim its privileges or to forgo them....

Mr. Speaker, this is where Speaker Fraser's ruling is somewhat flawed. I agree with the first part that the House must claim its privileges. However I disagree with the suggestion that the House can forgo its privileges in this case. It did not in the case of Bill C-103. In the case of Bill C-103 a motion was introduced and adopted that read:

The Senate has altered the ends, purposes, considerations, limitations and qualifications of the grants of aid and supply set out in this bill, contrary to Standing Order 87, as recommended by Her Excellency the Governor General to this House and has therefore infringed the privileges of the House, and asked that the Senate return Bill C-103 in an undivided form.

A motion upholding the privileges of the House would of course be in order. A motion breaching our rules that are entrenched in that Constitution should not.

With Bill C-103 both the Senate Speaker and the Commons Speaker established that it was out of order for the Senate to divide a Commons bill, particularly a financial bill since it is an infringement of the privileges of the House of Commons.

With respect to Bill C-10, on Tuesday the Senate Speaker ignored any objection to the procedure because he ruled that he would respect the decision of the Senate. The difference between the Bill C-103 situation and the Bill C-10 situation in the Senate is that the objection to the procedure in the case of Bill C-10 was raised after a motion had been adopted and the objection to the procedure in the case of Bill C-103 was raised before the Senate adopted the motion.

The scenario in the House for Bill C-10 is that the objection is being raised before any motion in response to the message is introduced or adopted. Therefore the two rulings for Bill C-103 are still relevant and the Senate ruling for Bill C-10 is not.

The question and the subject of the remainder of my point will focus on who decides or who defends the privileges of the House in this particular manner.

In the case of Bill C-103 the Speaker ruled that the House ought to decide. As I said earlier, I believe that this ruling by Speaker Fraser is flawed and inconsistent with our practices in these matters.

Points of Order

In the case of Bill C-103, there was no harm done because the government's motion defended the privileges of the House. There was no harm done with respect to Bill C-103 but there is potential harm if we do not correct the errors of Speaker Fraser's ruling and allow the House to decide because the government may very well want to agree with the Senate and I believe that the House cannot waive its privileges by simply a majority vote. Since the simple majority of this House cannot override the Constitution, the onus is on the Speaker to rule that the Senate breached our privileges and state that this House cannot concur with the Senate.

Any motion by the government attempting to agree with the message should be ruled out of order. I have two points to make in this regard.

First, Speakers and others have claimed that the Speaker cannot rule on constitutional matters. This causes some confusion because Speakers have ruled on constitutional matters.

In Speaker Fraser's ruling of July 11, 1998, he stated:

Certain questions remain to be answered: by splitting the Bill does the Royal Recommendation still apply? Have the financial privileges of the Commons been breached? As Speaker of the House of Commons, I will not attempt to answer such constitutional questions....

● (1030)

His next statement concludes:

—clearly this House has always considered Standing Order 87...as setting out a special relationship between the Commons, that is, this House of Commons, and the Sovereign. I have ruled that the privileges of the House have been infringed.

When constitutional matters that relate to our standing orders are not in question, the Speaker has the right and the duty to rule. These constitutional requirements that are reflected in our rules are as follows: section 48 of the constitution sets out the quorum requirement of the House and is repeated in our Standing Orders as Standing Order 29; and section 53 and section 54 concerning the procedure for the introduction of money bills is reflected in Standing Order 80. It is these sections of the constitution and this Standing Order that is one of the issues of this point of order.

Section 53 reads:

Bills for appropriating any part of the Public Revenue, or for imposing any Tax or Impost shall originate in the House of Commons.

Section 54 provides that:

It shall not be lawful for the House of Commons to adopt or pass any Vote, Resolution, Address, or Bill for the Appropriation of any Part of the Public Revenue, or of any Tax or Impost, to any Purpose that has not been first recommended to that House by Message of the Governor General in the Session in which such Vote, Resolution, Address, or Bill is proposed.

Standing Order 80, section 1, reads:

All aids and supplies granted to the Sovereign by the Parliament of Canada are the sole gift of the House of Commons, and all bills for granting such aids and supplies ought to begin with the House, as it is the undoubted right of the House to direct, limit, and appoint in all such bills, the ends, purposes, considerations, conditions, limitations and qualifications of such grants, which are not alterable by the Senate.

Whenever there is a departure from order relating to these particular procedural requirements set out in the constitution, the Speaker has the duty and the authority to bring down a ruling.

As you are aware, Mr. Speaker, Speakers have routinely ruled private members' bills to be out of order because they required royal recommendations. On page 897 of Marleau and Montpetit, it states:

There is a constitutional requirement that bills proposing the expenditure of public funds must be accompanied by a royal recommendation, which can be obtained only by the government and introduced by a Minister. Since a Minister cannot propose items of Private Members' Business, a private Members' bill should therefore not contain provisions for the spending of funds.

In the footnotes of that page are examples of times when the Speaker ruled on the constitutional requirement of royal recommendations. It cites *Journals* of November 9, 1978; February 20, 1979; June 6, 1980; and *Debates* on November 1, 1991. How can the case be made that the Speaker does not rule on constitutional matters?

Just recently on October 24, the Speaker ruled on a point of order raised earlier in the day by the government House leader concerning the bill introduced by the hon. member for Winnipeg Centre. The Speaker ruled:

The case before the House is clear. The bill introduced by the hon. member for Winnipeg Centre seeks to remove an existing tax exemption. If adopted, this measure would have the effect of increasing the tax payable by a certain group of taxpayers. Legislation of this sort, however worthy, may only be introduced when preceded by a motion of ways and means provided by a minister of the Crown, as I said earlier.

As the bill in question was not preceded by a ways and means motion, the proceedings this morning were not in acceptable form. I therefore rule them null and void and the order for second reading of the bill be discharged and the bill withdrawn from the Order Paper.

In the last session the Speaker laid out in great detail the financial privileges of this House when he rules on Bill S-13. I will not repeat this excellent overview provided by the Speaker, but instead I will simply point out to those who are interested that they can educate themselves on the topic by referring to the Speaker's ruling from *Hansard* of December 2, 1998.

On December 2, 1998, the Speaker, laid out the financial privileges of the House. He indicated that those privileges had been breached with the introduction of Bill S-13 and he immediately ordered the bill to be withdrawn.

● (1035)

He said:

The House of Commons has the exclusive right and obligation to legislate financial measures...I am obligated as your Speaker to ensure that these fundamental financial privileges are not compromised.

The Speaker did not ask the House to decide whether it wanted to wave the privileges or to uphold them. The Speaker said that he was obliged to ensure that financial privileges of the House are not compromised.

There are many other examples. I will name a few. In 1969 Mr. Baldwin objected to Senate Bill S-3 which provided for the dissolution of the Dominion Coal Board. Mr. Baldwin argued that the money, although already appropriated by Parliament, was diverted for other purposes. Stanley Knowles supported the argument by pointing out that the appropriation of the money lapsed with the changes made by the bill and therefore to spend these moneys in some other way would be an inappropriation of the bill.

The Speaker's ruling on the matter was:

The provisions of Bill S-3 relating to the appropriation of public moneys infringe on the privileges of the House.

Points of Order

The Speaker ordered that the bill be laid aside and the notice for the first reading be removed from the Order Paper. In a ruling from the Speaker from 1973 regarding Bill S-5, Farm Improvement Loans Act, it was argued that while the bill did not in itself propose a direct expenditure, it did propose substantial additional liabilities on public money. The Speaker ruled that the bill be removed from the Order Paper.

This is what I am asking the Speaker to do with respect to this issue; make a ruling and enforce it. The Senate is asking this House to adopt Bill C-10A. If Bill C-10A is allowed to proceed then its twin sister Bill C-10B will indirectly be legitimized and the Senate will be a proud father of another bouncing baby money bill.

The motion would enable two money bills created by the Senate to exist. It is the Speaker's obligation to rule that this contravenes our practice. There is no way the House by majority vote or by unanimous consent can waive procedures that are provided for in the constitution. This brings me to my second point.

If the House were to agree with the Senate, the House would be adopted procedures which go beyond the power conferred upon it by the constitution. There are similar precedents regarding committees that you should consider, Mr. Speaker.

On June 20, 1994, and November 7, 1996, the Speaker ruled:

While it is a tradition of this House that committees are masters of their own proceedings, they cannot establish procedures which go beyond the powers conferred upon them by the House.

If we are to be consistent, I would point out that while the House is a master of its own proceedings, it could not establish procedures which go beyond the powers conferred on it by the constitution. The Supreme Court of Canada ruled in 1985 that the requirement of section 133 of the Constitution Act, 1867 and of section 23 of the Manitoba Act of 1870, respecting the use of both the English and French languages in the records and journals of the House of Parliament of Canada, are mandatory and must be obeyed.

Accordingly the House can not longer depart from its own code of procedure when considering a procedure entrenched in the constitution.

On page 295, 2nd edition of Joseph Maingot's *Parliamentary Privilege in Canada*, in reference to the 1985 case, he lists those constitutional requirements regarding parliamentary procedure that must be obeyed and includes in that list section 53 and section 54 which deal with the financial privileges of a House of Commons.

Therefore, Mr. Speaker, it is your duty to rule on this matter that any motion that attempts to breach the privileges of the House should be disallowed. You cannot allow the House to even consider waiving these privileges. What is the point of having a constitution if the House by a simple majority vote can override it?

It has been established that it is not in order for the Senate to divide a bill that originated from the House of Commons. I have also argued that the House cannot waive these privileges because by doing so the House would be going beyond the powers conferred upon it by the constitution.

● (1040)

Accordingly, it is up to the Speaker to rule on that this matter infringes on the privileges of the House and no further action, except for a message upholding our privileges, can be taken.

Lord Durham, in the 1839 report on the affairs of British North America, was scandalized that there was no rule requiring a royal recommendation either in Upper or Lower Canada. He wrote:

The prerogative of the Crown which is constantly exercised in Great Britain for the real protection of the people, ought never to have been waived in the Colonies; and if the rule of the Imperial Parliament, that no money vote were introduced into these Colonies, it might be wisely employed in protecting the public interests, now frequently sacrificed in that scramble for local appropriations, which chiefly serves to give an undue influence to particular individuals or parties.

In accordance with Durham's wishes, the royal recommendation requirement was made part of the Union Act, 1840.

I want to conclude by commenting on amendments made by the Senate to the money bills. I appreciate that the government may raise this and try to use it as a lame precedent so I would like to get my view of this on the record.

The usual way for the House of Commons to give its consent to Senate amendments on money bills is through the waiving of privileges under protest. For example, in 1939 the Senate amended the income tax bill to eliminate some retroactive features of the legislation. Supported by all sides of the House, the government first contemplated refusal, but in view of the advanced stage of the session it finally moved,

that this House concur in the set amendments, and while so doing it does not think it advisable at this period of the session to insist on its privileges in respect thereto, but that the waiver of said privileges in this case be not however drawn into a precedent...

I mention this because what we are considering here is not an amendment but a creation of two separate bills, Bill C-10A and Bill C-10B. The acceptance of the amendment precedence cannot be used for two reasons. There is much argument that the Senate has the power to amend money bills and any claim by the House is just that, a claim and not anything substantiated by hard and fast rules or convention. The matter of bills originating from the Senate that require a royal recommendation is a rule that is not open for interpretation or debate. The rules of this House and the constitution state that fact very clearly and it has been upheld by speakers for over 100 years.

We cannot consider any precedence regarding Senate amendments to bills. What we are dealing with here are two new bills from the Senate. In cases of bills coming from the Senate, it is the Speaker who rules. It is not a matter of the government waiving or rejecting an amendment.

● (1045)

The Speaker: I will continue with the argument on this point of order first. I will deal with the hon. member's question of privilege, which I know relates to a similar argument a little later.

[*Translation*]

First I will hear the member for Acadie—Bathurst on the same subject, and then I will hear the Parliamentary Secretary to the Leader of the Government in the House.

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I want to remind the House of what the member for Winnipeg—Transcona said yesterday in the House. Here is what he said, as recorded on page 2267 of *Hansard*:

I would want to argue, Mr. Speaker, that the House should be very concerned about what has happened in the other place with respect to Bill C-10.

Bill C-10 was accompanied by a royal recommendation which stated:

Her Excellency the Governor General recommends to the House of Commons the appropriation of public revenue under the circumstances in the manner and for the purposes set out in a measure entitled "An Act to amend the Criminal Code (cruelty to animals and firearms) and the Firearms Act".

On November 20, 2002 the Senate adopted, on division, the following motion, "That it be an instruction to the Standing Senate Committee on Legal and Constitutional Affairs that it divide Bill C-10, an act to amend the Criminal Code (cruelty to animals and firearms) and the Firearms Act into two bills in order that it may deal separately with the provisions relating to firearms and provisions relating to cruelty to animals".

The effect of this motion, Mr. Speaker, has been the creation of two new bills in the Senate, Bill C-10A and Bill C-10B.

The member went on to say:

Last night the hon. Speaker of the Senate upheld the reporting back of the...Bill C-10A, ...and the continued examination of Bill C-10B, which now risks being lost in some procedural maze in the Senate.

It seems to me, Mr. Speaker, that it is this House that should decide what pieces of legislation are divided up and in what way they are dealt with. I say this without prejudice to the fact that I can quite understand the desire of the Senate to deal with these matters separately. I share... a concern that a lot of members of Parliament have and obviously a lot of senators have with respect to the nature of omnibus legislation.

Nevertheless, it should be up to the House of Commons to do this, because the way in which the Senate has dealt with Bill C-10 has infringed on the financial initiative of the Crown and on the privileges of the House of Commons.

[English]

By inventing the new Bill C-10B, I would argue that the Senate has violated our privilege by creating a new bill that requires the expenditure of public funds, which it has no authority to do, procedurally or constitutionally.

Indeed, the new so-called Bill C-10A should really be called Bill S-something or other, because it is not a creation of the House but rather some bill that the Senate invented based on legislation referred to it by the House. Bill C-10A does involve the expenditure of public funds. For example, it creates a position of commissioner appointed by the governor in council.

At a very minimum, given the proclivity of the Minister of Justice's department for omnibus bills, if we allow this to go forward we are only bound to get into this problem again. For example, on yesterday's Order Paper the government gave notice that it intended to introduce a bill: December 3, 2002—The Minister of Justice—Bill entitled "An Act to amend the Criminal Code (protection of children and other vulnerable persons) and the Canada Evidence Act". We could very well find ourselves here again in six months.

Mr. Speaker, if you are tempted to accept the argument that the Senate has not violated a 'money bill' or toyed with the royal recommendation, which is the right of this House alone, I would like to cite Erskine May, 21st edition, at page 753, which talks about the limitation imposed by the U.K. Parliament Act of 1911 on the role of the House of Lords that debars them from amending or rejecting 'money bills'. Section 6 of the Parliament Act provides that:

...nothing in this Act shall diminish or qualify the existing rights and privileges of the House of Commons.' This in practice gives the Commons a choice of

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proceeding upon Lords amendments under their privileges or according to the procedure laid down by the Act, and consequently they are free to consider, and, if they choose, accept amendments made by the Lords to a certified bill.

● (1050)

In conclusion, Mr. Speaker, I appeal to you with the words of hon. Speaker Fraser of July 11, 1988, wherein he cautioned that if it can happen with a government bill:

...the same situation could arise under our reformed rules for a Private Members' Bill. It is in the better interests of this place to request Their Honours in the Senate to first consult with this House before they report to us such unilateral action.

We will leave it in your hands, Mr. Speaker, for a decision. We believe it to be a very important decision.

Mr. Geoff Regan (Parliamentary Secretary to the Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would like to respond to the point of order raised by the member for Winnipeg—Transcona.

The other place has reported to this House that it has divided Bill C-10 into two bills and has designated the part dealing with firearms as Bill C-10A and has sent it to this House without amendment.

Standing Order 80 states that money bills are not alterable by the Senate. That said, the House may choose to waive its privileges to accept Senate amendments to money bills.

Beauchesne's 6th edition, on page 187, states:

When the House receives a Message from the Senate stating that it has amended a tax bill, the House may concur in the amendments but disapprove of any infraction of its privileges or rights by the other House. In this case, the House waives its claim to insist upon such rights and privileges, but the waiver of the said rights and privileges is not to be constituted as a precedent.

Beauchesne's goes on to state:

It involves a question of the privileges of the House which have been enshrined in Standing Order 80.

The most recent example of the House accepting Senate amendments to a financial bill was in 1997 when the Senate amended Bill C-70 respecting changes to the GST. In concurring in the Senate amendments, the House indicated that it was waiving its privileges with respect to financial bills.

There are two precedents which are particularly relevant in the matter of Bill C-10. First, in 1941 the Senate amended a war revenue bill and incorporated a separate bill into the revenue bill, in effect creating an omnibus money bill. The Senate specifically requested the concurrence of the House for these amendments. The House chose to waive its privileges and accepted the Senate's amendments. Second, in 1988 the Senate divided Bill C-103 establishing ACOA and the Enterprise Cape Breton Corporation. Initially the Senate had included in its message to the House a request for the concurrence of the House for the division, but this request was deleted from the final Senate message to the House.

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In 1988, the then Speaker of the House, drawing on the 1941 precedent I mentioned earlier, concluded that because the Senate did not seek the concurrence of the House on the division of Bill C-103, the Senate's actions were inconsistent with established precedents and infringed upon the privileges of the House.

The Speaker at the time stated:

In the case of Bill C-103, it is my opinion, and with great respect of course, that the Senate should have respected the propriety of asking the House of Commons to concur in its action of dividing Bill C-103 and in reporting only part of the bill back as a *fait accompli* has infringed the privileges of this place.

I would like to address considerations related to the division by the Senate of a money bill. All financial legislation must first receive a royal recommendation as set out in section 54 of the Constitution Act, 1867 and Standing Order 79 of the House.

The House, in dividing money bills, including the precursor of Bill C-10, does not require a new recommendation. Since the recommendation is a message to the House, it is within the House's privileges to divide a money bill without altering the fundamental authorization for spending under the different parts of the bill.

In the same way, the division of a bill in the Senate would not affect the constitutional or legal validity and application of the initial royal recommendation given for the larger bill.

Members will also know that financial legislation must "originate" in the House of Commons. This principle is set out in section 54 of the Constitution Act, 1867 and Standing Order 80 of the House.

Some observers have wondered whether the division into separate bills would result in two separate bills which originated in the Senate, not the House. Given that the Senate's division of the bill does not result in an origination of two new bills, each bill could still be considered to have originated in the House with the original royal recommendation. As a result, both parts of a divided Bill C-10 would meet the constitutional requirement of origination in the House of Commons.

Under Standing Order 80, this House asserts that financial legislation may not be amended by the Senate, which is an extension of sections 53 and 54 of the Constitution Act, 1867. This extension is not a necessary result of the Constitution, but rather an assertion by the House of its privileges with respect to financial legislation.

• (1055)

The House traditionally asserts the principle that Senate amendment of financial legislation is a breach of the privileges of the House of Commons. The House enacted the standing order in 1867 and it has remained unchanged since. It provides that the Senate may not alter financial legislation, although as I have indicated, the House may choose to waive its privileges in this area.

It is significant that there have been many cases where the Senate has not requested the concurrence of the House for amendments to financial bills, and the House has concurred in the Senate's amendments.

There have also been many cases where the House concurred in Senate amendments to financial bills without specifically stating in the concurrence motion that it was waiving its privileges with respect to financial bills.

This suggests Senate amendments to financial bills may be viewed on at least two levels. First, the 1988 ruling of the Speaker suggests that the Senate's division of a money bill, or the 1941 omnibusing of a money bill, may be of a level of significance that this should be accompanied by a Senate request for House concurrence and a House waiver of its privileges with respect to financial bills.

On the other hand, other Senate amendments to money bills covers may be seen by this House as less significant, and not necessarily requiring a Senate request for the concurrence of the House and a specific statement by the House waiving its privileges with respect to financial bills.

The Senate's division of Bill C-10 is different from the 1988 division of Bill C-103 in two very important ways. First, both parts of Bill C-103 were money bills requiring royal recommendations. However, I understand that the only provision of Bill C-10 that requires a royal recommendation is the provision that establishes the commissioner of firearms. This proposal originated in the House of Commons with a royal recommendation. The Senate has passed this provision, and indeed all of Bill C-10A, without amendment. The second difference between the 1988 precedent and Bill C-10 is that the Senate has sought the concurrence of the House for the division of Bill C-10 and the amendments respect Bill C-10A.

This addresses a concern expressed in the then Speaker's ruling with respect to the Senate's division of a money bill. In keeping with that ruling, as Beauchesne's indicates, the House may therefore choose to waive its privileges, consistent with the precedents, and concur in Bill C-10A.

In conclusion, while there is no specific precedent for the House accepting the division of a money bill by the Senate, the Speaker's 1988 ruling, the 1941 precedent of the Senate omnibusing a money bill, and the established practices of the House indicate that it would be acceptable for the House to waive its privileges and agree to the Senate's division of Bill C-10.

The government has given notice of a motion to agree to the Senate's division of Bill C-10, while at the same time indicating to the Senate that we do not waive our privileges in this respect, nor should this action be considered a precedent.

Subject to your ruling, Mr. Speaker, it would be the government's intention to proceed with this item as soon as possible.

• (1100)

The Speaker: I believe that submission deals with the points of order raised yesterday by the hon. member for Winnipeg—Transcona.

The member for Pictou—Antigonish—Guysborough has a question of privilege which I suspect is very similar to the point of order, but I am quite prepared to hear him on that point now.

* * *

PRIVILEGE

BILL C-10

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, I must express my dismay for the order in which we dealt with this. As the Chair would know, a question of privilege trumps a point of order. I gave notice to the Chair of this question of privilege yesterday.

In any event, I hope to present to the House and to you, Mr. Speaker, a cogent and coherent argument which I believe will be compelling and will cause the Speaker to act in such a way that Bill C-10 will not proceed further through the House in this form. The natural result of this would be to save Canadians further expenditures of hundreds of millions of dollars and arguably give law-abiding citizens potential criminal records if the bill were to pass. Quite briefly, this question of privilege, I suggest, should prevent the further passage of Bill C-10.

The arguments presented by the parliamentary secretary suggest that there is a precedent for what is about to occur. He went on to say that the precedent is not really a precedent because we declare it is not. In essence, we are being presented with a nonsensical argument. This is tantamount to pouring whisky into a jar of milk and then attempting to strain it out. If the precedent is there, it is there. He is asking the House to accept that we can waive our privileges somehow.

What that would do in terms of legislation in presenting new powers to the Senate that do not exist is say that we will just acquiesce and give it those powers. We would say to those who seek to rob us, "Please come in our house. We will go away while you help yourself to the cutlery".

In the *Journals* yesterday there was a recorded message from the Senate concerning Bill C-10, an act to amend the Criminal Code (cruelty to animals and the Firearms Act). The message, Mr. Speaker, that you have before you, and I will not read it in its entirety, essentially asks for concurrence, something I suggest that the Liberal dominated Senate knows it cannot do. There is no explanation and no reasons given; it is simply asking that this House concur in what it is attempting to do.

This indicates the Senate has taken upon itself to tamper with a House of Commons bill, a bill which carries the royal recommendation and which also is what is generally described as an omnibus bill. Mr. Speaker, you would have a copy of that. On that bill I note on the last page it says, "Published under the authority of the Speaker of the House of Commons", which makes the Speaker complicit in what the Senate is trying to do.

I first want to say that this message may well represent a sea change to the way in which omnibus bills are considered by Parliament. The precedent cited can only destroy and diminish previous precedents. I suggest quite strongly that any precedent that has been cited already can clearly be distinguished. We gave third

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reading to something similar to Bill C-10A, but it is completely different, of course.

I ask the Speaker in his consideration of this question of privilege to focus on the form of the bill. My argument is premised on the fact that the action taken by the Liberal dominated Senate is unprecedented, extraparliamentary and a power grab that will result in a bill that is not in its proper form and therefore a bill not properly before Parliament.

If the government is prepared to have unelected senators dismantle omnibus bills, I think it will have a significant rebellion on its hands with respect to the way the House is being asked to approve omnibus legislation. I for one, and I suspect a large number of those sitting on the government side, will not be content to tell our electors that we had to vote for an omnibus bill because of some of the provisions in the bill and then watch the senators cherry-pick the provisions of the same bill.

Let us be clear. What is about to happen is a huge shift in power toward the Senate. None of the senators will have to explain their actions to the voters. There is no precedent for this to occur. It goes beyond the constitution of the Senate. It also offends the notion of the relationship between the two chambers, which would offset the current balance. The other place, I am suggesting strongly, is exceeding its powers. We cannot therefore waive our privilege in this regard.

• (1105)

Let me state something immediately before proceeding with this question of privilege.

Bill C-10 was sent to the Senate. Printed on it was the text of the recommendation of Her Excellency the Governor General. It was a bill originating in the House of Commons, as it must do because it is a money bill.

Bill C-10 incidentally was a portion of Bill C-15 in the last Parliament and similarly resulted in a splitting of the bill after much pressure from the opposition. It died on the Order Paper after prorogation. It died in the Senate.

The bill is now numbered C-10 because it is a House of Commons bill. The Senate message says that it has divided the bill. However, Mr. Speaker, what I strongly urge you to accept is that is not the case. What the Senate has done, I believe, is more than divide the bill. It has rewritten the bill.

I ask the Speaker again, respectfully, to review the precedence with respect to the form of a bill. The Speaker will find that the form of a bill is set out in Beauchesne's sixth edition at section 626. It cites, among other things, the title, the preamble, the enacting clause, the clauses, the schedules, explanatory notes and so on.

Mr. Speaker, you will note that Bill C-10A as it now appears has a different title. It has in fact different numbers attached to the clauses of the bill.

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The document sent to us by the Senate contains appendix A and appendix B; two bills with new titles. These are new bills created and written by the Senate. They may contain similar language to part of Bill C-10, but make no mistake, what we have before us are two new bills. I should clarify that we have part of two new bills; one remains of course in the other place.

The Senate message indicates that notwithstanding the fact that it has returned Bill C-10 to the House, it is continuing to examine what it is now calling Bill C-10B. What is at work is one portion, dealing with firearms, is running out of time because of the incompetence and poor planning of the government. The other portion is remaining before the Senate because there is still contention, even among Liberal backbenchers and members of both Houses. That is an attempt to make this entire situation more palatable.

I readily admit that the Senate has the right to send to the House bills that originate there, that is, in the Senate. Bills may be written by senators, either in the form of private members' bills or simply S bills. The House receives those bills regularly. Senate bills carry the prefix S to designate their house of origin. It is clear from the Constitution that Senate bills, S bills, cannot, and I underline cannot, be money bills.

I contend that by drafting something that the Senate calls Bill C-10A and Bill C-10B and by telling the House that it is continuing to examine Bill C-10B, the Senate is attempting to create something that only this House can create, namely a C bill. By doing that, it has committed a constructive contempt of the House. We in the House do not create a bill in the House and advertise it as a Senate bill. As the old saying goes, "What is good for the goose is sauce for the gander".

Without quoting extensively from the standing orders, I refer to Standing Order 80, which states:

All aids and supplies granted to the Sovereign by the Parliament of Canada are the sole gift of the House of Commons, and all bills for granting such aids and supplies ought to begin with the House, as it is the undoubted right of the House to direct—

Note that it states "the sole gift". Mr. Speaker, I refer you as well to the Constitution Act, 1867 wherein it speaks of appropriation and tax bills. Section 53 states:

Bills for appropriating any part of the public revenue, or for imposing any tax or impost—

I underline for emphasis:

—shall originate in the House of Commons.

What the Senate has done is to take part of the text of the House of Commons bill, a C bill, chop it up, alter the text of the bill, paste on it what it purports to be a royal recommendation that was signed by the Governor General only in relation to Bill C-10, and send that fraudulent bill in through the back door of the House of Commons, pretending that it is a Commons bill. The Senate sent it with a little note that says, "Hey, let's make a deal. By the way, we are now writing money bills in order to expedite the wishes of the Minister of Justice who will be prepared to say that everything is okay and in accordance with the Constitution".

• (1110)

We learned yesterday just how far Parliament can depend on the Minister of Justice. It is very shabby, tricky behaviour I suggest. We

cannot condone this activity that flagrantly flouts the rules of this place simply because the Minister of Justice now has his toe in the wringer. The Minister of Justice should be the embodiment of justice with respect for the rule of law and an ardent protector of the strict compliance with the rules of this chamber.

I want the House to be able to have independent legal advice concerning the propriety and constitutionality of the proposed actions of the Senate. As it stands, the Department of Justice, and the Minister of Justice as the chief law officer of the Crown, stand condemned by the Auditor General of Canada. Parliament has no reason to trust the advice coming from the Minister of Justice. He and his department are caught in an undeclared conflict of interest.

The Speaker: On a question of privilege relating to this bill, I do not need to hear the hon. member's views on actions that may or may not be taken by the Minister of Justice in relation to other matters and I wish he would stick to the point.

Mr. Peter MacKay: Well, Mr. Speaker, I will come to the point. The point is that what is going on here is that we need independent legal advice with respect to what has occurred. The independent legal advice for the House of Commons will, I suggest, contemplate that there is a contempt that has occurred here in a committee, to a committee. Let the committees have a serious look at what has happened in the House of Commons to initiate all money bills and secure independent constitutional legal advice on the propriety of the actions of the Senate.

I want to quote the opposition leader in the other place, the hon. Senator Lynch-Staunton, who spoke on this issue before the other place.

My preoccupation is with the tearing up of a bill that has come to us from the House of Commons for study and, hopefully, support and agreement, and bringing to this chamber what is now identified as a new bill covering only part of the original Bill C-10.

The government House leader is telling us that the House should have great faith in him and the Department of Justice, but I ask the Chair to recognize that there is a clear conflict of interest. The Department of Justice wants this legislation. The Minister of Justice wants this legislation. The government and the Prime Minister clearly want the legislation.

It is time for the government to put its interests behind the interests of the House of Commons, or is this another way that the government House leader is looking at modernizing Parliament? Will we have the Senate carve up omnibus bills after elected members of the House of Commons have taken heat from the electorate for their comprised votes on the omnibus bills?

In brief, the Senate has authored what it says is a House of Commons bill with a new title and which spends money. That is the result. That is a clear breach of privilege as was stated by Speaker Fraser in his ruling on July 11, 1988. The Chair has already received significant commentary on that particular ruling. I would suggest that ruling, in essence, is a precedent that did not happen. The Senate in essence retreated on that particular occasion and can be clearly distinguished from the issue before the House.

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That is but one factor. There is also another ruling referred to by the parliamentary secretary that occurred on April 26, 1990. He also referred to a 1997 position, wherein he is essentially saying, "Well, we have done this before so it must be okay".

All of those situations can be clearly distinguished. I am contending that by tendering a document as a C bill, Bill C-10A, and by voting on that bill in the Senate as if it were a House of Commons bill, the Senate is in contempt of the House. By the use of the royal recommendation that was signed by Her Excellency only for Bill C-10, there is a significant *prima facie* case and there is significant evidence of a contempt of the House.

I contend that this matter should be referred to a committee for examination and for the commissioning of an independent constitutional opinion. I believe there is also a serious question to be resolved over the misuse, and potential fraudulent use, of the Governor General's royal recommendation and that Her Excellency may want to ask some hard questions of her own ministers.

Mr. Speaker, I suggest that there are remedies available to you and that you may rule this particular bill and the practice that has been attempted to be out of order. As I indicated to you, I am prepared to move a motion should you find in my favour on this point.

• (1115)

The Speaker: I have a question for the hon. member for Pictou—Antigonish—Guysborough. It is apparent that he has spent half the night going through the provisions of the two bills that the Senate has prepared from one, one bill was sent to the Senate and the Senate sent it back with this message yesterday.

Is it his view that a royal recommendation would be required to both of the bills had they been introduced in the House or is a royal recommendation required in respect of only one of the two? What provisions in the bills authorize the expenditure of public money or raise taxes which would be the subject then of a royal recommendation? Could the hon. member enlighten the Chair on this point?

Mr. Peter MacKay: Mr. Speaker, far be it from me to try to enlighten such an illustrious student of parliamentary practice, but modeling myself after you, I did spend a significant amount of time, not the entire evening, looking at this issue.

I would submit respectfully to the Chair that there are elements of a request for money in both A and B. However the issue before the House is the splitting and the bringing to the House on two separate occasions, because we can certainly presume that some time henceforth we will be receiving Bill C-10B, that this in and of itself indicates that there is a clear attempt here to distinguish two separate and distinct pieces of legislation, both requiring a royal recommendation, both requiring additional funds.

There is clearly an attachment of funds when one examines the purpose of the firearms legislation. Similarly any implementation of changes to the Criminal Code could rightly be construed as requiring additional funding for the implementation, the education and the administration by the provinces as it pertains to the enforcement of Criminal Code provisions.

I read with great care the message that was received here. It is seeking concurrence, but I believe the other place is seeking

concurrence for something it knows it cannot do. We know, and I state unconditionally, that the Minister of Justice took up residence in the other place and watched with great interest to see if this ruse could occur and then scurried off to the Senate committee to see if this could be perpetuated on an unsuspecting Senate.

Let us not be complicit in this exercise. I put to the Chair that the Chair has a responsibility to protect the privileges of all members, to protect the privileges through us of all Canadians who are being completed bamboozled by the government in its effort to further jam down their throats this unprecedented boondoggle of a gun registry that will not work.

Mr. Roger Galloway (Sarnia—Lambton, Lib.): Mr. Speaker, I will briefly comment on this. I want to characterize it as a point of order. I think the message received from the Senate is disturbing and we must address it in this chamber. I say so for the following reasons.

First, pursuant to the special order made by the House on October 4 of this year, it was said that a minister of the Crown proposing a motion for first reading of a public bill could state the bill was in the same form as a bill introduced by a minister of the Crown in the previous session. If you, Mr. Speaker, are satisfied that the bill indeed is in the same form as at prorogation then, notwithstanding Standing Order 71, the bill shall be deemed in the current session to have been considered and approved at all stages, completed, at the time of prorogation of the previous session.

On October 7 during debate, the government House leader, at page 335 of *Hansard* stated:

This is an enabling motion to permit the government not to create any new bill but to reintroduce that which has already been discussed at the stage completed prior to where we concluded the debate...in June—

How can a special order purport to revive or reinstate a bill which was not before the House in June. It was in fact before the other place. Surely the House by that order did not contemplate reviving a bill which was not indeed before it at prorogation. Therefore, if the government House leader's statement regarding reintroduction, which I just quoted, is to have meaning, it must be that it foresees that only bills before the House can be revived. Therefore the subsequent ministerial motion to reinstate it was out of order because the bill at prorogation was in the other chamber.

Second, the House by this order sent a bill called Bill C-10 to the other place and you, Mr. Speaker, certified to us that it was in the same form, and I stress form, as it was at prorogation. A printed copy of Bill C-10, as we have heard, bears your certification. In fact, it is one of the few times where the Speaker directly becomes involved with a bill.

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As well, on Wednesday, October 9 of this year, the justice minister moved for leave on the basis that Bill C-10 was in the same form as what was then known as Bill C-15B from the first session. Therefore he requested that it be reinstated at the same stage it had reached at the time of prorogation. Your ruling on that date, Mr. Speaker, stated the bill was deemed adopted at all stages and passed by the House because it was in the same form.

As we know, on October 10 it received first reading in the other place and it followed various stages. Now we have this peculiar position where we have received a message from the Senate saying that it is sending part of it back. We are in this new age of a two for one special, it appears, from the Senate.

I would draw your attention, Mr. Speaker, to Citations Nos. 626 to 638 of the 6th edition of Beauchesne's where it lays out what is necessary in a bill and what is discretionary in a bill. What we have now is a bill, which you certified as to form and a minister certified as to form, being returned in a way that this place cannot recognize whatsoever.

I would like to echo what the last speaker opposite had to say and that is, that the minister appeared in the House and certified to you, Mr. Speaker, and you certified to us that this was indeed in the same form. Upon an examination of the minutes of the committee in the other place when it was split, the minister appeared before a committee in the other place and did not object to the splitting of the bill.

I have to ask you then, Mr. Speaker, how can a minister apparently assume two positions, one in this place and be passive in the other place? That is first.

• (1120)

Second, I will conclude by quoting Erskine May, 22nd edition on page 5:

The principal common characteristics of the rules of practice was to provide ample opportunity for debate and for initiative in choosing subjects for debate, and ample safeguards against business being taken without due notice so that decisions could not be reached without opportunities for full consideration being given.

We are now in this very strange and unusual paradigm where you, Mr. Speaker, have certified a bill as being Bill C-10. What has been returned is not an amended bill. We have a two for one special back from the other place. If you would refer to Beauchesne's, one of the necessary components of the bill is the title. We cannot recognize what has been returned because it indeed has a different title. We cannot recognize this bill, we ought not to recognize this bill and it should be deemed that the receipt of this message and the bill attached to it ought to be ruled out of order as it is unrecognizable by this place.

I would then say that we are now descending into chaos here because we are ending up in an area where we have a bill on which we are going to be asked to concur. There have been no notices. There has been no debate and there is no opportunity for full consideration.

We cannot accept it in the form and content in which it has been returned, particularly when you, Mr. Speaker, and the justice minister have certified it as to the form of the bill.

• (1125)

Mr. Peter MacKay: Mr. Speaker, just with respect to the point of order that seems to be raised in addition to the point of privilege, I want to just buttress the references that have been made with respect to Beauchesne's at page 204, section 686(2), and Erskine May, 22nd edition at page 516, wherein there is a discussion and full commentary on the division of bills.

However the important point to be made and underlined here is that the division of bills which is contemplated by both of those learned publications and the precedent they discuss deal specifically and presupposes that the originator of the bill, that is either the House of Commons or the Senate, is the chamber in which the effort is being made or put forward to divide that bill.

It does not contemplate that another chamber would undertake to divide that bill, so the precedent that is there, the publications which speak to this issue, presupposes that it is in fact the originator of the bill that is in the effort of dividing it.

The Speaker: The Chair wants to first thank the hon. member for Winnipeg—Transcona who raised this matter and then the intervenors today on behalf of other parties who have expressed their concerns: the hon. member for Pictou—Antigonish—Guysborough, the hon. member for Saskatoon—Rosetown—Biggar, the Parliamentary Secretary to the Leader of the Government in the House of Commons, leader, the hon. member for Sarnia—Lambton and the hon. member for Acadie—Bathurst, all of whom have assisted the Chair with their arguments.

While I feel fairly sure of where I am going, I think I will take a little time, if the House will pardon me, to get my thoughts in some kind of more logical order than they would be if I were to start spouting now. I thank hon. members for their interventions on this point and I will get back to the House promptly.

We will now go to orders of the day.

Mr. Loyola Hearn: Mr. Speaker, I rise on a point of order. You skipped one of the items on the Order Paper, requests for emergency debates, and I believe there is one on record.

The Speaker: I apologize. I will hear the hon. member for St. John's West on an application for emergency debate.

* * *

REQUEST FOR EMERGENCY DEBATE

FISHERIES

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, a couple of weeks ago a request for an emergency debate was made by two parties in relation to the news that came out regarding the closure of the Atlantic fishery. At that time, Mr. Speaker, you ruled that you did not think an emergency debate was necessary. In retrospect, even though we may not have agreed at that time, we certainly do now. It was perhaps only a rumour, no one was sure of the implications. That has changed.

I know in requesting an emergency debate there are two categories that must be looked at. First, it must have some national implications and, second, that it must be an emergency. I will be concise in dealing with both points.

In relation to the national implications this is not a Newfoundland and Labrador issue. It is not just an Atlantic Canadian issue. The closure of the Atlantic cod fishery would affect not only Newfoundland and Labrador, but it would affect the maritime provinces and Quebec directly. Indirectly it would affect the whole country. The effect on the economy of such a closure would be horrendous.

In 1992 we saw a moratorium on groundfish in Atlantic Canada. That cost the Government of Canada and taxpayers billions of dollars, and disrupted the lives of thousands of people. Last night I talked to the mayor of Fort McMurray, who is a Newfoundlander. There are 23,000 people there. The recent announcement is on top of what happened in 1992. Our communities were crippled in 1992; this announcement would kill them.

It is an emergency now because the House will soon be closing for the holidays. The formal announcement is expected to be made in March. There would be no opportunity to discuss it. Fishermen must prepare for the coming fishery. They are doing it now. If there is not going to be a fishery, they cannot afford to start preparing. If there is going to be a fishery, they cannot afford not to.

During Christmas, while members are sitting with their families contemplating whether to go to Barbados or Florida for a holiday, Newfoundland and Labrador fishermen will have to contemplate whether they take their families to Fort McMurray or Yellowknife for good. Is that not an emergency? If it is not, Mr. Speaker, you had better tell them because I cannot.

* * *

● (1130)

SPEAKER'S RULING

The Speaker: I can tell the hon. member that I agree with him that the matter is of national interest. As he said in his own statement, if there is to be such an announcement it would be made in March. The House will be sitting most of the month of February. It seems to me if there is an emergency, the matter will be one that will have ample opportunity for discussion.

We have had numerous debates on the subject of the fishery over the last year, which I could go into in detail. In the circumstances, I do not feel that the hon. member's request meets the exigencies of the Standing Order at this time and I stress that.

GOVERNMENT ORDERS

[*Translation*]

SUPPLY

ALLOTTED DAY—HEALTH

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ) moved:

That the federal government give the provinces the additional money for health unconditionally, with the promise of the provinces to use all of it for health care.

The Speaker: Today being the last allotted day for the supply period ending December 10, 2002, the House will proceed as usual to the consideration and passage of the appropriation bill.

Supply

In keeping with recent practice, do hon. members agree to have this bill distributed now?

Some hon. members: Agreed.

Mr. Réal Ménard: Mr. Speaker, first let me say that I want to share my time with the hon. member for Drummond.

We felt duty-bound, as a Bloc Québécois team, to remind the House about how concerned we are by the terms, content and proposals in the Romanow report.

We feel it is our duty to invite all members of this House to debate it. We all know that the issue of health is not a partisan issue. Like most of the hon. members in this House, we in the Bloc Québécois have always taken the high road on this issue. There is no issue more important in a person's life than access to health care.

You understand also that it would not make much sense if, in this House, we agreed that health care is a priority for Canadians, Quebecers and the people in our constituencies, but at the same time did not recognize that those with the expertise in health care, those who are familiar with the needs and ought to establish the priorities, are clearly the provinces.

What we are proposing is to resist the Romanow report. If ever this report became public policy, I hope the hon. member for LaSalle—Énard would participate in the debate and tell us what he would do when he becomes the next Prime Minister—

An hon. member: If he is the one.

Mr. Réal Ménard: If he is the one; if that is what the Liberal Party faithful want.

The worst thing that could happen to us is for the Romanow report to become government policy. What does it want, this report? For there to be a single health system with the Canadian government in the driver's seat. The member for LaSalle—Énard will need to state whether or not he believes in this logic. As for ourselves, we do not.

We believe that the federal government has cut \$42 billion in all, and the one who needs to plead mea culpa on this is the member for LaSalle—Énard. The total cuts to the provinces amount to \$42 billion, whereas we know that, year in and year out for the foreseeable future, the health care budget will increase by 5%.

The inconsistency here is obvious. Here we have a highly centralist report telling the provinces, "You are going to have to report to the bureaucrats, to the employees of the federal government. You are going to let us set up a national pharmacare plan. You are going to let us set up a whole service relating to primary care. You are going to let us require accountability from you". Yet most of the responsibility for the situation the provinces are in lies with the federal government.

Even if the Romanow recommendation on restoring transfer payments were followed, all members of this House—and I invite the NDP members not to lose sight of this—must not forget that, in the best possible scenario, the federal government will not put in more than 25% of the funds needed to run the health care system.

Supply

An hon. member: Not true.

Mr. Réal Ménard: Yes, it is.

According to Mr. Romanow, in the best case scenario, we are going to contribute 25% of the costs of the health care system. That is what the Romanow report says.

This means that the provinces will still have to bear 75% of the costs. Are we to conclude that this would have been the case if the federal government had shouldered its responsibilities, and had not made such cavalier and shameless cuts? There was no constitutional conference on the cuts to transfer payments and no vote in this House; Canadians and Quebecers were not asked what they thought about all this.

There was a program review and then, in its authoritarian and centralist manner, the federal government made its cuts. That is the reality.

The Government of Quebec, one of the best to occupy the government benches of the National Assembly, has set its priorities. No other government, since the quiet revolution in Quebec, has invested as much in health as the Parti Québécois.

Just this weekend, the Premier of Quebec, the head of the government, said, "We will create a health fund if the federal government re-establishes the transfer payments, as everyone in Canada and Quebec has been asking". The Premier of Quebec, the head of government, has promised that all of the funds received from Ottawa would go into a fund earmarked for health care.

• (1135)

Could the Government of Quebec be any clearer in making major commitments to the effect that health care has been set as the top priority? As long as the Bloc Québécois is here in this House, we will never accept that the provinces should be held accountable to Ottawa, to federal bureaucrats. We will never accept that. That is no doubt the difference between those of us on this side of the House and the members opposite.

The Romanow report inferred—quite unfairly, by the way—that there are no mechanisms for accountability. In Quebec, the health budget is \$17 billion. There are accountability mechanisms. Obviously, there are elections and question period in the National Assembly. There are also health reports tabled by the regional health authorities. There is the National Assembly's social affairs committee.

There is a commissioner responsible for all citizens' complaints regarding services in health care institutions. Health reports are released, providing a classification, or ranking, of how health care institutions fulfill their obligations.

But, most importantly, Minister Legault announced a health care plan two weeks ago. He told Quebecers that, in the next few years, if they wanted a good health care system, if, from the cradle to home care, Quebecers wanted access to all the services they needed, an additional \$1.8 billion would be needed. The Minister of Health did what the Coalition québécoise en santé asked him to do and indicated how this money would be spent.

We learned that \$160 million would be invested in family physician groups. Another \$177 million would ensure the provision of comparable services and extend the hours of the 147 CLSCs in Quebec, which we are so proud of because they provide access to health care. The CLSC provide access and front-line services. They operate in every community. English-speaking Canadians come to study the way the CLSCs operate to find out how we managed to set up such a network.

However, the CLSCs are not open 24 hours a day, something the public has been complaining about, and rightly so. The availability of some services in the CLSCs has also been a concern. According to the health minister, for the CLSC network alone, an additional \$177 million is needed.

For home care services for seniors losing their autonomy, \$133 million will be set aside. Also, \$152 million will be earmarked for adding beds in long-term care centres. Medical and hospital services will need \$162 million.

So, those who are watching us now realize that we have an action plan. The Government of Quebec has taken its responsibilities. It has invested as much in health care as it can afford. It has set some priorities. It is willing to work with all of the stakeholders who know the network, make the decisions and are held accountable.

What comes next? We have to ask the federal government to reinvest in health care. In fact, at the premiers' conference in Halifax, all the premiers asked for federal funding to be increased by at least \$5 billion a year. The federal contribution must increase from 14%, as it stands now, to 18%.

The Romanow report recommends 25%. That is good news. But let us not kid ourselves. We need to properly identify the responsibility centers. The federal government simply cannot tell the provinces how to deliver the services and to whom to report.

• (1140)

The Bloc Québécois will be keeping a very close eye on this issue. I will now defer to my colleague from Drummond.

Mr. Serge Marciel (Parliamentary Secretary to the Minister of Industry, Lib.): Madam Speaker, the hon. member made a very good speech. He referred to the Quebec government's health plan, in which they talk about having all primary care services, CLSCs, open 24 hours a day, seven days a week. He also referred to home care, which is one of the issues stressed by the Clair commission, and for which \$133 million were invested.

Does the hon. member think that the recommendations made in the Romanow report are fully and totally in line with those of the Clair commission, which looked at primary care services, home care and the updating of the technology used?

Also, could the hon. member tell the House if the \$133 million amount that was recently announced in the presence of general practitioners for home care comes from a primary care health transition fund, which was established under the September 2000 agreement with the premiers, and which is exclusively funded by the Government of Canada?

Supply

• (1145)

Mr. Réal Ménard: I thank the hon. member. His participation in the debate is all the more important since he is a former minister in the National Assembly. I am sure that he is proud of that period in his life.

I hope that we can count on his support, should the Romanow report become government policy. Hopefully, he will support the consensus of the National Assembly.

The hon. member is right to point out that the problem is not with diagnostic services. Seven of the ten provinces have had commissions of inquiry. We know that people will live increasingly longer, that they will want to live in their natural surroundings—this is called home support—and that there will be specialized services, because people who live increasingly longer will live with disabling incapacities for increasingly longer periods of time.

So, we know where the needs will be in the system. What we are concerned about in the Romanow report is not diagnostic services. The Romanow report is the most contemporary voice and the most visible face that federalism wants to adopt to achieve centralization.

Journalist Chantal Hébert, who is no friend of sovereignists, nor considered to be a Bloc Québécois supporter, said that for the first time in 50 years, social programs are being cast in a centralist frame with the Romanow report. The federal government took a centralist stance on the constitutional issue and now, the Romanow report is giving the federal government another opportunity to centralize on the issue of social programs.

According to the Romanow report, and I heard the commissioner's news conference, there should be a common market of health care systems. He wants a single Canadian health care system. This is nation building with health, with the impetus coming from the federal government. This is what we cannot accept.

When we see the Auditor General's reports, the level of government with the least amount of expertise in health—the federal government manages no hospitals, with the exception of hospitals for the military and aboriginals—the level that knows the least about service delivery, is the federal government. It should have the modesty to recognize this fact.

Our colleague, the member who was formerly a minister in the National Assembly, should add his voice to those of Mario Dumont, Jean Charest and Bernard Landry, and say that the Romanow report should not become government policy beyond its call for transfer payments.

As for accountability, I mentioned this in my comments, and Bloc Québécois members will repeat it throughout the day. The member is aware, since he was a minister in the National Assembly, that when the opposition asks questions of Mr. Legault, they are about accountability; when the regional health authorities appear before the assembly's social affairs committee to defend their budgets, that is called accountability; when François Legault releases performance contracts, the health care providers' reports, that is called accountability. We did not need the Romanow report to be transparent and accountable to the public.

Ms. Pauline Picard (Drummond, BQ): Madam Speaker, I want to congratulate the hon. member for Hochelaga—Maisonneuve, who is the Bloc Québécois health critic, for his very eloquent speech. He obviously knows his stuff. It is difficult for me to rise after him and to match his energy level in sharing my thoughts on the motion that we are presenting today.

I will read that motion for the benefit of the public, because we did not hear it this morning:

That the federal government give the provinces the additional money for health unconditionally, with the promise of the provinces to use all of it for health care.

This opposition day follows the tabling of the Romanow report. It can now be said that we did not need this report to tell us that more funding is needed for health. As my colleague pointed out, seven provinces have already released reports. These reports were prepared by competent people, who have already told us about the problems relating to funding.

Indeed, the Clair report and the Séguin commission on the fiscal imbalance clearly showed, with studies conducted by very serious firms and with supporting figures, that an additional \$7 billion to \$8 billion was needed to maintain Canada's health system and to respect the five major principles that were the foundations of that system when it was first created.

The federal government did not need to spend \$18 million and have a large number of witnesses come and tell us that the problem with our health system is related to a shortage of money, or to factors such as the aging population. This is not the first time that this issue has been raised. We have been talking about it since the Bloc Québécois first came here, since 1993. The problems in the health system began when this government made deep cuts to the Canada health and social transfer. There has been no new money and no increases since. We were already experiencing growth problems, because of the aging population, which requires more care, and rising costs for new technologies and drugs. In 1994, before the budget cuts, we already needed money.

We did not need the Romanow commission. We already had reports from seven of the provinces. In Quebec, we had the Clair report. My hon. colleague identified the problems quite well. We have a prescription drug plan. We have developed a network of CLSCs, which provide basic health services. We have all that. People from the other provinces and even other countries come to Quebec to see what we have done to meet our pressing health care needs.

There are deficiencies in the system at the present time. Of course, the program is not perfect. However, if we had money right now, things would be different. We have determined how to improve the programs. All we need now is the money. In his report, Mr. Romanow, for whom I have a lot of respect, clearly said what the Prime Minister of Canada wanted to hear.

Supply

Yes, the government will invest. They are aware that the system is underfunded. They are aware that they have cut our health care to the bone. They cannot keep saying “No, there is no fiscal imbalance” when everyone else recognizes that there is fiscal imbalance between Ottawa and the provinces in the health care sector. It starts to sound a bit silly. The government can no longer say that there is no fiscal imbalance where health care is concerned. It does not make any sense.

● (1150)

The Prime Minister said to Mr. Romanow “Yes, it is fine. You will tell the public that we know that funding is insufficient, but that we will put conditions on it”. Conditions are unacceptable to us. Under the Constitution, managing health care is a provincial responsibility. Then why have conditions?

Right now, the government wants to create a nationwide health care system. The Romanow report says that we must not end up with 13 different health care systems. This jeopardizes the existence of CLSCs and the universal system. CLSCs are the pride of Quebec's health care system. Other provinces come to see how our system works.

The Romanow report says essentially that the commissioners went to Quebec to see how the CLCS network works, and would like to implement such a system, but Quebec will have to step aside, because they want to do it their way. This is totally ridiculous.

Personally, I fail to see how creating new structures, imposing new standards and hiring public service employees will solve problems.

Putting the health care system in the hands of the federal government can only lead to disaster, and examples of mismanagement by the federal government abound. That is the point I want to make.

Just this week, the Auditor General took the federal government to task for wasting hundreds of thousands of dollars of taxpayers' money and for seriously crippling the delivery of several services. And this same government is telling Quebec and the other provinces what to do on health care. This is not very reassuring for the public.

Since this government took office, we have seen countless horror stories and major boondoggles. In the end, the current Prime Minister's record will be very poor, indeed.

For instance, in 1994, Revenue Canada had a huge deficit of \$8 billion in unrecovered taxes. In 1995, \$720 million was wasted in the construction of the bridge to Prince Edward Island. In 1996, harmonization of the GST in the Atlantic provinces cost \$1 billion. In 1997, the Liberal government sold its air navigation system at a discount, when it could have sold it for \$1 billion more. In 1998, there was the kerfuffle with the social insurance numbers. In 1999, the surplus in the employment insurance fund was ridiculously high; the Liberal government was going to use this surplus to finance its other activities. Need I add review of the employment insurance eligibility requirements to the list? In 2000, HRDC had its turn in the hot seat.

Last year, the Bloc Quebecois strongly condemned another despicable situation: the Liberals managed to save no less than

\$400 million at our senior citizens' expense. Are we to trust them with the health care system, our vested rights? Are we to expect the government to manage it properly? Those are the facts. I could go on. I had a lot more to say.

We cannot remain silent. We want this government to restore the money it cut, so that the provinces can run their health care systems properly. Since my time is running out, I would like to move an amendment.

I move:

That the motion be amended by adding after the words “health care”, at the very end of the motion, the following:

“according to the priorities they have established and to provide an accounting to their residents”.

● (1155)

The Acting Speaker (Ms. Bakopanos): I declare the amendment in order.

[English]

[Translation]

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Madam Speaker, I have a great deal of respect for the members for Hochelaga—Maisonneuve and for Drummond. I must, however, ask in all sincerity whether the Bloc Quebecois has really read Mr. Romanow's report. It seems to me that there is nothing in the Romanow report to support the ideas put forward by the Bloc Quebecois in today's motion.

It seems to me that there are three things that need to be acknowledged. Contrary to what the hon. member for Hochelaga—Maisonneuve said, Mr. Romanow recommended that the federal government's share of financing for our health care system be 25%. That is a minimum. He really said that is a minimum. Will the hon. member acknowledge this fact?

There is one other thing. It seems to me that Mr. Romanow never said that there must be an autocratic or unilateral system—I do not know the exact terms—but instead called for a collaborative approach. He has presented a model of federalism that is along the line—

An hon. member: A centralist line.

● (1200)

Ms. Judy Wasylycia-Leis: No, not centralist. It is a model requiring participation by all players in our system. Clearly, Mr. Romanow has called for the government to participate in the renewal of our health system. He is therefore calling for funds and incentives to change our system, not to dictate to the provinces what they have to do. He is proposing changes to our system so that all Canadians can hope that our system is there to stay.

Ms. Pauline Picard: Madam Speaker, I am tempted to say to my colleague that it depends on who is reading the report. I am well aware that Mr. Romanow is a former New Democratic premier.

In response to the 25% share, it says a minimum of 25%. That is the least it should be. Who will assure us that the federal government will go higher than 25%? In the beginning, when the program was created, it was 50%. It was not 25%. Currently, the federal government provides 14%. Now, the report proposes a minimum contribution of 25%. The government is beginning to look foolish, as I said earlier. It has always denied this. We asked many questions about this. Recently the Department of Health again said it was not true, that the figure was not 14%, but that it was now 32%. However, all of the provinces, all of the premiers, all of the health ministers, everyone who has assessed the situation and all those who have tabled reports have said that the funding is now 14 cents on the dollar, not 50 cents any more.

We should not be celebrating the fact that we have been offered a paltry 25% and have been told that this is a minimum. We know how things work around here. We are already being stretched thin at 25%. It would be very difficult to get the 50% that was promised at the outset, when the health care system was created.

As for the federal government's share of the funding, the Romanow report, from our reading of it, proposes increasing federal funding of health care services. However, these payments would be subject to certain administrative conditions set by Ottawa. That is the problem. Why attach strings to the money?

Once again, even though we have repeated it many times, health care services, or health care management, is the exclusive jurisdiction of the provinces. The federal government has no business poking its nose into it. What it should do is return the tax money collected from Quebecers and Canadians. That is the priority right now. These returned tax dollars must go toward health.

• (1205)

Mr. Serge Marcil (Parliamentary Secretary to the Minister of Industry, Lib.): Madam Speaker, I will be sharing my time with my hon. colleague from Toronto—Danforth.

The health care system, which has helped make Canada one of the best countries in the world, must be revamped to accommodate the changing needs of Canadians and new health technologies.

In recent months, people from each province appeared before the Romanow commission. Many people attended the hearings, responded to the questions posed by the commission and participated in the forums organized by members of this House on the subject. They told us that they want to maintain the principle of a publicly funded system, and that all levels of governments need to act quickly to correct the problems identified and strengthen the positive aspects of the current public health care system.

They also stressed the importance of maintaining a universal health care system where access to care is based on need rather than on ability to pay. The Government of Canada shares these values and intends to defend them.

Individuals and groups appearing before the Clair commission, as before the Romanow commission, demonstrated a strong attachment to the values of social solidarity and equality, as well as to the main principles of access, universality and free care that guided the development of our health care system.

Supply

In its report, the Clair commission recommended that all levels of government invest rapidly in sectors they considered priorities: frontline services, or primary care, home care, and updating the network in technological terms.

The Romanow commission reached these same conclusions, and also recommended significant investments in those sectors.

In the past few days, we have realized that the Commission on the Future of Health Care in Canada has correctly identified needs, and this has been validated by the main health care stakeholders and by political decision makers.

To meet these needs, Commissioner Romanow acknowledged that larger investments would be needed, above and beyond the \$21.2 billion in additional health care funding announced in September 2000.

I would like to come back to the priorities mentioned earlier and make a few brief comments about primary care.

The prime concern of our fellow citizens is still access to frontline care, 24 hours a day, 7 days a week, wherever they live. Let us take, for instance, the family physician groups recently created in Quebec, as recommended by the Clair commission. These groups, made up of a dozen physicians working closely with nurses and other health and social services professionals, should help all Quebecers have access to services and get the care they need, at all times.

This model should also help us ease the pressure on the emergency rooms and better prevent and detect health and social problems.

The money transferred to the provinces under the Health Transition Fund for Primary Care, set up pursuant to the agreement reached by the first ministers in September 2000, supports the development of such groups. The Government of Canada transferred around \$133 million to Quebec to undertake the reforms identified by Quebecers.

The family physician groups help ensure continuity of patient care, prevent diseases and injuries, and promote health, detection and early intervention, all of which are recommended in the Romanow report.

As for home care, this area has been identified as a priority by Quebec as well as by the other Canadian provinces. Moreover, considering the aging population and the fact that 20% of all older people have disabilities and need help in their daily activities, it is becoming urgent to take action, to provide home care for these people, and to provide the necessary support to their family and friends, so that these people can remain in their own environment for as long as possible.

Canadians tend to want to stay at home until the very end. The recommendation made in the Romanow report to support this priority should be explored.

Quebec, like the other provinces, is affected by a shortage of medical staff. The other major problem regarding human resources in the health sector is retaining medical staff in rural and remote areas.

Supply

An increase in the number of health professionals, a better distribution of staff, and an adjustment to the pay system are required. These recommendations were made by both the Romanow and Clair commissions.

• (1210)

Back in September 2000, the first ministers of Canada agreed to invest in medical equipment and in the health infrastructure. Quebec benefited from this and was in fact the first province to buy new equipment, partly with the \$239 million provided by the federal government through the medical equipment fund.

New investments in diagnostic services, as recommended by Mr. Romanow, could improve access to these services and help reduce delays for treatment. This objective is shared by all the provinces.

Another element related to health technologies is undoubtedly the computerization of patients' files. In addition to ensuring the patients' security, these files will guarantee the best possible treatment. The Romanow and Clair commissions recognized the positive effect that such an investment could have in the long term. Computer files reduce the need to redo the same examinations when a patient is referred to another doctor.

Finally, everyone agrees that it is difficult to have an effective health care system without turning to advanced technologies that ensure, among other things, quicker and more accurate diagnosis, and without finding ways to effectively reach rural and remote populations, through projects such as telehealth.

All levels of government are unanimous in saying that they are accountable to the people they serve. Canadians expect such transparency.

In September 2000, the first ministers pledged to develop a series of performance indicators with respect to the health care system—this is nothing new—and the health of the population, all in the interests of transparency.

Quebec played a leadership role on the committee responsible for developing these indicators. The first comparative report resulting from this exercise helped identify the strengths and weaknesses of the various health care systems throughout Canada and will be used to put in place the required corrective measures.

All the provinces and territories agree with the five principles currently set out in the Canada Health Act, namely accessibility, universality, comprehensiveness, portability and public administration.

These principles guided the development of provincial legislation regarding public health care. Each province and each territory has reviewed and is in the process of improving health care. More than ever, our country is animated by a high level of energy that we must tap into in order to create a sound health care system that is driven by needs rather than by the ability to pay.

Tomorrow, December 6, all the health ministers at the federal, provincial and territorial levels will meet to map out the broad lines of the plan to renew the health care system. It will be the first of these meetings. This discussion will certainly reflect the federal government's commitment with regard to the future of Canada's

health care system and the delivery of high quality health care. The plan will be based on the appropriate use of public funds because, to maintain a high quality health care system, we must ensure that it will deliver good results at an affordable cost. That is one of the commitments made by our government.

Early in 2003, first ministers will meet to discuss Mr. Romanow's recommendations and to agree on an overall plan for modernizing the health care system in order to ensure its sustainability.

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Madam Speaker, I would like to thank my hon. colleague for his speech. Once again, I feel the need to provide a few biographical elements about my colleague and to remind this House that he was not only a member of the National Assembly of Quebec, but also a minister.

He will correct me if I am wrong, but I believe that he was responsible for manpower and training in the final years of the Bourassa government. Moreover, I believe that Ms. Harel was his critic for a short time. This goes to show that, throughout his political life, there will always be someone from Hochelaga—Maisonneuve looking over his shoulder.

With this in mind, I have two short questions for him. As the former minister responsible for manpower, does he agree that it is not the federal government's responsibility to become involved in manpower planning and the conditions under which health care professionals must work?

Second, as a former minister and former member of the National Assembly of Quebec, how important is it to him that the National Assembly reach consensus? When Jean Charest, Mario Dumont and Bernard Landry speak on behalf of the 125 MNAs who represent seven million Quebecers and say no to Romanow, does he think this is significant?

• (1215)

Mr. Serge Maril: Madam Speaker, I would like to thank my colleague for both of his questions.

In politics, it is unusual to give very direct answers, but I will give one now. Yes, there is health legislation that provides a Canadian framework where the five basic principles regarding health care that all of the provinces must respect are laid out. Everyone agrees on this, including the provinces.

We all acknowledge, and the Minister of Health has also said, that it is the provinces' responsibility and jurisdiction to administer the health care system, based on the needs of each of the provinces. There is no debate on this. However, the motion moved here needs to recognize some things.

In response to his second question, if I had been an MNA, I would have at least asked my leader not to support a motion with this wording.

There is constant talk of unconditional transfer. Yet there are many examples of highly successful federal-provincial negotiations. Take, for example, the immigration agreement between Quebec and the Government of Canada. There were negotiations, an agreement, fund transfers. There was a manpower training agreement for a total of \$600 million annually, with negotiations and an agreement. Areas of jurisdiction were respected.

Hon. members need to recall the latest agreement, from September 2000, when Mr. Bouchard, the Premier of Quebec at the time, negotiated, signed on and accepted funds—some of which were listed just now—for primary care services and medical equipment purchases. There was an agreement. Quebec was told there was money available and asked “Do you want some?”. They said yes, and signed the agreement.

Are you admitting in the resolution that Quebec's premier is weak for not wanting to negotiate? You are saying “Transfer the money to us without conditions” but that is not how things are done. The Government of Canada is not a bank. It does not give out money.

There is agreement on major principles and then together we sign an agreement. We share responsibilities and allocate the money according to the frameworks on which agreement has been reached.

Mr. Bouchard never made demands along the lines of “Transfer the money to us without any conditions”. What he said was “I am a negotiator and I am going to sit down at the table and we will negotiate”. They reached an agreement and it was signed, for a total of \$21.2 billion. That is not peanuts, it is a considerable amount.

I am convinced that the Government of Quebec will take part in this conference. I am convinced that all provinces and the Government of Canada are going to reach an agreement.

Mr. Réal Ménard: Mr. Speaker, following our colleague's speech, the people who are listening to us should know that Mr. Bouchard rejected the social union. All the premiers asked for unconditional funds. I think that our colleague must recognize this. He should stand up in this House and recognize that Lucien Bouchard rejected the social union. Come on.

Mr. Serge Marcil: Mr. Speaker, I do not know if we are talking about the same thing. Mr. Bouchard signed the health agreement, the agreement in place since September 2000, in which the Government of Canada provided \$21.2 billion to be used for medical equipment and for home care and primary care.

Thus, as far as I know, all the premiers of Canada signed the agreement. I am not making this up. There is a document with the signatures.

[English]

Mr. Dennis Mills (Toronto—Danforth, Lib.): Mr. Speaker, I would like to say to the Bloc member for Hochelaga—Maisonneuve that I will not be supporting this motion today.

I will not be supporting this motion because my vision of how this country should be run is totally different from the Bloc Québécois. My feeling on what the Government of Canada's responsibility should be in relation to the whole health care debate is totally different from the Bloc Québécois. The Bloc Québécois, for the last number of years, has worked assiduously in ripping the guts out of this place, promoting separation, devolving and dismantling Government of Canada instruments which help keep this nation together. It has been too effective at times in allowing that to happen.

When we talk about the Bloc motion on health care we must go back not just to the work of Romanow but to the work of Senator Kirby. We must understand that the work of Kirby and Romanow was not their private work, their private thoughts or their private

Supply

meditations on how we should approach the renewal and reinvigoration of the health care system. These exercises were about listening to Canadians from coast to coast, from all walks of life, such as health experts, ordinary Canadians, and men and women who sell services to the health care system.

When we talk today about Kirby and Romanow we are not talking about what they said as individuals but about what Canadians have said. Canadians have said they want the Government of Canada to reaffirm that we must have a universal health care system. Canadians have said they do not want any kind of privatization in the health care system. The privatization campaign that has been running rampant around here for the last seven or eight years must stop. It is totally out of control.

The number one issue for Canadians and in particular, young Canadians, is that foreign ownership has gone too far. It is close to 40% right now. Young Canadians are saying stop, enough. If we were to allow a single province to do any privatizing of any part of this health care system under the North American free trade agreement, our entire system would be vulnerable, and it would be the end of our health care system which makes our country unique. Canadians have spoken through Kirby and Romanow and they have said no to privatization.

Canadians have said they want the Government of Canada to stop being so devolutionary in its thought process and actions. They want the Government of Canada to reaffirm its activism. We are not a cheque writing machine up here in Ottawa. We have a responsibility to the men and women who elect us to get involved. This is not about micromanaging how hospitals are run on a day to day basis. If we are transferring billions of dollars to various provinces for health care, it is normal that we have some kind of a collaborative understanding on how those dollars are spent.

• (1220)

Mr. Romanow's recommendation that the Government of Canada be more active in the relationship with the provinces on health care is a good suggestion. That is not what I think, and it is not what Kirby or Romanow thinks. It is what Canadians have said over the last two years. This is what Canadians want.

My colleague from Pickering—Ajax—Uxbridge has spent many years of his parliamentary life in the whole area of drug patent concerns and drug costs in this country. He has led the way for us in this chamber. Bloc members have told the Government of Canada not to interfere with their province. They have said to stay back, send the province the cheque and not to interfere. My colleague reminded me about the clutch that brand name pharmaceutical drug companies have around the throat of the legislature in Quebec and how they want to have the patent laws extended even further.

They are the most profitable companies in the world. They make more money than banks and countries, and the Bloc asks us to stand back and let these pharmaceutical guys do what they want. I do not get it. However, it will not happen, because Canadians are telling the Government of Canada that it has devolved too much. We have allowed too much foreign ownership, as Liberals, in the last number of years. Some \$500 billion dollars from Canadian companies has gone into the hands of foreign ownership in the last eight years. It is awful.

Supply

What happens with foreign ownership? The CEOs of this country essentially sit there and they get their e-mails from headquarters, wherever those headquarters are now in whatever part of the world, it does not matter. Those messages indicate to them how they will run their business, how much research they will do, how much money they will put into new plant and machinery, and how they will vote and how they will influence legislators on the health care system in Canada.

On this issue, the Bloc has it all wrong. Anyone in the House, I do not care what side of the House they are from, who continues to pussyfoot and be grey around whether we should or should not get involved after listening to Canadians, through Romanow and Kirby, is at great peril if Canadians are ignored. If that happens the country will just dissolve.

I would even go so far as to tell the Prime Minister the provinces want to walk on this whole issue of how to reinvigorate health care after listening to Canadians, because that is what Romanow and Kirby are all about. The provinces want to put it to our head, and sometimes they can do that. I would go so far as to tell the Prime Minister, "Let us go to the people. Let us have an election on it". I will tell everyone what would happen. The Prime Minister would be returned for a fourth term, even with all our faults, because Canadians do not want us to devolve any more of our national government responsibility to the provinces.

They are scared silly that if we were to devolve any more, if we let the provinces do what they want in this area, that there would be a possibility of privatization which would be the beginning of the end of our universal health care system. The chamber must fight that possibility with everything we have in our hearts and in our minds. We must, in a goodwill way, ensure that never happens on our watch.

• (1225)

Mr. Rick Casson (Lethbridge, Canadian Alliance): Mr. Speaker, the member's government at every opportunity has hindered the provinces from being creative in how they deliver health care. It is a province's mandate to do that. The government has gone so far as to hold back transfer payments with all kinds of threats.

What would be wrong with letting my home province of Alberta for example try some alternative methods of delivering health care to see if they work? If it is as the member has said, that he does not think it will work, then let us call Alberta's bluff and let Alberta have a go at it and see how it does.

I would also like the member to comment on the fact that many in the country believe that our health care system is not sustainable as it exists. If we cannot sustain the services that we are presently supplying, how are we ever going to expand those services into other areas if we cannot come up with more creative ways of delivering health care?

Mr. Dennis Mills: Mr. Speaker, I have immense respect for the member for Lethbridge. I sincerely appreciate both those questions.

On the first question allowing for ingenuity is a great thing. Ingenuity is something we have been short on in this place in the last number of years.

The problem that we have has to do with chapter 11 of NAFTA. The minute we open up the door to any kind of privatization in our health care system, it essentially creates a situation where the whole country is exposed to people coming in and privatizing our health care system. It is chapter 11. I have talked to some of the best trade lawyers in the world, Mr. Peter Appleton who wrote the book *Navigating NAFTA* and Michael Rachlis, who is one of our best health care experts.

That is why we have to be so careful. We can allow creativity within the hospitals but we cannot allow it through the private sector.

On the second point which has to do with the sustainability of our health care system, the member is absolutely right. We have a huge problem right now. Kirby of course recognized that and it was tough stuff.

We have not done our part in the House of Commons on the whole area of prevention. I chaired the sport committee in the House of Commons. All members came together and unanimously said that we should put \$250 million over five years into getting Canadians to exercise half an hour each day. Only 29% of Canadians exercise half an hour a day. If we could increase that to 39%, we could save \$5 billion a year on our health care system. Those are huge numbers but it means a little investment.

• (1230)

I went to the Minister of Finance four years ago and begged him to put aside \$250 million over five years so kids and parents could get involved and exercise. If we invested that we could save \$5 billion a year. I got nowhere.

I am pretty sure in the not too distant future we will start working on prevention. That will save billions of dollars in our health care system.

[Translation]

Mr. Antoine Dubé (Lévis-et-Chutes-de-la-Chaudière, BQ): Mr. Speaker, I listened carefully to the member's speech. We see in the Romanow report an attempt to extend the scope of the Canadian legislation, particularly concerning diagnostic services and home care. It seeks to add the principle of accountability.

Every year, the Auditor General finds shortcomings, such as the \$1 billion missing in the budget of the Department of Human Resources Development and the cost of gun control, which is now \$1 billion. How can such an ineffective government still want to intrude into areas that are outside its jurisdiction?

[English]

Mr. Dennis Mills: Mr. Speaker, I think the Auditor General does fantastic work for Canadians. If I ever became prime minister I would have five auditors general. I have said this before. The problem with this place is that the elected culture is no longer running things; it is the unelected officials who are running things around here.

In my own city of Toronto where we spend \$22.5 billion a year, I have been trying for a year to find out where that whole \$22.5 billion goes and I still cannot get the answer. They only want to let me know where half of it goes. The problem is that the provinces have the same problem in dealing with unelected officials.

As elected members of Parliament we should not walk away from the challenge of finding out where our Canadian dollars are going. To continue to allow the same system of just writing cheques and letting people do what they want, whether they are federal bureaucrats or provincial bureaucrats, is wrong. It is time to get the elected people back in the business of knowing where the tax dollars are going.

• (1235)

Mr. Rob Merrifield (Yellowhead, Canadian Alliance): Mr. Speaker, it is a pleasure to speak to this important issue at a time in the history of Canada when we are engaged in the debate on health care. We have an opportunity now to come to a decision. Decisions should have been made years ago and actually they were, but they were made in the wrong way. There is a potential to make those wrong decisions again.

In this upcoming year of debate ahead of us, we have an opportunity to decide to go down a road of sustainability for health care, or not. We have an opportunity to cooperate with the provinces, or not. We have to put the patients first or lose them into the system like we have seen in the last decade, or even further back to the last three or four decades. The patient has become secondary to the system itself.

Health care reform has been left on the back burner for far too long by the government. There are critical cracks in the system. They are so wide and unbelievable that the patient, the ordinary person on the street, has the sense that the system is not sustainable.

We could argue about whether the system is in crisis or not. It really does not matter because it depends upon whether a person is one of the million on the waiting lists trying to get access to the services that we love and hold near and dear. With one million people on the waiting lists, with critical shortages of doctors, nurses and technicians, and I could go right down a very long list, there are acute problems with our health care system that need to be addressed. They should have been addressed long before now.

The problem is so large. When we compare Canada to other OECD nations, we rank 18th when it comes to access to MRIs, 17th in access to CT scanners and eighth for radiology equipment. One thing which is even worse is that the World Health Organization rates us 30th when it comes to our health care system. Our health care system is rated 30th, in a country that is rated number one as far as the best place in the world in which to live.

Something is wrong with our health care system because it does not match the rest of the ratings that Canada gets. That is absolutely true. Patients and ordinary Canadians understand that full well. That is why they are engaged in this debate like never before.

The federal government has been asked to make a decision on health care and that decision is long overdue. It can embrace one track or another track. It will be interesting to see which track the government will hang its hat on.

My guess is it will hang its hat on the \$50 million report of Commissioner Romanow, the government's golden boy as far as health care and the future of health care are concerned. If that happens we will have squandered an opportunity to innovate and drive the health care system into the 21st century in a sustainable

Supply

way. We will have entrenched the status quo for more money and a broken system.

The easiest thing to do in politics when running into a problem is to throw money at it. I would urge the government not to do that but to open its eyes, look forward into the 21st century and look at some of the initiatives that need to take place to sustain health care.

The report done by the Romanow commission is a centralist bureaucratic vision of the future of Canadian health care. It is no real surprise that those on the extreme left are the most supportive of that report.

We criticized the commission when it first started, first because of the two year delay before the government actually came to a decision as it needed to make a decision on health care long before that, and second because of the idealistic bias of the individual who was running the commission. We said that this delay would retard the amount of health care reforms that needed to take place. We realized that the terms of reference of the commission had a limited scope for reforms to the publicly funded health care system.

This commission cost \$50 million. Imagine how many MRI machines that would buy. There is rumoured to be an overrun of perhaps up to \$26 million. We are going to use an Access to Information Act request to find out how many dollars Mr. Romanow did spend. It is true to what the government normally does with overruns. We could look at gun control or perhaps the blank cheque on Kyoto. Canadians get nervous when they look at some of these issues.

The government does one thing well. It studies. It studied health care to death. In fact there have been \$243 million worth of studies since the government came to power in 1993. There was \$12 million for a National Forum on Health study which now sits nicely on a shelf. That was a two year, very intense study similar to the Romanow commission.

• (1240)

Senator Kirby just finished his study. It was the most efficient one as far as numbers of dollars spent. It was very comprehensive over a two year timeframe.

It appears that the fix was in from the very beginning on the Romanow commission. Let us look at that report. He is calling for a massive infusion of cash, \$15 billion over a three year period, and then carrying on from that with up to a 25% ceiling for the percentage of cost into health care.

We agreed with money going into health care. The system is collapsing around itself and the injection of more cash was something we had called for as far back as 1997.

Supply

Provinces are shouldering much of the cost as 40% of their budget is used up in health care. We see only 14¢ to 18¢ on every dollar from the federal government, depending on the numbers one uses. That goes into the fuzzy money the federal government has injected into health care. The money goes into the CHST, the Canadian health and social transfer, which adds education and social services into the health care budget. The Auditor General even said that this is inappropriate because we cannot tell how many dollars the government is actually putting into health care. Clearing that up is something that is long overdue.

Clearly the federal government is not paying its fair share on health care. It has not got its priorities straight when it comes to the number one priority of Canadians which is health care. It is time that happened.

It is interesting to look back at the September 2000 accord and the number of dollars put into health care. The government brags about how much money it has injected. Not one cent of that money for health care reform or primary care went into the system until the April after the September accord. It was more about an election promise and trying to win an election than it was about health care reform. In fact, there are still three years left on that money to go into the system.

If it was the number one priority of the government, it should have been a much more aggressive injection of dollars. Instead we are now just up to the 1993-94 level of dollars into health care from the federal government.

Mr. Romanow said that we should be taking all the money, the \$15 billion, out of the projected surplus. Projected surpluses can be there or they cannot be there. All it would take would be a little recession. If we signed the Kyoto accord within the next, I would suggest that the surplus would evaporate before our eyes. We had better recalculate the surpluses that are proposed to be there.

The situation is that the government does not have the appropriate priorities. If health care is to be the number one priority of the Canadians whom it represents, then it had better get its priorities straight.

The motion before us today is very important in the sense that it talks about dollars coming from the federal government with no strings attached. The reason it is there is that Mr. Romanow is suggesting that there be lots of strings attached. In fact, there are five areas: rural and remote access to funding; diagnostic services; primary care transfers; home care transfers; and catastrophic drug transfers. All have strings attached and they open up the system into many more boutique services and programs in health care than were there before.

It is irresponsible to suggest that new dollars would be tied in any way to force the provinces to provide some expanded services. The commissioner was sent to talk to Canadians and to all the professionals to decide how to fix the problems in the existing health care system. Instead of fixing the existing problems, he came back with a report that said to expand it, make it bigger and to tie dollars to the provinces to force them to put those dollars into certain areas.

I do not have a problem with home care. If the catastrophic drug plans address the principle that a person should not lose their home or income or all the money in an RSP because of a catastrophic illness, that is a principle Canadians hold near and dear and we should be protecting it.

We need to work with the provinces when we target dollars. The provinces should be given more flexibility for the new funds that are being injected. The provinces are on the front line of health care delivery. The heavy hand of the federal government is not a way to deal with that.

● (1245)

We should be asking the provinces and holding them accountable for the dollars they need to spend with the ultimate goal of obtaining measurable results on where the dollars will be spent in order to sustain the system in the long run.

We have seen an example of exactly what we are headed into just recently in the 2000 accord with \$1 billion in the equipment fund. What happened with the fund when we followed it through was that some of the money was not spent on where it was intended. Some of it was spent on floor scrubbers, lawn mowers and ice cube machines because in certain areas they did not need the high technology equipment and in other areas they did not get it. When we have the blunt instrument of the federal government putting conditions on, we cannot hit the nail on the head as far as where the problems really lie. It only interferes in the provincial jurisdiction which has the mandate to deliver on health care reforms.

When it comes to the motion, we are saying that these measurable outcomes are something that absolutely have to be there. We would have a problem with it except that the Bloc has seen fit to amend it and to add, according to the priorities that it has determined, that it should be accountable to its population. I believe the key is that we need accountability in the system. The provinces need to be accountable for the money that the federal government is injecting. That is fair enough, and I think the provinces all agree with that. From that perspective, I think the motion is now worthy of consideration. We need this cooperative approach if we are going to save health care in the long run.

Let us talk about some of the disappointments we have seen in the Romanow report. One of the most disappointing is in regard to the private provision of health care services. Romanow said that he would like to see an end to any private provision of health care. It is really interesting because 30% of the system is private right now. I wonder if he will roll back every doctor's clinic that is out there and pay them differently. I do not understand exactly where he is with that. He says "not now, not ever" as far as any kind of private delivery.

What we are saying is that we do not really care who delivers as long as the payer is the public, that it is from the public purse and that it is a single payer option. Our health card should be able to access services any place in the country and who delivers the service is not something that Canadians are all that concerned about. We have to leave some options open to enable the provinces to follow through on their mandate to do that.

Supply

The title of Mr. Romanow's report is "The Future of Health Care in Canada", but if it were implemented it would not be the future he would be talking about, it would be the 1960s and 1970s model with twice the mandate and half the money. It would be destined to failure. Five years from now we would be sitting in this place wondering where all the money went, saying that the system is unsustainable, as the baby boomer bubble hits it and the weight is lowered down onto the system, as new technologies and the costs of them come forward and we are trapped into a model that cannot be sustainable in the future. We have an opportunity to do something about that system now and we had better seize that opportunity.

Canadians need, and should expect, timely services. It does not matter who provides those services but they absolutely have to be able to get to the place where they can access the services.

We have the five principles of the Canada Health Act. I suggest that most people in Canada have no idea what those five principles are. I suggest most people in the House would have a difficult time reciting the five principles. I certainly know there is no one here who can define the five principles because no one really has.

However that is not really important because when most Canadians walk into a health care facility they do not look up and say "I wonder whether this complies or not". They are saying three things. They are saying, "Make me better when I am sick". They are saying, "Don't make me wait to get better. They are saying "Don't make me pay to the point that I will lose my home or my life savings for an illness when I do get sick". Those are, in very simple terms, where we are going with health care and what Canadians so dearly love and want in their health care system. That is very simple and straightforward but it seems to be missed in Mr. Romanow's report.

This brings me to the other issue that he so blatantly missed, which is a patient guarantee. We had talked a few minutes ago about the Kirby report. Mr. Kirby is one individual who said that at least there should be patient guarantees, that patients and the public are putting \$102 billion into health care right now which will go up another \$15 billion a year at least.

• (1250)

Will we get anything for that? Will we remove the one million people on waiting lists? The CMA, Canadian Medical Association, is saying the same thing and so are we when we talk about timely access. It should be there but Romanow rejects all of that as being unworkable. It is not unworkable. It just does not fit into his ideology.

What good is it if we create the best system in the world but we cannot access it? That kind of system does not do anyone any good.

Mr. Romanow has missed a few other things in his report. One of the things is the setting up of the health council or the watchdog over health care. If we have to set up another watchdog, what is the federal Minister of Health doing? What are the provincial ministers of health doing? Is it not their responsibility to deliver on the money Canadians pay in taxes and who expect their money to be spent reasonably and efficiently on their behalf? That is their area of jurisdiction. We would only need a watchdog if they were not doing their jobs.

The other thing is the human resources shortages that we have in the country. I talked about that earlier in my speech. I said that we have a massive problem that will not go away very quickly and that has been totally ignored by this report. If we do not deal with the waiting lists so that Canadians can expect timely delivery of services when they are ill, and if we do not deal with the human resources problems that really cause a lot of that problem, then we have missed the boat on health care reform.

There are some things that we actually like about his report. He has talked about splitting up this fuzzy money, the CHST, and dedicating it. We are saying that the Auditor General agrees with that. She came out with a report a few weeks ago saying that was what happened in the early 1990s. Money was pulled back under the guise of the CHST. We do not even know how many dollars are going into the federal coffers. If we split that up, we would at least have some accountability. Some degree of accountability is absolutely needed.

With regard to stable funding, we agree with stable funding. In fact, we fought the last election on stable funding for health care. Canadians need to know that. If we are going to deal with the system of health care, we had better have secure dollars so we can count on those dollars moving ahead.

We agree with the independent drug safety agency because we have a massive problem when it comes to drugs in this country. A pharmaceutical program, opening up more pharmaceuticals to the people, might be a noble thought but we had better fix the abuse problem before we ever go down that road.

Canadians believe in timely access to high quality health care regardless of their ability to pay. We support the province's effort to use alternative service deliveries within the public system as a way to improve patient care and increase efficiencies in encouraging greater investments.

We oppose big government solutions which too often ignore the health of Canadians. Tomorrow the minister is heading into a meeting with provincial counterparts. It will be really interesting to see whether she will be dealing with them collaboratively or whether she will use the big stick approach that the government has used over the last nine years.

We must work cooperatively with the provinces now. The government must not use the Romanow report to turn back the clock on real health care reform. What a terrible error and missed opportunity that would be if that were to happen.

We become very nervous when we hear Liberal backbenchers say that their whole caucus would like to hug Romanow. She also went on to say that they did not have time to look at any other report. I would say that the time has come for real health care reforms in this country. The public is way ahead of the politicians. This room needs to catch up. Reforms that place the patient first and not the system is where we have to go.

Supply

• (1255)

Mr. Dan McTeague (Pickering—Ajax—Uxbridge, Lib.): Mr. Speaker, I first want to comment on the position taken by the member for Yellowhead. I am certainly one of those members who can assure the member that most Canadians understand the five principles and have understood them for many years.

Short of the current difficulty we find ourselves in, we, and certainly the people who I spoke to over the weekend who carry no bias, political or otherwise, certainly agree with the Romanow committee report and are very much in favour of a system that provides a comprehensive plan to attack what many see to be serious deficiencies in the system, notwithstanding the strains that have encompassed it over the last little while.

Could the hon. member tell me whether the CMA supports the general thrust of Romanow? Concerns have been raised about the NAFTA investor privilege found in section 11 of NAFTA, an exemption that was tried before. From a U.S. study that was done some 11 years ago, does he not see that the public way of delivering medicare is much better and more affordable than the private system that he has proposed? Does he not see that Romanow would be the right way to proceed on this, notwithstanding the objections that he has just raised?

Mr. Rob Merrifield: Mr. Speaker, my hon. colleague has it so wrong when says that we want a private system. Where he comes up with that is amazing to me.

We are saying that the provinces should be allowed to follow their mandate to give alternative delivery options. If the private sector can provide the service as efficiently as and cheaper than the public system, then fair enough. It can be contracted. What we are saying is that all people will need is their health care card to access services in the country.

The Canada Health Act, if we want to talk about it, does not necessarily restrict the ability of private delivery options, but Mr. Romanow has, and the government in this place has certainly been putting the boots to any kind of an attempt to allow any private delivery options, as we have seen over the last decade in the way it has treated the provinces. In fact, it is such an adversarial role that I would say it is almost dysfunctional at this stage.

Let us get it straight about where we stand on private delivery options within a public system. What we are saying is that within a public system we need to have some competition to be able to know that we can deliver the system as affordable as we possibly can. If the private sector can do it, then we should not be so alarmed at that, we should embrace it. However that is not up to us, it is up to the provinces. It is a provincial jurisdiction.

All we are saying is that since the provinces are asking for the opportunity to deliver health care to their patients as efficiently as they possibly can, we should be open to it and encourage them. The government should take its eyes off the system, get over the phobias that I hear and start thinking about the patients and curing the ills of those patients as its number one priority.

Mr. James Lunney (Nanaimo—Alberni, Canadian Alliance): Mr. Speaker, it is good to be debating health care in the House again today. We have heard some interesting discussions this morning.

When I hear some members talking about a private system and other members suggesting that the system will collapse if there is private involvement, have they failed to recognize that 30% of our health care spending already is outside of the public system?

The problem we have with our single public system is that it is inefficient, ineffective and it has no competition.

As an example of that, just recently there was a big article about the cancer care unit in Toronto. The private system comes in during the evening to run the equipment because the cancer unit cannot find people in the public system to work those hours. The private clinic runs the equipment in the evening and is able to treat 1,000 patients for cancer therapy with the same equipment for the same cost that the public system would treat 600.

We are talking about innovation. I wonder if my colleague would expand again on the importance of giving the provinces the opportunity to innovate in health care.

Mr. Rob Merrifield: Mr. Speaker, my colleague makes a very good point with regard to the amount of private funding in the health care system now. Actually a little over 31% right now is private. Yet we do not have a NAFTA challenge. We do not have naysayers saying that it will destroy the system if there is any privatization of our system. Our system is 30% there already. That truly is false and it truly is trying to fearmonger and add phobias.

However, all of that is falling on deaf ears because Canadians are so much further ahead. What Canadians really care about is having a system that is there for them when they are ill. We have to realize that this becomes the focus. There is no question about that. So when we are asked questions about alternate delivery and following the mandate, that is what has to happen. We have to stop the adversarial roles. We have to draw clear distinctions between the role of the federal government and how it supports the health care system in Canada and the role of the provincial governments in delivering health care services to their constituents. We have to realize what that role is.

When we respect those roles, then we will be much more able to collectively do what Canadians expect us to do. As we realize, the same people support the federal government and the provincial governments with the same tax dollars. It comes from the same pocket. It is the same money.

Taxpayers do not like the differences we have had, the adversarial conditions that have been set up in Canada. Canadians want health care when they need it. This is what we had better focus on.

• (1300)

[*Translation*]

Mr. Gérard Asselin (Charlevoix, BQ): Mr. Speaker, I am pleased today to congratulate the hon. member for Hochelaga—Maisonneuve for his motion and the hon. member for Drummond for her amendment.

Supply

The hon. member who just spoke will doubtless agree with me that the money is in Ottawa, but the needs are in the provinces. Yesterday, in answer to a question from the Bloc Québécois, the Prime Minister said that he did not want money from the federal government to be used to pay for collective agreements, but to go solely towards purchasing equipment.

In my opinion, each province knows best what its health care needs are. Emergency services are a priority. Home care for the elderly is a priority. Investing in equipment is dangerous. The same thing will happen that happened in education with the millennium scholarships. We know that the federal government wants to be visible when it comes to equipment. No visibility, no equipment. We risk finding Canadian flags etched onto computers, while emergency services have serious problems, and we need to invest directly in patient care.

Will the hon. member agree with me that those best placed to determine health care priorities are none other than the provinces? We are asking the federal government to give back the money it cut in transfer payments to the provinces and let the provinces decide how to invest it. This is Quebec's main demand.

[English]

Mr. Rob Merrifield: Mr. Speaker, the member is absolutely right. The provinces are the front line deliverers of the services. People cannot tell me that home care is the same in downtown Toronto as it is in what we could say is the outback of Saskatchewan, the remote areas of Saskatchewan. From that perspective, provinces have the ability to deliver on their mandate and be much more in tune with what needs to take place. The caveat here is that we cannot and should not allow the provinces to take federal money without some accountability measures.

The provinces should be asked how will they spend those dollars to force measurable outcomes that will drive efficiencies and sustainability into the system as we move forward into the 21st century. We say there should be a collaborative approach. If we do not go there, the mandate of the federal government will not be followed. We must be mindful that the mandate for the federal government is accountability.

Mr. Dick Proctor (Palliser, NDP): Mr. Speaker, often in the House we are treated to or forced to endure from members of the party this member represents lectures about how they are the only folks who follow public opinion and the grassroots in the country.

I wonder if the member would comment on the fact that in today's newspaper we read that two-thirds of Canadians have a high level of support for the Romanow report. The company that did the survey said that "Canadians have formed a 'working consensus' in favour of Mr. Romanow's report". Basically they have said that this is right prescription for medicare. The working consensus is widespread. It is a majority in every province and in every population group, and this also refers to income level and age.

Would the member in his answer also tell us where the efficiency and the sustainability are that he keeps alluding to in the private sector? Mr. Romanow said throughout the report that he could not find it.

● (1305)

Mr. Rob Merrifield: Mr. Speaker, as for listening to the public, we have to be careful about knee-jerk reactions of a public that may be sort of wrapping their heads and their ideas around this report. It is not really important whether they agree with the report or not. What really is important is whether the government is going to implement anything coming out of the report. That is the real test of whether we are or are not going to get health care reform in this country.

On the other question of private sector sustainability, Mr. Romanow said, "Show me the beef". He was shown the beef from a private clinic, Brian Day's clinic in B.C., where a number of orthopedic surgeries and other surgeries are done. Mr. Day said he showed him the beef when he proved that he could do it in 60% less dollars and more efficiently, and Mr. Romanow did not eat it. I think there is an ideology problem and that is why Mr. Romanow came out where he did.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I am very pleased to be able to participate in this debate and to very clearly indicate on behalf of all my colleagues in the New Democratic Party our opposition to the motion from the Bloc.

With due respect to the members of the Bloc, we want to say today that the motion is not based on fact and is very destructive and hurtful to the possibilities we have before us in terms of the future of health care.

The motion is clearly, word for word, identical to the motion that was proposed by the Péquiste government in the assembly just this past week. It is—

An hon. member: Supported by everyone.

Ms. Judy Wasylycia-Leis: Yes, as the member says, it is supported by all in that assembly.

My point is that this does a great disservice to the possibilities we have as a Parliament to deal with this very difficult issue and to go forward with possibilities that before now were not there.

We all know that in fact the relations between the federal and the provincial governments have become very dysfunctional. We are as concerned as the members of the Bloc are about that dismal relationship and the absolutely arbitrary, unilateral mode of operation by the federal government. We share those concerns, but we want to say that the report by Mr. Romanow does not in fact give permission to the federal government to continue that kind of destructive course of action. It opens up the possibilities for us to begin anew, to re-establish a working relationship between the federal government and the provinces and territories.

With the Bloc coming out so quickly off the mark and the PQ government coming so quickly out of the gates to condemn Romanow, I worry that in fact we will lose the opportunity, this one last opportunity, to build something new, fresh and constructive.

I do not want to condemn the work of the Bloc, because it certainly has come to the House with a great number of ideas, but I want to say that I think the motion today is hurtful, it is destructive and it is not based on the facts as we know them from the Romanow report.

Supply

I also want to say that it is just as destructive for the Bloc to come forward with the motion as it is for members of the Liberal government to immediately condemn discussions about how to negotiate with the provincial governments. I condemn just as much the Minister of Industry coming out two days ago saying that there is no room to talk with the provinces and that the money will be put on the table and the provinces can take it or leave it. I condemn that as much as I condemn the initiatives by the Bloc and by the PQ government, as well as the extremely hasty and unhelpful remarks made by the premiers of British Columbia, Alberta and Ontario, all of whom, joining with the privateers of our health care system, want to put the nails in the coffin of medicare before the government comes out with a plan to put into effect the blueprint provided by Roy Romanow.

I want to say that the real failing in Parliament today is not the Bloc's motion, and it is not even the provincial governments or the privateers, it is the Liberal government's failure to come forward with a plan based on the Romanow recommendations, to put something on the table to provide a basis for discussion. Because we know what is happening: Without that kind of leadership we have exactly what we had before. We have a whole lot of people trying to advance their agenda and the interests of Canadians are the last to be considered.

It is long overdue for the Minister of Health to have come forward with some broad idea about the Romanow commission. It has been a week since Romanow reported. There is still nothing. There is a meeting tomorrow of the health ministers and there is not a slight indication about what the federal government intends to do. There is nothing but rhetoric, nothing but musings, nothing but saying, "We're open-minded". It is high time the government actually came forward with something if we are really, truly serious about medicare.

There was a comment that my 13 year old son made following the Grey Cup game in Edmonton, the game that saw the Montreal Alouettes victorious over the Edmonton Eskimos, a game where the Minister of Health was present and involved in the start of the game.

• (1310)

My 13 year old son, Joseph, noticed that part of the proceedings and said to me "Let us hope the fate of health care in this country does not come down to a simple toss of the coin".

Out of the mouths of babes, of children and young people come some of the most profound understandings. Clearly in this case I think children and Canadians everywhere understand what is at stake and understand that the government is failing us yet again by refusing to come forward with leadership, with plans and with an openness to discuss with all partners and all provincial governments how we can proceed together on a cooperative basis.

I want to calm down for a minute and try to talk a bit about the opportunity we have before us. Although I may disagree with the motion from the Bloc, I appreciate the fact that we have a chance to debate the Romanow report. Without the motion there would not have been an opportunity presented by the government of the day for us to do this. We are trying to get some time on the health committee agenda and that seems to be futile. At least we have one day to talk about Romanow.

It is the first opportunity we have had and it is a very important opportunity to discuss our future health care options and to talk about the fact, and let us be clear, that this has been the most significant investigation into Canada's health care system in decades. Whether we agree with it or not, at least one has to agree that this has been a profoundly important investigation and truly monumental in terms of its findings.

The work of the commission on the future of health care has been an investigation in the true sense of the word. It sought to uncover sound evidence on the viability of the options before us and it conducted that investigation with an open mind, exploring all options and providing the opportunity for all interested Canadians to participate in those discussions and dialogue.

The commission, as members from all sides of the House will know, collected independently commissioned information from all kinds of experts and advocates in the field. The member for Hochelaga—Maisonneuve likes to quote from one of them when it suits him, and that is the study by Queen's University entitled "Federal-Provincial Relations in Health Care". I might suggest that the member read this report more carefully because the recommendations that he thinks are so good in this report of a few weeks ago are precisely the recommendations of Roy Romanow, where he talks about a cooperative approach to decision making and an end to the unilateral arbitrary ways of the past.

We know there were public hearings all over the country. There were public hearings in every centre in Canada. There were public hearings in Montreal and Quebec City. The people of Quebec had a chance to speak and their views, are reflected in this report.

The website of Romanow had 24 million hits in total. One could say four out of five Canadians actually had an impact in terms of registering their views with Roy Romanow. Canadians responded to this very forthright effort. We know that. They spoke out about the values that were most important to them, whether they were from Alberta, Nunavut, Quebec or Newfoundland, all with different circumstances but all with a common desire for equitable access to quality health care. They all saw that as their shared right as Canadian citizens.

One item on the must do list of priorities of Canadians was to make the system more accountable. They had experienced the harmful consequences of the Liberal government's lumping together of all social programs, health, post-secondary education and income, support all under one accountable hodgepodge of the CHST. I remind the House that the concept was engineered by the member for LaSalle—Émard, the architect of probably the most destructive social policy in the history of this country. Let us not forget that. He has some accounting to do to the House, especially given his prospects for leadership and ambitions for the future.

The people of Canada listened very carefully to the Auditor General's report to the House about how the federal government had no idea how the five principles of medicare were being implemented. They commented on how the government had failed in its self-imposed ignorance to enforce the act. They recognized, and I am sure the Bloc agrees with this, that the Liberals had proven themselves to be the Keystone Kops of health care in Canada today.

Supply

•(1315)

Canadians also witnessed the performance of federal, provincial, and territorial governments with respect to the \$100 million medical equipment fund set up by first ministers to help meet, Canadians believed, the gap in access to diagnostic equipment and new technologies, created by this government choosing tax break giveaways over health investments.

They saw results that included lawn mower purchases over investments in medical equipment. We heard this from members from New Brunswick. Canadians want accountability built into our system. Mr. Romanow has done that by suggesting that we add a new principle to the Canada Health Act and that is the principle of accountability. That means accountability for everyone, not accountability of provincial governments but accountability to the people of Canada by the federal government as well as provincial and territorial governments.

Canadians recognize that tax dollars are limited and health resources are scarce. We must do everything we can to recognize the need for accountability in the delivery of health services to Canadians. Some provinces have built in to their own operations stringent accountability provisions. It is puzzling to say the least that they could, with straight faces, turn around and say that the federal government should not be accountable to its taxpayers for how it spends its money.

Short of ideology and political posturing, it is hard to grasp the logic of the complaints from the Bloc and others that somehow Ottawa will be directing provincial health decisions or that Ottawa bureaucrats will be put in charge. The Bloc likes to remind us that Mr. Romanow served as an NDP premier, a fact of which we are very proud of. Because of that experience, he has been very sensitive to jurisdictional questions. He has been absolutely sensitive to the issues being raised by the Bloc. Mr. Romanow has gone out of his way not to recommend dictatorial authority for the federal government. In examining the evidence and the challenges ahead, he has recognized that these issues are too big to be effectively dealt with individually by provinces or territories and that there is an active role to be played by Ottawa.

Mr. Romanow has said that a national effort is needed, not a federally controlled effort, built on national intergovernmental cooperative approaches, approaches that are a step beyond the parochialism of the past and the jurisdictional bickering while Rome or in this case health care burns. Provinces, territories and the federal government all claim to want to put the health needs of Canadians ahead of jurisdictional quarrelling and squabbling. Romanow's recommendations give us a chance to prove that.

Canadians would rather have their health spending accountable to public sources, including the federal government in Ottawa, than to multinational health corporations in New York or California. We certainly believe this is the feeling of the people of Quebec, les Québécois, as much as Canadians elsewhere. I challenge members of the Bloc to say otherwise.

Canadians spend more than \$100 billion on health each year. That is big business and attractive to big health corporations seeking to expand their markets and their profits. However disappointing as it

may be, it is not surprising to see the advocates of for profit health care trying to get a bigger chunk of that money by attacking the commission's recommendations and its work. Maybe that is not behind the Bloc's motion, but it is certainly something that must be put on the table today. The solid evidence based foundation upon which the Romanow commission has developed its recommendations has left for profit promoters with nothing but empty rhetoric that has no resonance with the informed Canadian public.

However that does not stop them. If anything, it has made them more desperate. We have seen that today in terms of the comments from Alliance members and we have seen it from the likes of Senator Kirby and others who are actively trying to discredit commissioner Romanow's work. In fact in unprecedented arrogance, they are trying to dismiss the wishes of Canadians as clearly and unambiguously expressed through the Romanow commission. This is very telling indeed. It is telling of the lack of influence that Canadians could expect from a corporate run health system.

•(1320)

Canadians have a choice to make about the vehicle to take us through to the future of health care.

Senator Kirby and his corporate pals want Canadians to buy into the private for profit model. They want us to do so based solely on the advertising, the manufacturer's brochure, about the smooth ride profit driven care will provide.

The Romanow commission, on the other hand, has checked all the consumer reports on for profit care. Private for profit care has been extensively road tested. Commissioner Romanow has checked the results in the United States, Britain, Australia and elsewhere around the world and the reports tell us that the wheels fall off, that this vehicle that may look great in the glossy brochure will not get us to where we want to go. Part of the deal we see is to agree that someone can siphon off the gas, the tax dollars, the very fuel we need to move forward.

Romanow has also found that the fine print on the contract says that when the wheels fall off, we cannot take the vehicle back because of international trade agreements. Romanow has not bought that and Canadians do not want to buy it.

Supply

Commissioner Romanow looked very carefully for the most effective way of maintaining the sustainability of our public health system. In his final report, he agrees with all of us in the New Democratic Party and so many Canadians that sustainability is not simply a matter of throwing more money at the problems. It requires a coordinated strategy to reduce the causes of poor health, to adjust health care delivery to the most efficient and to commit a stable, long term investment in public health services. Money alone, without a strategy to deal with Canada wide issues like health human resourcing, drug costs and the like, will lead us down a dead end road. These issues do not stop at city limits, at regional groupings or at, in particular, provincial and territorial boundaries.

We are Canadians in one country looking for one sustainable health care system that will serve all of us in good times and bad, no matter how much money we make, no matter where we live. We are looking to the government to chart a course based on the wishes of Canadians, expressed through Romanow.

[Translation]

Mr. Jeannot Castonguay (Parliamentary Secretary to the Minister of Health, Lib.): Mr. Speaker, I want to thank my hon. colleague for speaking from the heart.

I had the opportunity to work in the health sector for several years before being elected here. We often hear about medically necessary services. Should that be defined somewhere so that we know exactly what we are talking about, or should it be left open as it is at the present? Everyone argues about what should and should not be covered.

I would like the member to comment on this.

[English]

Ms. Judy Wasylycia-Leis: Mr. Speaker, I appreciate the question about what to do with the term “medically necessary”. Roy Romanow looked at that very carefully throughout 15 months of consultations. I believe his recommendations address the concerns about the definitional problem around the term “medically necessary”. I believe that he proposes a very productive way to deal with this problem, which is in line with the concerns of provinces.

He proposes a coordinated national strategy to be addressed, to be a focus in terms of future work, through a national council on health care and a national drug agency as two examples of how one can coordinate efforts through all our jurisdictions, at all levels, and come up with broad standards, programs and provisions that will ensure that we are all operating from the same book and we are all basing our decisions on science and evidence.

I think Romanow recognizes that it is not for him or for politicians to define what is medically necessary. It is the work of professionals, doctors, nurses, health advocates, researchers and scientists to give us the evidence. It is the role of government to use the evidence in the most effective way. What has been clearly lacking is the federal government's refusal to actually provide that kind of leadership and coordination.

One of the most significant recommendations of his report is that there be a national coordinated strategy for something as basic as reviewing the safety, efficacy and cost effectiveness of drugs,

something all premiers wanted when they met. The reason they took some of this action into their hands was the failure of the federal government to act.

Furthermore, he recommends a national formulary so we can work together and avoid competing among each other in terms of drugs being promoted by pharmaceutical drug companies, sometimes without reason and sometimes just because it means bigger profit margins.

We have an opportunity now to be very responsible and effective in our decision making. I would suggest that this recommendation is one of the most significant, in terms of the Roy Romanow report, and an area of top priority for the federal government.

• (1325)

[Translation]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I would like to thank my colleague for her speech. As usual, it has that elegant leftist flair. With all due friendship, I am afraid that her wish for just one health care system in Canada is not possible.

In fact, the father of the health care system in Quebec, Claude Castonguay, pointed out the huge gap between the Clair report and the Romanow report. Can the member acknowledge that the situation in Alberta is not the same as in the Yukon and that the situation in the Yukon is not the same as in Quebec, and that the federal government is in no position to assess the needs of the people? That is why the Fathers of Confederation wanted health care to be a provincial responsibility.

[English]

Ms. Judy Wasylycia-Leis: Mr. Speaker, the beauty of the Romanow report is that it recognizes the reality of all of our experiences wherever we live in this country. It makes a point of ensuring that we adopt a system that allows for flexibility to meet the needs in each of our provinces and to help provincial governments meet the needs of their citizens.

The Bloc is all hot under the collar about the fact that Romanow is recommending two things: first, that the federal government increase its share of transfer payments in cash to the provinces to get us up to a minimum of 25% with a built in escalator clause so it grows as the economy and population grows. That is something I thought we were all in agreement about, yet the Bloc seems to have problems with it. That is something all provinces have asked for.

The second thing that the Bloc seems to have a problem with is the funding for innovating, upgrading and renewing our health care system so that it becomes community based, holistic, more cost effective, and based on prevention not on illness, community driven not institutionally based and so on. There are some wonderful recommendations on how to do that with flexibility for the provinces so that if they have a complete home care program in place they can take that money and put it to another part of the health care system. The Bloc seems to have a problem with that.

Supply

I fail to understand how something that ensures stability of funding and moves our system to a progressive innovative approach is negative and wrong. I would suggest the Bloc revisit the Romanow commission report and participate with Canadians and in fact citizens in its own province to use this opportunity and not lose this chance we have.

• (1330)

Mr. Dick Proctor (Palliser, NDP): Mr. Speaker, I enjoy listening to my colleague from Winnipeg North Centre. I enjoy watching her as well, it is almost like watching an aerobic workout as she works her way through her remarks.

Implicit in the motion before us today is the idea that the Romanow report represents an intrusion into the right or ability of Quebec to manage its own affairs. Related to that, and I was referring to the poll earlier, it is particularly striking the high level of support of the Romanow report among Quebeckers, given the fact that political leaders from all parties in that province have been fiercely critical of it.

The vice-president of the polling company said that it appeared that Romanow and his group had struck a chord with the public in Quebec and perhaps had gone over the heads of some of those elites in that provinces.

I wonder if the member would comment on that please.

Ms. Judy Wasylcia-Leis: Mr. Speaker, I appreciate the question from the member for Palliser. I am glad I have been able to entertain him with my moving arms and energetic involvement in this debate. I hope it has not been too distracting.

The member has identified a key issue in this debate. Roy Romanow's recommendations were based on 15 months of consultations with Canadians who expressed their views and values directly to him. For the first time we have a complete reading of the opinions of Canadians without the obstacles posed by corporate elites or political leaders who are fundamentally opposed to the notion of the universal health care system in the first place. We have for the first time a wonderful reading of Canadians that should guide us every step of the way.

The problem that the Alliance has is that the values of Canadians, as reflected through the Romanow report, are not the Alliance's values and the members know that they are in a minority, not reflective of what Canadians want. They must come to grips with that because Canadians want a universally accessible health care system. They know that who owns the delivery of health care does matter because in the long run, it may lead to a non-system. It could lead to a patchwork of health care systems across the country where many would fall through the cracks.

What the government needs to do is take this valuable set of recommendations, come up with a blueprint and put it forward to the provinces. The government ought to be doing something along those lines tomorrow. It ought to be saying to the provincial health ministers that it supports the broad parameters of Roy Romanow. It should state that it believes that it can act on these areas immediately and that it will work together to flesh out the rest of the blueprint. That is the way to begin this process, break the log-jam and ensure that we do not lose this moment and do not lose medicare.

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, I am delighted to have the opportunity to say a few words in this debate. I will be sharing my time with the member for Pictou—Antigonish—Guysborough.

The member for Palliser just mentioned that he enjoyed listening to my colleague. I certainly agree with him. He mentioned he liked watching her do her workout with her moving arms. I am telling him he is not the one within reach of those arms. I happen to be sitting right behind her. However, listening to her speak on health care issues is informative to all of us in the House.

I wish to refer to the motion that has been put forth by the Bloc. We have no real problem with the fact that provinces should have a major say in funding. We have no problem with asking the federal government to give the money to the provinces and having them decide how it is spent, as long as it is done in relation to the Canada Health Act and the principles of the act are adhered to. In fact, we have always advocated a sixth principle, which is stable funding to the provinces, and this we have not seen.

We have a tremendous amount of duplication in a number of areas throughout the country, health care being one of them. If the provinces, who are on the front line trying to decide how to use their meagre income, are influenced by decisions from someone from afar, we will see that duplication continue. In this case the provinces should have more input, as long as they abide by the proper health principles. Then we can all benefit from that.

In 1995 a change was made to how the provinces were funded. In 1995 the then minister of finance, in his wisdom, decided that the provinces would be provided with Canada health and social transfer payments, or CHST. These payments were on a per capita basis. We saw a severe reduction overall. From the best figures we have, it was around \$6 billion a year. That means over the last seven years the provinces have lost \$42 billion in health care funding.

Some provinces have been hurt more than others. People might ask, if we distribute money on a per capita basis, is that not the fairest way to distribute funding? Not necessarily. There is a basic infrastructure when funding is delivered. If a city has a large hospital and its population changes, one cannot necessarily go in with a power saw and cut off 10%.

We must also look at geography. It is much easier to deliver health care services in urban areas that have major infrastructure as well as the specialists involved, not only in health care but any system because people who have a choice migrate toward the major economic centres throughout our country for all kinds of reasons, personal, resource wise, family wise, whatever. No one could blame them for that.

However, the rural areas of the country are the ones that suffer. In the case of Newfoundland and Labrador, the method of distributing funding based on population has been a disaster. We are the only province with a rapidly declining population. Every other province in the country has a stabilized population or, in some cases, a rapidly increasing population. Over the last 10 years we have lost 40,000 people from our province. It might not sound like a lot in Ontario, but it is almost 10% of the total population of our province.

Supply

• (1335)

That means we have lost 10% of the funding. Let us look at the then minister of finance, the member for LaSalle—Émard, the person who wants to be the next prime minister, the person who now has all these grandiose ideas of how to improve all the systems, whether it be transportation, education, health care or whatever, throughout the country. This is the individual who cut social and health transfer payments to the provinces back in 1995. This is the person who sat by the Prime Minister for 10 years and nodded his head to everything that the Prime Minister said and did.

How can he now take himself away from the blame for the suffering that he put on the people of the country, particularly in relation to health care cuts? Newfoundland, Quebec and all the other provinces, especially those with large rural components where health care delivery is costly, have suffered tremendously because of the cuts by that minister in 1995.

Newfoundland losing 40,000 people meant that we lost almost 10% of the funding we would ordinarily get. We now get fewer dollars than anybody else, not on a per capita basis, because it is delivered on that basis, but in relation to need. We get fewer dollars than anybody else. The provinces all have increasing populations. We have a diminishing one. Not only do we get fewer dollars, but the people left behind are not the young, energetic, healthy people. They have gone to Alberta or to the Northwest Territories or to wherever they could find work, mainly because our fishery was shut down in 1992.

We have another pending closure coming up this spring. We are being told the cod fishery that has kept a number of communities alive in totality, that has subsidized the income that others would have from other fisheries, is being taken away. As I said this morning, we were crippled in 1992, we can be killed if this present decision is made, and we have the House telling us it is not an emergency.

The people who are left behind are the older people, the people who require more health care funding than those young, healthy people who had to go elsewhere to seek employment. We get fewer dollars to spend on a population that has greater need, and because of our geography we have to deliver these services over a rough, rugged, rural area. So the input from the government to Newfoundland is significantly less when it comes down to the amount of money that each person would receive in relation to the services provided because of the cost of delivering the service to our province.

That was the gift to us from the then minister of finance. Then, when the provinces, because of the burden that was put on them with the downloading by the government, have to turn around, because all of them are involved, and fill in the gaps, every other service in these provinces, especially in the poorer ones, is diminished. Money that should be going into education is not going into education. Money that should be going into infrastructure is not going into infrastructure. It is not there. It has to go into health, which is a priority for all of us.

We have another study, the Romanow report, one more study on top of all the others. Even though we admit there are a lot of good

things in the Romanow report, especially as they relate to funding drug care payments for people who need the cost of drugs subsidized so badly, we look at home care services, which certainly is the best bargain that government could provide and needs to be focused on and assisted. But we also had the LeBreton-Kirby report that perhaps is of more substance than the Romanow report.

• (1340)

There is just so much to be said. If we do not move on these reports, then what is the good of having them at all? But if we do not move properly, it is just as well not to move.

Mr. Jerry Pickard (Chatham—Kent Essex, Lib.): Mr. Speaker, I was intrigued by my colleague for St. John's West in his commentary about our previous finance minister and his track record.

It seems to me that I have a little longer memory of history. I remember a fellow by the name of Michael Wilson and I can remember a prime minister by the name of Mulroney, who continuously, from the time they were elected in 1984 and until 1993, overspent \$40 billion a year, year after year.

Why did Paul Martin have to look at the books and straighten out some major problems? It has to be because—

• (1345)

The Acting Speaker (Mr. Bélair): The hon. member knows that he should refer to the former finance minister.

Mr. Jerry Pickard: I am sorry, Mr. Speaker.

Why did the finance minister of the day have to correct what was happening? It was clearly because a government, a Conservative government, by the way, had the same theory that the member for St. John's West supports today, a theory that had driven the country into such debt that we had a terrible time trying to deal with it.

The question is not whether we should we have made changes. The question in my mind is this: Why did the Tory government of the day almost bankrupt the country and leave us with very little resources outside the billions required to pay down the debt and the deficit?

Mr. Loyola Hearn: Mr. Speaker, let me give the hon. member a lesson in history and economics.

The Tory government left power in 1993 with a deficit of \$43 billion. However, when that Tory government came into power, the deficit that it inherited from the Trudeau era was between \$36 billion and \$38 billion of that.

What happened? During the years that the Tories were in power history will show and *Hansard* will show that the Tory government, even though it was high in debt, did not try to balance its budget based on cutting from the people who needed help, based on cutting health and education funding.

Supply

What did the Tory government do when it ran a deficit and interest rates were at 23%? It still did not cut social payments. The Tory government developed a plan to address the deficit. The plan included free trade and it included the GST, two topics that those members over there benefited from. They campaigned against bringing in such programs. They got elected on that basis. They deceived the Canadian public and then benefited from free trade, the GST and, because of that, the lower interest rates—

The Acting Speaker (Mr. Bélair): Order, please. We have somewhat deviated from the subject at hand.

[*Translation*]

Mr. Antoine Dubé (Lévis-et-Chutes-de-la-Chaudière, BQ): Mr. Speaker, speaking of management by the federal government, I would ask my colleague for his opinion.

I mentioned that, in 1994, there was \$8 billion in unpaid taxes; in 2000, \$1 billion was lost in human resources; in 2001, \$400 million in income supplements were not paid to seniors; in May 2002, there was the sponsorship scandal, and now it seems that the cost of the firearms registry is almost up to \$1 billion.

Does he think that the government deserves the criticism that he just expressed?

[*English*]

Mr. Loyola Hearn: Mr. Speaker, my colleague is so right when we look at what has been done. I talk to seniors. I am picturing one couple and it could bring tears to my eyes. The gentleman has developed Alzheimer's. The only consolation they had was that they could drive out to their little cottage on weekends. The costs of the drugs he required, which are not covered by health care, were so great that they had to sell the car in order to be able to buy the drugs. No longer could they travel out to the little cottage.

I see seniors who are charged hundreds of dollars for prescriptions and do not have drug cards to cover it. We are now suggesting to the Canadian people that if they need better health care they had better be prepared to pay for it. I suggest to the Canadian government that if it managed its budget properly and eliminated the billion dollar overspending on gun control and the costs of funding its friends—

The Acting Speaker (Mr. Bélair): Order, please.

Resuming debate, the hon. member for Pictou—Antigonish—Guysborough.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, it certainly is a pleasure to rise and follow my colleague from St. John's, who I think has given an important history lesson with respect to how we got to where we are today.

The importance and the timing of the motion could not be better. I want to similarly congratulate my colleagues in the Bloc for having brought forward the motion. What it deals with is certainly the obligation that the federal government has to fund health care but as well the responsibility it has to respect the provinces' role in administering it, which is of course something that continues to escape most members, including the member opposite who is chirping right now.

The administration of health care within the Canada Health Act is certainly what Canadians benefit from collectively. Canadians expect

and deserve to have the issue of health care financing addressed. The problem is that ever since the federal government slashed transfer payments to the provinces in 1995 those provinces have been frantically struggling to keep up with the growing demands of health care.

Health care now commands 54% of the entire provincial budget of Prince Edward Island and 47% of all program spending here in the province of Ontario. It is not an exaggeration to say that health care spending is crowding out the provinces' ability to focus on other issues such as income support, social services and housing. We see provinces struggling to keep their financial heads above water and they face the real possibility that some may fall back into deficit if the health care financing issue is not resolved.

In my home province of Nova Scotia, I am very proud to say that the Progressive Conservative government led by Premier John Hamm has balanced the budget, for the first time in 40 years. The government has had to make some very tough decisions, obviously, but it was backed into that corner by the fact that this federal Liberal government has been choking off the provinces by cuts to transfer payments.

The issue of fiscal imbalance is being quite hotly debated among economists. Let me quote from the *caledon commentary* from this past summer. Joe Ruggeri, of the University of New Brunswick, stated:

...if cost pressures in health care spending are moderate and CHST cash payments increase in line with the growth of nominal GDP, the provinces and territories as a group would experience potential surpluses in the future, but much smaller than federal surpluses.

There is not much encouragement for provincial finance ministers in this forecast, because this is really what I would describe as a best case scenario. It is based on health care cost pressures being moderate. We already know that this simply is not the case in most, if not all, provinces. In a number of areas such as drug costs, nursing care and home care, we have seen phenomenal increases in costs, and that is before we address the demographic challenges of an aging population.

My colleague from St. John's also referred to the very significant issue of out-migration from rural Canada, particularly in Atlantic provinces, I would suggest, and in fairness, in all provinces.

In my constituency of Pictou—Antigonish—Guysborough in Nova Scotia, hospitals, like all those in rural Canada, are under extreme pressure and strain. The Guysborough hospital, St. Martha's Regional Hospital in Antigonish and the Aberdeen Hospital are being completely put under the gun to try to provide basic health care services. They are doing their best by being innovative and original and in many cases just simply making do.

The other question that is still not being addressed by the federal government is the shortfall from the federal cutbacks of 1995, which was not restored in 2000. The impact of that shortfall continues to be felt by the provinces and is the very reason that they are feeling the pressures that we see in the health care system today, pressures that are being experienced nationwide.

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My point here is that it is really difficult to address other significant social policy issues when these larger issues of health care financing and the fiscal imbalance between a federal and a provincial government are outstanding.

There were some very important points made in the Romanow report and it is a welcome addition to the national debate. The ability to quarterback and in some ways implement some of the recommendations is now clearly in the lap of the federal government. Its ability to do so is something that we in opposition, and I suspect many in the country, question, because of the proposed reforms requiring tight cooperation with the provinces and the ability of the federal government itself to help coordinate that effort, and knowing that it is really the architect of the disaster and that the health care crisis is a net result of the \$25 billion that was taken out of the CHST.

● (1350)

It becomes a question of credibility. It becomes a clear question of how can we expect the federal government to play its important coordinating role as the cash cow, as the source of funding, when it is in essence the architect of this. The government is the one that has put the provinces in this position. Therefore it lacks credibility. It lacks any significant ability to rally around with the provinces. It is tantamount to a pyromaniac coming into a person's living room, setting a fire and then saying that he will call the fire department.

To come back to the important issue here, the clear intention of Mr. Romanow's report is to look at the health care issue. It was an engaging exercise. It was something that Canadians certainly took part in. There were 25 million hits, as I understand it, on Mr. Romanow's website, coupled with the significant effort to travel and consult. It cost \$15 million. We can put aside the issue of how many MRI machines that could buy or how that money might have been spent on health care. Yet many of Mr. Romanow's recommendations touched on the area of provincial jurisdiction, which is the focus of the Bloc motion.

There is a focus as well on the need for a strategy and the need for an allotment of money for specific areas. What we saw in other reports like the Kirby-LeBreton report that originated in the Senate and the Mazankowski report was a significant addition and contribution to this debate. What those other reports did that the Romanow commission report does not is they left open the issue of public funding of health care being enhanced by private sector participation by buttressing the public health care system, of course always done within the principles of the Canada Health Act. We will be watching what the current government does with the recommendations of all of these reports.

The constitutional division of powers must always be respected. The provinces have already balked at the issue of strings being attached. We are open to the idea of redefining and clarifying the principles of the Canada Health Act. We will closely scrutinize details of the definitions put to Parliament by the government.

As for the subject of the motion before us today, there is no disagreement from us about the fact that the current federal government is not doing its share in health care funding. We absolutely agree with the call for stable federal funding. During the 2000 election campaign my party proposed to add a sixth principle

to the Canada Health Act, that is, one of stable funding for health care. We see now that the government is contemplating doing this. We know it is not opposed to poaching ideas; it has made a living out of doing that.

Our colleagues in the other place recently released the latest chapter in their study on the state of our health care system. Their conclusions, presented simply and straightforwardly, were that we need funding and structure. The health care system is not sustainable. If funding problems are not addressed and if serious reforms are not implemented, the system will continue to fail Canadians.

Our colleagues did not stop there. Rather than dance around the difficult issues, they have provided the government with concrete options to save our health care system, something that I would suggest is lacking in the Romanow report.

When it comes to the question of funding and the tool of funding, we are quite prepared to consider unbundling the CHST in the interests of transparency and accountability.

Finally, we do not object to a pan-Canadian agreement which includes provincial jurisdictions which are negotiated by the provinces and not dictated to by Ottawa.

We cannot emphasize enough that without stable funding, all of the other principles of the Canada Health Act are undermined.

STATEMENTS BY MEMBERS

● (1355)

[*English*]

POSTCARDS FOR PEACE

Mr. Jerry Pickard (Chatham—Kent Essex, Lib.): Mr. Speaker, I want to recognize the efforts of grade six students from Queen Elizabeth School in Leamington, Ontario.

During Veterans Week in November, these grade six students, under the direction of their teacher Paul Forman, participated in the Postcards for Peace initiative. Each student took the time to write letters of thanks and appreciation to the men and women of Canada who served or are currently serving, calling them brave, calling them heroes, telling them, "We are proud of you and what you have done for our country".

These efforts are testimony that our students are being taught good Canadian values and history. In times of peace, I think that is great.

I also want to take the opportunity to wish all the veterans and members of the armed forces, both at home and abroad, a safe and happy holiday season and the very best in the new year.

•(1400)

QUEEN'S JUBILEE MEDAL

Miss Deborah Grey (Edmonton North, Canadian Alliance): Mr. Speaker, I recently had the great honour to award the following constituents of Edmonton North with the Queen's Golden Jubilee medal for their outstanding contributions to our community: Jim Acton, Kirk Bevis, Bill Bonner, Tom Braid, Lisa Clyburn, Martin Garber-Conrad, Marcel Hemery, Louis Ho, Rev. James Holland, Gerald Marshall, Lori Reiter, Shelley Tupper, Harry Vandervelde, Sandy Walsh-Schuurman, Ron Zapisocki, Auxiliary Constables Gloria Sawchuk and Brent Palowy, Lieutenant-Colonel Pat Stogran, and Marc and Marley Léger.

Marc's medal was awarded posthumously for his ultimate sacrifice as one of the four Canadian soldiers killed in Afghanistan. His wife Marley is an example of hope, poise and perseverance in the face of tragedy and loss. She is celebrating her birthday today. Although this will be a difficult day for Marley, I want her to know that there are many of us who are thinking of her.

Congratulations to everyone, and happy birthday, Marley.

* * *

[Translation]

JEAN DUPÉRÉ

Mr. Gérard Binet (Frontenac—Mégantic, Lib.): Mr. Speaker, yesterday I heard the sad news that Jean Dupéré, the major private employer in the region, a great and unwavering defender of chrysotile asbestos, and an expert on mining, died at the age of 57.

Full of ideas, and a man of action and conviction, he loved to get things moving. He left an indelible mark with his expertise, know-how, determination and commitment. The region never would have survived the asbestos crisis without him. He was a great man and he will always be recognized as a model of determination. He fought tirelessly until the end.

The Frontenac—Mégantic community joins me in extending our sincerest condolences to his wife, Michelle Dupéré, his sons Mathieu and Simon, his daughter Catherine, and his many friends and loved ones.

I thank the Chair for allowing me to express my feelings and condolences here, in the House of Commons.

* * *

[English]

QUEEN'S JUBILEE MEDAL

Ms. Judy Sgro (York West, Lib.): Mr. Speaker, today is the International Day of Volunteers. I rise to pay tribute to the thousands of Canadians who dedicate their lives serving others here at home and abroad.

For their outstanding contributions to my community of York West, I presented 20 special citizens with the Queen's Golden Jubilee medal. They are:Carolynn Armstrong, Uliana Badiali, Michael Colacci, Norm Cornack, Veena Duta, Rose Ibarra, Marianne Iozzo, Leila Jackson, Iginio Lanzarro, Sharon Lustig, Julie Molinaro, Stephanie Payne, Michael Perreault, Mario Pipia, Antonietta

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Ramundi, Pabla Gurdal Singh, Paramsothy Sothymalar, Valarie Steele, Leslie Walmer, and Sophie Zeber.

I join with all members of the House to celebrate the extraordinary commitment that they and others like them made and continue to make to enrich our communities.

* * *

ZIMBABWE

Mr. Keith Martin (Esquimalt—Juan de Fuca, Canadian Alliance): Mr. Speaker, Zimbabwe is in crisis. It now has one of the highest torture rates in the entire world. Half the population is starving to death, not because of inclement weather but because of a deliberately engineered famine created by Robert Mugabe to kill half of the population.

To make matters worse, Mugabe and his thugs are preventing international food aid, aid that we contribute to, from getting to the starving people. Behind this are state sponsored camps where torture, gang rape and murder are commonplace.

Our government for nearly two years has touted its African agenda, yet in the face of the genocide that is taking place right now in Zimbabwe and which will kill up to seven million people, our government has maintained a hypocritical, stony silence. Next year when the pictures on CNN show the carnage in Zimbabwe and the millions of people who needlessly lost their lives, will the Liberal government merely wring its hands or will it say "Never again" and act?

The answer is to act now. The government must act to save lives in Zimbabwe or it will be culpable in the murder of seven million people.

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PARLIAMENTARY INTERNSHIP PROGRAM

Mrs. Marlene Jennings (Notre-Dame-de-Grâce—Lachine, Lib.): Mr. Speaker, I rise today to recognize two groups of remarkable young Canadians.

This week, eight interns from the Ontario legislature internship program in Queen's Park have come to Parliament Hill for their annual study tour, hosted by the parliamentary internship program that places 10 young graduates here with MPs during the parliamentary year. They are intelligent, eager, bring fresh energy and ideas to Parliament and their presence here on the Hill and in Queen's Park is an asset to us all.

These interns will be Canada's leaders of tomorrow. I ask members to join me in welcoming the eight Queen's Park interns and at the same time salute the 10 interns who are currently serving with MPs on both sides of the House. I am proud that we will all benefit from their experience.

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●(1405)

YUKON RIVER SALMON AGREEMENT

Mr. Larry Bagnell (Yukon, Lib.): Mr. Speaker, yesterday after 17 long years of negotiations the United States and Canada signed the Yukon River Salmon Agreement.

I had the pleasure of accompanying the Minister of Fisheries and Oceans to Washington, D.C. where he officially signed the agreement with the U.S. Undersecretary of State for Global Affairs, Paula Dobriansky.

Key elements of the agreement include the formation of the bilateral Yukon River Panel, Yukon River Joint Technical Committee, abundance based harvest sharing for upper Yukon chinook and chum salmon, and the Yukon River Salmon Restoration and Enhancement Fund. Additionally, this agreement provides direction for coordinated management, rebuilding plans, habitat protection, restoration and enhancement.

As the minister said, this agreement is an important achievement as it will provide long term certainty and stability for salmon fishing in the Yukon River.

I would like to thank the Department of Fisheries and Oceans and the Minister of Foreign Affairs for their hard work in achieving this agreement. It bodes well for the future of Yukon residents and our American friends and neighbours.

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[*Translation*]**JEAN-PIERRE PERREAULT**

Ms. Christiane Gagnon (Québec, BQ): Mr. Speaker, on Tuesday evening, a star of contemporary dance passed away in Montreal. According to former dancer Vincent Warren, Jean-Pierre Perreault was the greatest choreographer of his generation.

He took an interest not only in dance, but also in architecture, the sacred arts, and costumes, to understand how they influence dance. In his vision, human beings interact with one another and with the space they inhabit, which also contains them.

For Chantal Pontbriand, the director of the International Festival of New Dance, there is a dimension to Perreault's work that is typical of Quebec, that reflects a unique connection to the earth; in his art, all movement, in relation to the ground and to mass, is an expression of Quebecers' endeavours to break free of the anonymity of the time, which still exists, as they try to develop their own model.

We mourn the loss of a humanist. The Bloc Québécois extends its condolences to the family of Jean-Pierre Perreault, his friends and the dance community, particularly the contemporary dance community.

* * *

CULTURAL INDUSTRIES

Ms. Diane St-Jacques (Shefford, Lib.): Mr. Speaker, last week, the Minister of Canadian Heritage announced that her department, through its Canadian Culture Online program, was providing more than \$596,000 in financial support to Musilab Inc., for its project *Le Monde d'objets parlés*.

In recent years, Drummondville has demonstrated the phenomenal impact that cultural industries can have on the economy and the quality of life of our communities. The goal of this project is to promote French and Aboriginal language oral folk traditions through the Internet.

Canada is rich in oral traditions that deserve to be more widely known. Thanks to this digital portal, Canadians, and particularly young people, will benefit from an exceptional tool for exploring the musical and oral cultural heritage that surrounds us.

I congratulate all those who worked together to make this initiative possible, namely Musilab Inc., TELUS solutions d'affaires and the Cégep de Drummondville.

* * *

[*English*]**GOVERNMENT SPENDING**

Mr. Grant McNally (Dewdney—Alouette, Canadian Alliance): Mr. Speaker, the Liberals seem to be starting their 12 days of giving a little early this year. Tonight Parliament will vote on giving the government over \$5.5 billion to reward its unprecedented record of financial mismanagement and indefensible incompetence.

As late as last week, the government denied opposition suggestions of a \$1 billion cost overrun in the failed gun registry. The Auditor General has confirmed what the Liberals have been trying so desperately to hide, that they have spent too much already and should not get one more red cent.

According to the justice minister the Liberals may have to get even more creative with their secretive spending to avoid losing a confidence vote tonight. This will not change the fact that this scandal will cost Canadian taxpayers 500 times what they were promised.

The Liberals' out of control spending has been funding their scandals for years. They have forced taxpayers to pay for Shawinigate, the HRDC billion dollar boondoggle, the EI ripoff and the advertising sponsorship scam to name just a few.

As the Liberals vote tonight to give themselves more to spend, once again it is Canadians who will be stuck with the bill.

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[*Translation*]**BERTHIER—MONTCALM BYELECTION**

Mr. Serge Marcil (Beauharnois—Salaberry, Lib.): Mr. Speaker, I have great confidence in the future of Berthier—Montcalm. The Liberal candidate, Richard Giroux, is sincerely committed to working with and for the population.

Richard Giroux is very much involved in the community. He is familiar with its needs and intends to take the necessary action to meet those needs. Berthier—Montcalm has been neglected for too long.

Things need to change. Better representation in Ottawa is necessary. Regional priorities need to be heeded and contact must be made with the Government of Canada. The community of Berthier—Montcalm is prepared to build a better future and to help build our society.

Richard Giroux made the right choice: he opts for solutions, and solutions mean the Liberal Party of Canada.

Next Monday, December 9, the riding of Berthier—Montcalm will go Liberal.

* * *

• (1410)

[English]

VIOLENCE AGAINST WOMEN

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, tomorrow marks the anniversary of one of the darkest days in Canadian history, December 6, 1989, when 14 young women were brutally murdered at Montreal's École Polytechnique, murdered for no other reason than they were women. This horrendous event has become a catalyst in the Canadian struggle to end all forms of violence against women.

Tragically today in Canada, 13 years after the event, young women are still not safe from violence. In fact, according to a study released this week, women under 25 who have separated from their partner are the most vulnerable, with the murder rate almost double that of other women at the hands of their domestic partners, appalling enough on its own. The horror of this is only surpassed by spousal murder rates for aboriginal women, which are eight times higher.

Personal safety is not a luxury. It is a right and it is a right that half the population of the country cannot realize because the government reserves it Cadillac innovation strategies for profit generation instead of basic needs.

Thirteen years later we are still asking, when will the government do what is necessary to secure the safety of Canadian women?

* * *

[Translation]

LIBERAL GOVERNMENT

Mr. Claude Bachand (Saint-Jean, BQ): Mr. Speaker, while the Liberal government is insisting that Ottawa must determine health care priorities, the Auditor General has confirmed that this government is incapable of managing its own responsibilities.

Having lost track of hundreds of millions of dollars at Human Resources Development, having had the federal government's propaganda activities go completely out of any administrative control and millions of dollars disappear into thin air, now that same government has also lost control over the firearms registration program.

Initially expected to cost \$199 million, it will end up costing \$1 billion, or close to nine times the initial estimate. What a fiasco, Mr. Speaker. How much of that \$1 billion went to the buddies of the Liberal party this time?

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In Lac-Saint-Jean—Saguenay, and in Berthier—Montcalm, people want to see their tax dollars go to health care, rather than be squandered through incompetence. Now we know that, when the Liberals get involved in something, waste and patronage are the order of the day.

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LAC-SAINT-JEAN—SAGUENAY BYELECTION

Mr. André Harvey (Chicoutimi—Le Fjord, Lib.): Mr. Speaker, members of the Bloc Québécois are in a state of panic.

In the final stretch of this election campaign in the beautiful riding of Lac-Saint-Jean—Saguenay, the riding of the founding father of the Bloc Québécois, they are making all kinds of unfounded statements. People are tired of the Bloc Québécois working itself into a state everyday without ever proposing any constructive action.

In the meantime, our candidate in Monday's election, Gilbert Tremblay, is out working the riding. He is not simply giving speeches. He is already acting as a member for his neighbours, whether it is on the Agropur issue in the heart of the riding of Roberval, the riding of the Bloc Québécois' House leader, where he has already organized ministerial meetings, or on the issue of Monts Valin, which he wants to be turned into a Canadian winter sports centre for economic diversification.

On Monday, the people of the riding of Lac-Saint-Jean—Saguenay will choose to vote for a member who is already working for our region. Monday night, the riding of Lac-Saint-Jean—Saguenay will give the Bloc the chop.

* * *

[English]

FIREARMS REGISTRY

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, this is a call to the Liberal backbenchers. Surely they have much to consider before they vote tonight.

The Auditor General stated in her audit of the long gun registry that there were significant shortcomings in the information provided; imagine that.

In response, the government has hired KPMG to do a special audit of the information that the Auditor General could not find, or could not see, or was not allowed to see, or was hidden from her. This is worse than ridiculous; it is ludicrous. It is simply smoke and mirrors to pacify Liberal backbenchers so that they acquiesce, roll over and vote one more time to support the unsupportable one billion dollar gun registry. It will not save lives. It has not saved money. Ministers have not been held accountable for their deeds. Yet, Liberal backbenchers have an opportunity to save their self-respect and they can vote against this ill-begotten spawn of Liberal incompetence.

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HEALTH CARE

Mr. Alan Tonks (York South—Weston, Lib.): Mr. Speaker, on November 27 Mr. Romanow released his long anticipated report on the future of health care in Canada.

Oral Questions

The national debate that is currently taking place focuses on the financial considerations of health care, which government has jurisdiction over which area and the values upon which the health care system is built. It is critical however that we not lose sight of what is more fundamental to a quality health care system. All citizens have a right to expect an appropriate level of care that we, their elected representatives, are accountable to provide.

Romanow and Kirby make it clear that Canadians must have enough doctors and nurses to serve them, enough beds in the hospital in which they can stay, timely surgery for painful problems and emergency service at the closest hospital when their lives are in jeopardy.

The citizens of Canada support our public health care system and want their elected representatives to provide the tools now to improve upon its strengths, fix its weaknesses and most important, be there for their time in need.

The time is now for the government to act on behalf of all Canadians for a quality health care system.

committed to spending \$113.5 million. This request for supplementary money was tabled in October.

I want to ask the Minister of Justice this. If we do not proceed with this today, is he assuring us that none of the \$72 million has already been spent?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as I said, the amount of money that has been authorized through the supplementary estimates has to be voted on tonight.

I said yesterday that we had frozen all major spending with regard to the program. We are keeping the system up and running because on this side of the House we believe in protecting our society. We have said there are problems and we will fix the problems.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, society is protected by being tough on crime, not by spending \$1 billion on a gun registry.

The government says that it will go ahead. If the government actually needs the \$72 million that it is now not asking for and not spending, how will it finish the gun registry when, by its own admission, 2.5 million to 3 million guns still need to be registered? How will this thing go ahead?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, we are talking about a valid, sound policy which is there to offer good protection for our society. They, of course, do not believe in protecting our society. The hon. member should repeat what he just said to Vince Bevan, the Ottawa Chief of Police, who has said:

—without information about who owns guns...there is no way to prevent violence or to effectively enforce the law. Information is the lifeblood of policing... this law is a useful tool which has already shown its value in a number—

Some hon. members: Oh, oh.

• (1420)

The Speaker: Order, please. I would remind hon. members when they ask questions that they have to be able to hear the answers and the Speaker has to be able to hear the answers.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, what this party will do is tell the chiefs of police across Canada to put policemen on the street to enforce real laws against real criminals including the thing the minister is unwilling to do today, to have tough laws against child pornographers and pedophiles.

Let me go on. The minister has no idea how the policy will work but he continues to defend it. Let me ask him a couple of straightforward questions.

How much more money will he need to finish the gun registry? How much will it cost annually to maintain after that? Does he have any idea?

ORAL QUESTION PERIOD

• (1415)

[English]

FIREARMS REGISTRY

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, the Auditor General has confirmed that the costs of the universal gun registry have ballooned from \$2 million to \$1 billion; 500 times more. The Prime Minister, the Minister of Industry and other Liberals are out there blaming gun owners, blaming the provinces and, in some cases, getting it accurate and blaming each other.

Today the Minister of Justice has on the Order Paper a request for another \$72 million for the registry. Is he now prepared to withdraw his request today for that additional money?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as I have said many times, the Auditor General has been pointing at some elements of the program. I have said many times as well that we accept all her recommendations. One more time, all the numbers have been reported through Justice Canada or the other ministries or departments involved in the program delivery.

Having said that, through supplementary estimates, we have obtained an additional amount of money. We are getting ready to vote on \$72 million tonight, which we will postpone to give us the time to have access to the audit, if we have unanimous consent of the House.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, the government will get consent from this party not to spend any more money, I can assure him of that.

However, for a majority government to walk into the House on the day of its estimates and pull its request for the money is unprecedented political and financial mismanagement. It has already

Oral Questions

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, if the hon. member believes in protecting our society he should believe in gun registration. As we said—

Some hon. members: Oh, oh.

The Speaker: Order, please. I have already urged hon. members that if they do not want to hear the answer to the question they should not ask the question. A question has been asked and we have to be able to hear the answer. The minister might say something out of order and then we would have real objections. I want to hear the minister and I ask hon. members to allow him to speak.

Hon. Martin Cauchon: Mr. Speaker, as we said, we will keep proceeding with the policy because as a society we are starting to see the benefits of it. For example, more than 7,000 firearms licences have been refused or revoked. The number of persons prohibited from firearms ownership has also continued to increase by almost 50%. The number of lost or missing firearms has declined by 68%. Those are the benefits and we will—

The Speaker: The hon. Leader of the Opposition.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, there is not one of those things that could not have been achieved without spending \$1 billion on a gun registry and Groupaction advertising and promoting.

I will ask my question over again because I think it deserves an answer. The government has spent \$1 billion. It is now coming in today pulling \$72 million off the table. How much more will it cost to complete the gun registry and how much more will it cost to run it each year after that?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as I have said many times, we will fix the problem. To start with we have accepted on this side—

Some hon. members: Oh, oh.

The Speaker: Order, please. The Leader of the Opposition said that he wanted an answer but I do not know how the Leader of the Opposition can hear the answer for all the noise. The Speaker cannot hear the answer so I do not know how the Leader of the Opposition can hear it. I urge hon. members to restrain themselves and listen to the answer. The Leader of the Opposition said that he wanted an answer so now we will try to get one from the Minister of Justice. Let us listen.

Hon. Martin Cauchon: Mr. Speaker, as I said, we on this side of the House have accepted all the recommendations of the Auditor General. As I also said, we will fix the problem. To start with, I said that we want to postpone the vote on the \$72 million but that we need the unanimous consent of the House. Why will he not stand up today and say that he supports that?

* * *

[Translation]

SOFTWOOD LUMBER

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, yesterday, during his visit to Saint-Fulgence, in the Saguenay region, the Minister for International Trade was able to see firsthand the

profound distress of workers from the softwood lumber industry, who are the victims of the trade war with the United States, but also the victims of the federal government, which refuses to help them.

Now that he has seen the major hardships experienced by softwood lumber workers, will the minister pledge to convince cabinet that the plan to help victims of the softwood lumber crisis is in urgent need of a second phase that should include changes to the employment insurance program?

Hon. Pierre Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, I was very pleased yesterday to be in the riding of Lac-Saint-Jean—Saguenay and to meet residents of Saint-Fulgence. I accompanied our Liberal candidate, Gilbert Tremblay, who is conducting a great campaign. I was very pleased to meet workers with him.

As regards the softwood lumber issue, I noted that, throughout the region, workers had rolled up their sleeves and we are about to beat the Americans at their own game. We have increased productivity in our sawmills, and we are still present on the U.S. market, thanks to the workers of the softwood lumber industry—

• (1425)

The Speaker: The hon. member for Roberval.

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, imagine the residents of Saint-Fulgence, who are suffering, imagine the families who are suffering because of this government's inaction and who are hearing the minister say that he had a great time while touring with the Liberal candidate.

The question that I am asking the government on behalf of these workers, families and people who met the minister yesterday is: will the government do them justice, will it help them and change the employment insurance program, yes or no? These people need such a measure.

Hon. Pierre Pettigrew (Minister for International Trade, Lib.): Mr. Speaker, as I said, I was very pleased to be in Saint-Fulgence. I met 170 workers from a sawmill which, unfortunately, was shut down for a number of reasons, including some that are related to the softwood lumber crisis.

Some hon. members: Oh, oh.

Hon. Pierre Pettigrew: I see that Bloc Québécois members are very nervous. After visiting the Lac-Saint-Jean—Saguenay region, I understand why they are getting nervous on that side of the House and they do not even want to hear my answer.

Yesterday, I told softwood lumber workers that Gilbert Tremblay is prepared to work with them to find solutions to their real problems, but not to engage in systematic obstruction, not to ask—

The Speaker: The hon. member for Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques.

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, the problem facing the softwood lumber workers is that the Minister of Industry and his colleague, the Minister of Human Resources Development, refuse to implement a second phase to the assistance package, which would include changes to EI and loan guarantees for the companies.

Oral Questions

Given the serious division within cabinet on this matter, should the Prime Minister not put the issue on the table and require immediate assistance for the workers of Saint-Fulgence and other areas of Quebec?

Hon. Allan Rock (Minister of Industry, Lib.): Mr. Speaker, we have already announced some \$110 million for communities affected by the softwood lumber crisis. I have personally met with people from Saint-Honoré, Saint-Fulgence, Saint-Thomas-Didyme and L'Ascension and they have told me they are now prepared to accept federal money to bolster their communities.

We will be announcing these measures in the days to come.

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, now is not the time for meetings, it is the time for solutions.

At the rate things are going, and with a government that is refusing to assume its responsibilities, does the Prime Minister not understand that, when this dispute is over, when the time comes to celebrate victory over the Americans on the softwood lumber issue, an awful lot of people are likely to be missing from the celebration, because thousands of workers will have been forced out of the market and dozens of sawmills will have shut down because of this federal government's failure to act?

Hon. Allan Rock (Minister of Industry, Lib.): Mr. Speaker, we are in the process of working along with the communities and the industry to diversify products for world markets.

We are anxious to start working with Gilbert Tremblay as the new member for Lac-Saint-Jean—Saguenay to ensure they are represented effectively here in the House of Commons.

* * *

[English]

HEALTH

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, Jeffery Bates was a New Brunswick child who died last year because of water contaminated by E. coli. In nine years of Liberal rule we have seen Walkerton, North Battleford and many communities with contaminated water but we have not seen a national water standard.

A Health Canada report released yesterday calls on the government for national guidelines. When exactly will the Minister of Health introduce national standards to safeguard drinking water so children like Jeffery Bates will not die simply because they were thirsty?

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, as the hon. member is probably aware, generally speaking water safety standards are a matter for the provinces and the territories. However we in Health Canada take our role very seriously in terms of working with the provinces and territories to develop national draft guidelines. In fact, those guidelines are at this very time being revised.

[Translation]

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, the problem with this government is that it always waits until there is a crisis before taking action. There have been too many crises and too

many deaths due to negligence. What the Health Canada report is calling for is precise national standards for pathogens, such as E. coli bacteria.

Will the Minister of Health carry out her own department's recommendation and present a plan with national standards to reassure Canadians?

• (1430)

[English]

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, we value very highly working in collaboration with the provinces and the territories. We do have guidelines for Canadian drinking water quality and they are constantly being reassessed. Scientific work is constantly being done to ensure that those guidelines meet the highest standards. We will continue to that. Those guidelines are being applied across the country.

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FIREARMS REGISTRY

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, in response to the Auditor General's scathing report on his department's handling of the firearms registry, the Minister of Justice has hired KPMG to audit the department's financial statements.

We know the Auditor General must report to Parliament. We know that no such requirement exists for a private firm. Other than the opportunity to hide the report from Parliament, is there any reason why the minister chose KPMG over the Auditor General? Does he think a private firm will be any more successful at getting to the bottom of the mess than the Auditor General?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as we said, we accept all the recommendations of the report of the Auditor General. Basically, as we looked at the situation there were two big concerns.

The first concern was the cost escalation. I have explained in the House the reasons, which were, of course, that the provinces opted out and then there was the challenge in terms of technology.

On the other side is the question of being accountable. Of course the Department of Justice is the single point and therefore is accountable. We are accountable for all other departments and will make sure we put the books in a fashion that will please the Auditor General and the whole population.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, he might want to ask his seatmate for some help on these questions. On second thought, maybe not.

The Auditor General has concluded that the Department of Justice hid from Parliament the fact that there were massive cost overruns. Rather than suspend or cancel the registry, the minister has now called for an outside, after the fact audit. He owes it to the House to not make the same mistake twice.

The current report states that Parliament was kept in the dark. Will he commit today to table the KPMG audit as soon as he has received it?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, everyone in the House and the Canadian population know that all the numbers have been reported. They have been reported for Justice Canada and for all the other departments that were involved in the program delivery.

What I said was that it was a question of accountability, and how we should be accountable for the whole program. We have said that we will make sure that we put the book in a format that will be transparent to the Auditor General, as well as to better inform the Canadian population. We are deeply committed to accountability.

Mr. Garry Breitkreuz (Yorkton—Melville, Canadian Alliance): Mr. Speaker, in case the justice minister did not understand the Leader of the Opposition, who clearly indicated that he would consent to the withdrawing of funding from the gun registry, I would like to ask the question again. How much will it cost to complete the gun registry and how much will it cost to maintain it?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, what we are dealing with now are the recommendations of the Auditor General with regard to managing the program. What we said is that we agree with all the recommendations. I said yesterday as well that we had frozen all the major spending that could take place within the program itself.

I am also glad to hear that we now can postpone the vote on the \$72 million to give us time to see the audit. Are we concerned? Yes, we are concerned and we will fix the problem.

Mr. Garry Breitkreuz (Yorkton—Melville, Canadian Alliance): Mr. Speaker, I gather from the answer that he does not know what he is doing, so I will ask him again. How much will it cost to complete the registry and how much will it cost to maintain it after that?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, the member knows very well that the numbers have declined over the past two years. The member also knows that big spending is behind us. We on this side of the House believe that our policy is protecting society and its values. What we want to do on this side of the House is to fix all the problems in order to have a very good and valid program for the whole Canadian population.

* * *

• (1435)

[Translation]

ÉCOLE DE MÉDECINE VÉTÉRINAIRE DE SAINT-HYACINTHE

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, while the government is crumbling under the weight of scandals involving tens of millions of dollars for the sponsorship program,

Oral Questions

and billions of dollars lost through tax loopholes and the firearms registry program, the École de médecine vétérinaire de Saint-Hyacinthe is still waiting for its \$59 million to ensure its survival.

Will the Prime Minister take his responsibilities and immediately provide the money to save the École de médecine vétérinaire de Saint-Hyacinthe, the only French school of veterinary medicine in North America?

[English]

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, the hon. member speaks of only one veterinary college in Canada. He obviously knows that there are four in Canada. One is in Quebec, yes. The accreditation of that college is being reviewed in the next number of days.

I will say again in the House that we are looking at ways in which we can support that because we want to ensure that the accreditation of that college stays in place.

[Translation]

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, what the minister does not understand is that Saint-Hyacinthe has already lost its full accreditation. The final deadline for the American Veterinary Medical Association to decide on whether or not this loss will be permanent, is four days from now.

Are the Liberal members from Quebec asleep at the switch? Are they not about to be shown up for the amateurs they are once again, as was the case when the Collège militaire royal de Saint-Jean was shut down? Is that what is going to happen in Saint-Hyacinthe?

[English]

Hon. Lyle Vanclief (Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, I hope the member is not trying to give information that is not correct. That veterinary college has not yet lost its accreditation. There is some documentation that it needs to produce and provide to its board of directors, which will, in turn, be provided to the accreditation body for review. There are a number of days yet for that to take place, but I want to assure the college and Canadians that the college has not at this time lost its accreditation.

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FIREARMS REGISTRY

Mr. Monte Solberg (Medicine Hat, Canadian Alliance): Mr. Speaker, the answers or non-answers that we are getting from the justice minister with respect to the firearms registry are a complete disgrace. Canadians are very concerned about whether or not the government has any clue how it is spending money on the registry. Today the minister is confirming that in fact it has no idea.

Could the minister tell us how much it will cost to finish this registry and how much it will cost every year to maintain it?

Oral Questions

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, we have all the numbers going back to the beginning of the program as well as the past seven years. We have the numbers that we have tabled in the supplementary estimates. If members were to look at the supplementary estimates they would see the situation with regard to justice is very clear in the program.

There is no money missing. Everything has been reported. The question here is, how should we be accountable? How should we make the situation clearer for all Canadians in order to access the costs? This is what we will do in answer to the recommendation of the Auditor General.

Mr. Monte Solberg (Medicine Hat, Canadian Alliance): Mr. Speaker, if this minister knows the numbers then it is a contempt of Parliament and a contempt of Canadians not to reveal them here today.

What I would like to know is, how much will it cost to finish this registry and how much will it cost every year to maintain it? We want an answer.

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, members know very well what I said many times. We want to fix the problems. There is some question in terms of management involved in the department.

We managed to fix the problem. Having said that, the difference between that side and the Liberal side is that we believe in the protection of our society. We believe in our policy and we also believe in the gun registry. We will ensure it will be a good and valid program to protect our Canadian society.

* * *

[Translation]

TAXATION

Ms. Pauline Picard (Drummond, BQ): Mr. Speaker, the Auditor General is questioning certain tax practices allowed by the government. These practices cause the government to lose of hundreds of millions in tax revenues by allowing companies to take advantage of tax havens.

What is the Minister of Finance waiting for to amend these tax practices criticized by the Auditor General for 10 years now?

[English]

Hon. Elinor Caplan (Minister of National Revenue, Lib.): Mr. Speaker, tax treaties are signed with other countries to avoid double taxation. That is very different than the audits required on international accounts. At CCRA we have many experts and we recognize that we need more.

We are hiring auditors. In fact, we are planning to hire 9,600 auditors over the next three years, half of those to replace those that are retiring and those that have been poached by the private sector, and the rest as new auditors so that we will have the capacity we need.

• (1440)

[Translation]

Ms. Pauline Picard (Drummond, BQ): Mr. Speaker, are we to understand that the government's tremendous tolerance, which prevents it from closing up tax loopholes, is due to the fact that the former Minister of Finance, who should have been the first person to see that these loopholes are closed, took full advantage of them during all these years?

[English]

Hon. Elinor Caplan (Minister of National Revenue, Lib.): Mr. Speaker, that is an absolutely outrageous assertion by the member opposite. I must tell her that it is the role of CCRA to ensure that all Canadians pay their fair share of taxes, that they do so and meet the obligations of the Income Tax Act. We do that and Canadians should be proud of our efforts.

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KYOTO PROTOCOL

Mr. Bob Mills (Red Deer, Canadian Alliance): Mr. Speaker, the gun registry boondoggle is the result of government fiscal deception. The government is asking Canadians to trust it on major issues like Kyoto and health care. The gun registry is now 500 times higher than the original estimate. The government has failed to produce any cost estimates on Kyoto.

Why should Canadians trust that Kyoto will not bankrupt the country when the government has failed so miserably at estimating the gun registry cost?

Hon. David Anderson (Minister of the Environment, Lib.): Mr. Speaker, very careful studies were undertaken by the territories, the provinces, the federal government, their officials and private sector firms working together.

Obviously, we cannot know all the variable factors in the economy ten years out. Members opposite may have such clairvoyance, but most of the rest of us do not and therefore we have done the very best job we can. It is contained in the document "Climate Change Plan for Canada".

Mr. Bob Mills (Red Deer, Canadian Alliance): Mr. Speaker, original estimates for the gun registry were \$2 million. It has now cost close to a billion dollars. That is 500 times what the government said it would cost taxpayers.

The government has completely mismanaged the gun registry. The government has failed to provide any cost estimates on Kyoto. Why should Canadians believe the government on Kyoto?

Hon. David Anderson (Minister of the Environment, Lib.): Mr. Speaker, the hon. member is incorrect.

The cost estimates with respect to the impact on the economy and the various provinces of Canada have been done. These have been made public and commented on by provincial premiers and others, as well as the private sector. This is the process whereby we attempt to wholly refine the estimates that have been made.

They clearly have been made and very careful work has been done. I can assure him that no country in the world has done more in an effort to anticipate future costs.

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NATIONAL DEFENCE

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, there has been a great deal of concern expressed by Canadians on the urgent need to replace the Sea King helicopters. Could the Minister of National Defence update the House on the status of the maritime helicopter program?

Hon. John McCallum (Minister of National Defence, Lib.): Mr. Speaker, I have often said that a top priority was to get the right helicopter at the lowest possible price as soon as possible.

Accordingly, today I have instructed my officials to proceed as soon as possible with a single tender for a fully equipped helicopter. This action, which is consistent with the industry consensus, is a major step forward in getting lower risk for the taxpayer, better value for the Canadian Forces and, last but not least, speedier development of the helicopter.

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RESEARCH AND DEVELOPMENT

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, my question is for the Minister of Industry.

We welcome today's Supreme Court ruling that protects the public interest by rejecting the patenting of life forms. This is a clear message that we must do more to protect the public from the abuse of patent laws that put profits before people. We need a rock solid ban on the patenting of all life forms.

Will the minister commit to amending the Patent Act to make this happen?

Hon. Allan Rock (Minister of Industry, Lib.): Mr. Speaker, we received today the judgment of the Supreme Court of Canada. We will be reading it with care.

I can tell my hon. friend and the House we will be acting soon in response to the issue. We will be consulting Canadians and the Canadian Biotechnology Advisory Committee. We will also be listening to the caucus on the issue, as well as cabinet colleagues.

Our effort will be to strike the right balance between, on the one hand, encouraging innovation and, on the other hand, protecting the values of Canadians when it comes to patenting higher life forms.

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• (1445)

HOUSING

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, close to 100 homeless people are facing imminent eviction from their makeshift tents around the Woodward's building in east Vancouver. The newly elected city council there is urgently trying to line up alternate housing.

I would like to ask the minister responsible for homelessness, will she give her commitment that she will work with the city to provide the federal funds necessary so that people are not left on the street?

Oral Questions

Will she work with the community to secure Woodward's as affordable long-term housing?

Hon. Claudette Bradshaw (Minister of Labour, Lib.): Mr. Speaker, I want to assure the hon. member that one of our best communities for the homeless is the community of downtown east Vancouver.

The mayor and council of Vancouver have done a tremendous amount of work. I can assure the hon. member that if the community groups want to support the Woodward's building we will be there. I also want to assure the hon. member that the community groups are working very hard to ensure that the homeless have a place to sleep.

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FIREARMS REGISTRY

Mr. Rick Borotsik (Brandon—Souris, PC): Mr. Speaker, the Minister of Justice said today that he will keep the gun registry running because he believes in protecting society. What he does not believe in is ministerial and financial accountability. There is absolutely no proof that gun registration is working for Canadian society.

If it can be proved that the gun registry has no benefit to public safety will the minister cancel the gun registration right now?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, the hon. member says there is no proof.

What about the more than 7,000 firearm licences that have been refused or revoked? What about police agencies that access the firearms on-line registry 1,500 times daily?

The number of persons prohibited from owning a firearm has also continued to increase by almost 50% from 1998 to 2001. The number of lost or missing firearms has declined by 68% from 1998 to 2001. This is why we are going to keep proceeding—

The Speaker: The hon. member for Gander—Grand Falls.

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HEALTH

Mr. Rex Barnes (Gander—Grand Falls, PC): Mr. Speaker, I have been swamped with names from thousands of people from my riding who have written to protest the government's money pit of a gun registry. Meanwhile my constituents in Gander—Grand Falls, like most Canadians, do not have access to adequate health care services. This is a direct result of the lack of funding and planning by these Liberals.

Will the Minister of Health rise and outline to the members of the House and to the thousands of people who signed these petitions who are very concerned, and to all Canadians who do not have proper health care services, what she would have done with a billion dollars if it had not been wasted on the Liberal government's firearms bureaucracy?

Oral Questions

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, let me be absolutely clear. The government put 21.1 billion new dollars into the health care system as of September 2000. We have put an additional \$1 billion into a medical equipment fund as of September 2000. We put \$800 million into primary health care renewal as of September 2000. The government has pledged that we will do our part in the renewal of our health care system.

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CHILD PORNOGRAPHY

Mr. Vic Toews (Provencher, Canadian Alliance): Mr. Speaker, the Liberal government has just gone back 10 years in the fight against child pornography. Although the minister has finally recognized the danger of the artistic merit defence, he has now proposed that it be replaced with a law that was already rendered ineffective by the Supreme Court of Canada in 1992. Simply renaming discredited laws does not make the law any more effective.

Why will the minister not set a clear direction on child pornography and protect children?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, members will know that as a government we have acted in the past on that question. The interest of children in our nation is a top priority on this side of the House. I thank our caucus members for supporting it.

Today I was very proud to table a bill regarding the question that has been raised by the Sharpe decision last spring.

What we are doing in the bill regarding the child pornography provision of the Criminal Code is putting in place a single defence of public good. We have also expanded the definition of written child pornography. We have increased the question—

● (1450)

The Speaker: The hon. member for Provencher.

Mr. Vic Toews (Provencher, Canadian Alliance): Mr. Speaker, artistic merit has simply been renamed. Canadians will not be fooled and children will not be protected. The loophole may be smaller but the rats still scuttle through.

Why is there no zero tolerance for child predators?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, as I said this morning, it is zero tolerance for child predators in this country. What we did this morning was we changed the defence to ensure that we offer better protection for our children in this nation by proceeding with the defence of public good. We have added a category with regard to sexual exploitation, namely section 153, and changed the sentencing.

What we tabled this morning was a strong package to protect the children in our nation. This is what the government has committed to do. I am pleased to have the support of Liberal members in caucus.

[Translation]

RIMOUSKI WEATHER AND ENVIRONMENTAL SERVICES OFFICE

Mrs. Suzanne Tremblay (Rimouski—Neigette-et-la Mitis, BQ): Mr. Speaker, rumours of the closure of the Rimouski Weather and Environmental Services Office are still rampant, yet this office is essential to the growing shipping industry of eastern Quebec.

Does the Minister of the Environment intend to ensure personal and economic security and encourage the development of non-polluting energies in eastern Quebec by pledging to keep the Rimouski weather office open?

Hon. David Anderson (Minister of the Environment, Lib.): Yes, Mr. Speaker, we wish to ensure public safety with the best possible system. This does not mean, however, that changes will not be made from time to time.

I can reassure the hon. member in this connection, however. I have made no decision at this time concerning the closing down of any offices in Canada.

Mrs. Suzanne Tremblay (Rimouski—Neigette-et-la Mitis, BQ): Mr. Speaker, the problem arises from this minister's inability to make a decision.

While the debate on ratification of Kyoto rages on, does the minister realize that closing offices, and the Rimouski office in particular, would be sending a very poor message, as well as seriously jeopardizing the future of the fledgling wind energy industry in eastern Quebec?

Hon. David Anderson (Minister of the Environment, Lib.): Mr. Speaker, renewable energy such as wind energy is, of course, very important. This does not mean that each and every Environment Canada office throughout the country must remain totally unchanged. There must be some flexibility, so as to use resources where they can do the most good.

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[English]

AGE OF CONSENT

Mr. Art Hanger (Calgary Northeast, Canadian Alliance): Mr. Speaker, my question is for the justice minister.

The minister is saying that it is still okay for adults of any age to have sex with 14 year old children as long as they are not in a position of trust or authority. For the majority of parents in this country, that is not acceptable.

On behalf of the children, again I ask the minister to change the legal age of sexual consent from 14 years to 16 years while he still has the chance.

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, if the hon. member would read the bill that we tabled this morning, he would see that we are amending section 153 and adding a new category with regard to sexual exploitation. It covers the question of children between the ages of 14 years and 18 years.

Oral Questions

Mr. Art Hanger (Calgary Northeast, Canadian Alliance): Mr. Speaker, that still does not answer the question nor does it solve the problem.

A child abuse investigator must have the power to disrupt the illegal activities of those involved in the sexual exploitation of children. Criminals entice 14 and 15 year old children for sex because they are too young to make their own mature decisions. They do not understand the repercussions of having sexual acts with criminals.

Again, on behalf of our children, to protect them from pedophiles, pornographers and pimps, will the minister take the legislation back to the drawing board, change it and raise the age of consent?

Hon. Martin Cauchon (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, with what we are doing with the bill, we will offer of course much better protection for our children.

The new category which has been proposed is that the court must consider whether a relationship is exploitative based on its nature and circumstances. Of course, some factors are listed in the legislation, such as the difference in age, evolution of the relationship, and the degree of influence.

* * *

●(1455)

VIOLENCE AGAINST WOMEN

Ms. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, tomorrow will be the 13th anniversary of the massacre at École Polytechnique in Montreal where 14 women lost their lives just because they were women. Tomorrow all over the country Canadians will mark this tragic anniversary. At Toronto's Women's College Hospital it will be their 12th anniversary marking this day.

Every day, women are targets of violence. Could the Secretary of State responsible for the Status of Women tell the House what steps the federal government is taking to bring attention to this very important issue?

Hon. Jean Augustine (Secretary of State (Multiculturalism) (Status of Women), Lib.): Mr. Speaker, on December 3 I released the publication "Assessing violence against women: a statistical profile". The report not only highlights what we know about violence against women, but it also serves to draw attention to where more work is needed.

This report is an important first step in developing a full picture of women's experience with violence. Initiatives like the recently announced extension of funding to the family violence initiative are a good start. We hope to do much more in this regard.

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BORDER CROSSINGS

Mr. Rahim Jaffer (Edmonton—Strathcona, Canadian Alliance): Mr. Speaker, the government has put the brakes on enforcing the Criminal Code at the border, against its own amendments to the Customs Act. Today only 31 of the 147 border crossings enforce the Criminal Code. Known criminals, child abductors and drunk drivers

will not be stopped at any other points of entry. On March 1 CCRA is planning to stop further implementation of this legislation.

Why is the government against stopping criminals before they enter Canada?

Hon. Elinor Caplan (Minister of National Revenue, Lib.): Mr. Speaker, the member's preamble is absolutely inaccurate. I know of no plan to stop doing the mandate that CCRA and customs officials do so well.

Many of our officers have been designated with officer powers which gives them the authority to arrest individuals under the Criminal Code. They have always had the authority to arrest individuals under the Customs Act. They will continue to carry out their mandate with pride. Canadians can be proud of them.

Mr. Rahim Jaffer (Edmonton—Strathcona, Canadian Alliance): Mr. Speaker, directives have come down from the department that this will actually stop on March 1. The minister has to find out what is going on in her department. She has to learn that our border crossings are not Tim Hortons drive-throughs.

There are serious threats to Canada's security. The government is wasting \$1 billion on registering legal guns and is doing little to stop criminals crossing our border with illegal guns.

When will the government commit to implementing the legislation and fully enforce the Criminal Code at all land, air and sea ports?

Hon. Elinor Caplan (Minister of National Revenue, Lib.): Mr. Speaker, the member opposite has been one of the leaders of the blame Canada club. He does Canada a disservice by repeating what is absolutely false and untrue. That kind of message hurts all Canadians. Our border is safe and secure and the member ought to know it.

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[Translation]

PUBLIC SERVICE OF CANADA

Ms. Diane Bourgeois (Terrebonne—Blainville, BQ): Mr. Speaker, a survey of federal public employees has found that, far from declining, harassment remains a harsh reality. Twenty-one percent of employees report having experienced some form of harassment and discrimination in the workplace.

My question is for the President of the Treasury Board. How many victims will it take for her to get her colleagues from other departments to take the necessary action to put an end to harassment in the federal public service once and for all?

Hon. Lucienne Robillard (President of the Treasury Board, Lib.): Mr. Speaker, a policy against harassment is currently in place. It is quite clear that all departments must enforce it. Unfortunately, the results of our last survey have shown that improvements are slow in coming.

I will say that we are very concerned with this situation. We have decided to sit down with union representatives and with managers to try to come up with solutions to this problem together.

Speaker's Ruling

[English]

INFRASTRUCTURE PROGRAM

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, over the last few years we have seen a lot of downloading on municipalities. Government has talked about putting a lot of money into infrastructure and has talked about the great highway network program.

When can we see funding forthcoming not only to help provinces and municipalities but to create work in the construction industry where it is so badly needed?

● (1500)

Hon. Allan Rock (Minister of Industry, Lib.): Mr. Speaker, after the election of this government in 1993 we launched a unique and innovative infrastructure program which created jobs and renewed Canada's infrastructure. That program was renewed and then renewed again. Just this past year we created the strategic infrastructure fund by which we are putting \$2 billion into major projects around the country.

I was pleased to meet with the Prime Minister in St. John's a few weeks ago to talk about the provincial priority, which is the cleaning up of St. John's harbour.

Through these and other projects we will not only create jobs, we will make Canada more productive.

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PASSPORTS

Mr. Gurmant Grewal (Surrey Central, Canadian Alliance): Mr. Speaker, a constituent of mine applied for a passport for himself and a family member but received three in the mail. Surprise, surprise, the third belonged to a complete stranger. This is a breach in security. It opens the door to abuse. It undermines national security. This despite post 9/11 government assurances of a secure passport system.

The Auditor General has already reported on abuse and fraud of social insurance cards.

Will the minister admit that our passport system is still insecure? What will he do to correct the situation? What will I do with this passport?

Hon. Bill Graham (Minister of Foreign Affairs, Lib.): Mr. Speaker, I want to assure the hon. member and the House that the passport office in our department is making every effort to ensure the security of Canadians and the security of the Canadian passport, which is one of the most secure travel documents and is admired around the world.

If the hon. member has a sincere desire to cure the problem, he could bring the issue to me instead of raising it as a political matter in the House. I would be happy to receive the passport.

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BUSINESS OF THE HOUSE

Mr. John Reynolds (West Vancouver—Sunshine Coast, Canadian Alliance): Mr. Speaker, could the government House

leader advise what the business is for the rest of today, tomorrow and the rest of next week before we break for the Christmas recess?

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, today we will continue with the business of supply. I understand that the votes are scheduled for a 5:15 p.m. bell, followed by the votes of course.

Tomorrow the House will consider the message from the Senate with regard to Bill C-10, the Criminal Code amendment.

In spite of the fact that we have debated it extensively, the government is prepared to offer yet another day, next Monday, with regard to debating the Kyoto protocol.

On Tuesday and Wednesday we will return if necessary to Bill C-10, and if and when completed, followed by Bill C-4, the nuclear safety bill with the possibility of also doing Bill C-3, Canada pension plan amendments, and Bill C-15, the lobbyists registration bill.

While I am on my feet I might as well give the plan for the rest of next week. Next Thursday and Friday, I will be calling the annual prebudget consultation debate.

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POINTS OF ORDER

BILL C-10—SPEAKER'S RULING

The Speaker: I am ready to rule on the point of order raised yesterday by the hon. member for Winnipeg—Transcona and again today by the hon. member for Saskatoon—Rosetown—Biggar, and then the question of privilege raised by the hon. member for Pictou—Antigonish—Guysborough this morning, concerning the message received from the Senate relating to Bill C-10, an act to amend the Criminal Code (cruelty to animals and firearms) and the Firearms Act, and the actions taken by the other place in connection with this bill.

[Translation]

I wish to thank the hon. member for Acadie—Bathurst, the Parliamentary Secretary to the Leader of the Government in the House, and the hon. member for Sarnia—Lambton for their interventions.

[English]

On Wednesday, December 4 the hon. member for Winnipeg—Transcona raised a point of order to draw to the attention of the House the action taken by the hon. Senate in dividing Bill C-10 into two bills, Bill C-10A, which the other House passed, and Bill C-10B, which it still retains. The hon. member pointed out that this was the House that should decide which pieces of House legislation were divided up and how they should be dealt with. At that time no message had been received from the other place and therefore the matter was, in the view of the Chair, hypothetical. The Chair was not prepared to deal with a purely academic matter, noting that it was inappropriate until a message had in fact been received. I did point out however, that though the Chair might have something to say in this matter, that was probably a matter for the House to decide.

Speaker's Ruling

A message from the Senate on Bill C-10 was received at the end of Wednesday's sitting, and the matter has now properly been brought to the attention of the House. There is also a motion on the Order Paper for consideration of the Senate amendments to the bill. As hon. members are aware this motion, when called, is debatable and amendable and the government House leader has just indicated that he intends to call this matter before the House tomorrow.

• (1505)

[*Translation*]

I must point out at the outset that I cannot make comments on the workings of the honourable Senate. This would be quite inappropriate.

[*English*]

The fact that Bill C-10 was reinstated from the previous session, as provided for by special order of this House, does not have any bearing on its subsequent proceedings, either in this House or the other place.

As noted in the intervention of the hon. member for Saskatoon—Rosetown—Biggar, this is not the first time the Senate has divided a bill originating in this House. In 1988 the other place divided Bill C-103, an Act to Increase Opportunity for Economic Development in Atlantic Canada to establish the Atlantic Canada Opportunities Agency and Enterprise Cape Breton Corporation and to make consequential and related amendments to other acts and returned only part of the bill to the House.

At that time the propriety of the Senate's action was raised and Mr. Speaker Fraser ruled on the matter. His ruling was extensive and exhaustive and has been much quoted this morning, although I must say the quotations seemed selective and incomplete.

Some hon. members: No.

The Speaker: I am afraid so. I know hon. members would not think of such a thing but it seems to have happened.

In that ruling of July 11, 1988, at pages 17382 to 17385 of the *Debates*, the Speaker noted that there were several cases in which the Speaker of the House of Commons had ruled certain bills originating in the Senate out of order because they infringed the financial privileges of this House.

Mr. Speaker Fraser noted a precedent where two Commons bills were consolidated into a single legislative measure by the Senate. That took place, and the parliamentary secretary made reference to this as well, on June 11, 1941, with a message from the Senate asking for the concurrence of this House. The Commons agreed with the Senate proposal. I would refer hon. members to the Journals of June 11, 1941, at page 491. On that occasion, the Commons waived its traditional privilege and a single bill was eventually given royal assent.

In the 1941 case, the Senate specifically sought the concurrence of the House for its action and it was the disposition of this House to accept it. In the 1988 case, the Senate did not seek the Commons' concurrence in the division of the bill and simply informed this House that it had done so and returned half of the bill. The House did not accept that action by the Senate and the Senate subsequently

reversed itself and the bill was adopted by the Senate in its original form.

[*Translation*]

In making his ruling in 1988, Speaker Fraser stated at page 17384:

The Speaker of the House of Commons by tradition does not rule on constitutional matters. It is not for me to decide whether the Senate has the constitutional power to do what it has done with Bill C-103. There is not any doubt that the Senate can amend a Bill, or it can reject it in whole or in part. There is some considerable doubt, at least in my mind, that the Senate can rewrite or redraft Bills originating in the Commons, potentially so as to change their principle as adopted by the House without again first seeking the agreement of the House. That I view as a matter of privilege and not a matter related to the Constitution.

In the case of Bill C-103, it is my opinion, and with great respect of course, that the Senate should have respected the propriety of asking the House of Commons to concur in its action of dividing Bill C-103 and in reporting only part of the Bill back as a *fait accompli* has infringed the privileges of this place.

• (1510)

[*English*]

In the current case, unlike the case in 1988, the Senate explicitly seeks the concurrence of this House in its action. This was contained in the message we received from the Senate yesterday.

The hon. member for Saskatoon—Rosetown—Biggar cited Mr. Speaker Fraser to the effect that the privileges of the House had been infringed. However the hon. member did not fully cite a passage she read to the House where the Speaker went on to state the following:

However, and it is important to understand this, I am without the power to enforce them directly. I cannot rule the Message from the Senate out of order for that would leave Bill C-103 in limbo. In other words, it would be nowhere. The cure in this case is for the House to claim its privileges or to forgo them, if it so wishes, by way of message to Their Honours, that is, to the Senate, informing them accordingly.

I agree fully with Mr. Speaker Fraser in this matter. Just as the cure proposed at that time was for the House to claim its privileges or to forgo them if it so wished, that is the course that is available to the House in respect of the message that we have received today.

With respect to the royal recommendation, the Chair cannot see that there has been any change in the circumstances, manner and purpose of the appropriation of public revenue in the legislation that was the subject of the royal recommendation, and so I see no need to intervene to insist on the financial prerogatives of the House in this case.

In his intervention, the parliamentary secretary pointed out that the financial provisions in Bill C-10 applied to that part of the bill that had been returned to the House as Bill C-10A, that is the firearms section, which had been passed by the other place without amendment. I have examined that part of Bill C-10, which has been appended to the Senate message as Bill C-10B, the cruelty to animals section, and I am of the opinion that it would not require a royal recommendation were it introduced into this House in that form.

In conclusion, I want to make three points. First, the Chair does not see any grounds to intervene with respect to the financial aspects of this issue. Second, while the Speaker agrees with the view of Mr. Speaker Fraser that privileged matters are involved where the Senate divides a House bill without first having the House's concurrence, this is not the case in this instance. Our concurrence has in fact been requested.

Business of the House

Therefore I cannot find that there is a prima facie question of privilege, but I stress that it is open to the House to address this issue as it sees fit and as it no doubt will do by adopting some kind of motion in respect of this matter.

Finally, in their consideration of their motion to concur in the Senate message, I would remind all hon. members that they will have the opportunity to debate fully the motion and propose whatever amendments they see fit within the rules that they wish to do to that motion.

* * *

SUPPLEMENTARY ESTIMATES (A)

AMENDMENT TO VOTES 1A AND 5A—JUSTICE

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, in regard to the two objections that I filed on Tuesday to the government's supplementary estimates asking Parliament to authorize a further expenditure of approximately \$72 million for the firearms registry, as it pertains to the vote tonight, I wish to advise that there have been consultations among parties and I believe you may find unanimous consent for the following motion. I move, seconded by the member for Yorkton—Melville: That the Supplementary Estimates (A) be amended by reducing vote 1a under Justice by the amount of \$6,872,000, for the Canadian firearms program, and vote 5a under Justice by the amount of \$9,110,000, for the Canadian Firearms Centre, and that the supply motion in the bill to be based thereupon altered accordingly.

Mr. Stephen Harper (Leader of the Opposition, Canadian Alliance): Mr. Speaker, we would, with a slight change, be happy to give unanimous consent. I would point out that in question period and before, the government and the official opposition had agreed to this and it was only the childish games of the member that held this up.

Some hon. members: Oh, oh.

Mr. Stephen Harper: This is important. Under vote 1a, I would point out to the hon. member and his party that the amount is \$62 million, not \$6 million. It is \$62,872,916. I believe the government House leader will confirm that.

• (1515)

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, may I first thank members on all sides of the House for their kind and generous support.

For the benefit of all members, I did circulate an updated version of this during question period because the Treasury Board has a slight modification to the amount. I understand that the first amount now has been read into the record as being corrected by the hon. the Leader of the Opposition, for which I thank him. I understand there is a slight difference in the second amount as well, so I will read it for greater precision, and thank all those members who proposed and who corrected the motion.

The amount should be, under vote 1a, \$62,872,916 and under vote 5a, under Justice again, again for the firearms control program, the amount should be \$9,109,670. That should have appeared in the latest version that I believe was adjusted a little earlier today.

I regret if members received the latest version only moments before the end of question period. I hope that did not cause any inconvenience and I thank them all for their support.

The Speaker: It would assist the Chair if I got the corrected motion because it seems there is some dispute as to figures. As the government House leader has the version, perhaps I will read it to the House because there have been variations here.

Is there unanimous consent that the following motion be put to the House:

That the Supplementary Estimates (A) be amended by reducing vote 1a under Justice by the amount of \$62,872,916 and vote 5a under Justice by \$9,109,670 and that the supply motions and the bill to be based thereon altered accordingly.

Some hon. members: Agreed.

Some hon. members: No.

Mr. Peter MacKay: Mr. Speaker, I believe there may be some confusion due to the numbers. The numbers that have been read into the record, I would submit if you check with the House again, that you would find that there is unanimous consent for the particular motion I have moved, seconded by the member for Yorkton—Melville, and I seek that unanimous consent.

The Speaker: I thought the figures had been changed from the hon. member's motion. That is why I read the most recent one. Is the motion that I read to the House the one that the House wishes to deal with?

Mr. Jay Hill: Mr. Speaker, I rise on a point of order. There seems to be a bit of confusion. I just wonder if you could clarify that the point of order that you are referring to is the point of order by the hon. leader of the Government in the House?

The Speaker: I am not referring to a point of order. I am referring to a motion which I read a moment ago which was provided to me by the government House leader. Is this motion the one the House wishes to deal with?

Some hon. members: Agreed.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC) seconded by the member for Yorkton—Melville, moved:

That the Supplementary Estimates (A) be amended by reducing vote 1a under Justice by the amount of \$62,872,916 and vote 5a under Justice by \$9,109,670 and that the supply motions and the bill to be based thereon altered accordingly.

The Speaker: The House has heard the terms of the motion. Is it the pleasure of the House adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

* * *

BUSINESS OF THE HOUSE

The Speaker: I have received notice from the hon. member for Burnaby—Douglas that he is unable to move his motion during private members' hour on Friday, December 6. It has not been possible to arrange an exchange of positions in the order of precedence. Accordingly I am directing the Table Officers to drop that item of business to the bottom of the order of precedence.

• (1520)

[*Translation*]

The hour provided for the consideration of private members' business will consequently be suspended and the House will continue with the business before it at the time.

GOVERNMENT ORDERS

[*English*]

SUPPLY

ALLOTTED DAY—HEALTH

The House resumed consideration of the motion, and of the amendment.

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, in the House last week, after the Romanow commission report was tabled, I asked the Minister of Finance a question about health care funding but I am not sure if he completely understood because, in my estimation, I did not get a sufficient reply.

Under the present per capita method of health care funding, which was put in place by the previous finance minister, nearly 90% of the increase in federal transfers in the last three years has gone to the have provinces, namely, Ontario, B.C. and Alberta. The poorer provinces, such as Saskatchewan, New Brunswick, P.E.I. and Nova Scotia, have received almost no increase in cash transfers.

Romanow has called for changes in the funding formula to help the poorer provinces meet the health care needs of their citizens. Does the member for Pictou—Antigonish—Guysborough agree with the need to change the funding formula that discriminates against citizens of have not provinces such as Nova Scotia?

Mr. Peter MacKay: Mr. Speaker, as usual the member for Dartmouth has raised a very salient point on this issue. She is certainly correct in suggesting that the have not provinces, including the province that we share, our home province of Nova Scotia, have been disproportionately affected by the former finance minister and his government's very cruel cuts to the CHST transfers.

We know now that, as with health care, as with democratic deficit and as with other positions, the Janus faced former finance minister is now in favour of putting money back into health care and trying to distance himself from the record with which he was associated for over nine years.

In short, my hon. colleague is correct. The Progressive Conservative Party would look at essentially following Romanow's recommendations to reassess the funding formula to see that the poorer provinces are not disproportionately affected by the cuts that have been handed down arbitrarily by the government. There is a necessity to revisit the needs and, if I could go so far as to say, the priorities.

Those priorities are different from time to time. Some provinces are in need of equipment and some are in need of personnel. Some are in need of more palliative care programs and some want to put more money into prevention.

Supply

I would suggest, in keeping with the motion that is before the House, that those provinces be given the latitude within the parameters of the Canada Health Act to decide those priorities without the specific interventions and strings tied to the financing as proposed in essence by the Romanow commission.

There is a need to look at some of the recommendations in the Romanow report but we do not want to be in a vacuum when we make our final determinations. The key is to put the money back. The money that was taken out is nowhere near the equivalent that is being suggested will be returned.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I would like to ask our colleague a few short questions.

I understand that he supports the Bloc Québécois' philosophy and that he will thus be able to support our motion to the effect that, essentially, if we must rethink the health system, it must be done under the impetus of the provinces. I understand that he shares our concern about the fact that if the Romanow report should become a government policy, this would be the principal avenue toward centralization.

Could we rely on our colleague's support during the vote on the motion?

He supports our basic principle that the provinces must be in charge of organizing the health system and that the federal government's role must be to unconditionally restore transfer payments.

• (1525)

Mr. Peter MacKay: Mr. Speaker, it is obvious that the Progressive Conservative Party supports this motion, with one exception. We must support this proposal, but the provinces must be involved according to the principles in the Canada Health Act.

[*English*]

We support the notion that the provinces are the final decision makers of the priorities, as the final arbitrators and final deliverers of health care, but those principles and those particular priorities must be in line and must be clearly within the parameters of the Canada Health Act.

Therefore, yes, the way in which the motion is worded, we would certainly support my hon. colleague. We believe the province of Quebec, as all provinces, my own included, benefit from living up to the obligations under the Canada Health Act. They can do so and still have the ability to choose their own priorities as to how they spend the money that they receive from the federal government.

[*Translation*]

Ms. Madeleine Dalphond-Guiral (Laval Centre, BQ): Mr. Speaker, before beginning my speech I wish to inform you that I will split my time with the hon. member for Terrebonne—Blainville.

Today, we decided to debate an issue that concerns each and every citizen, without exception. Indeed, in the wake of the Romanow report, the Bloc Québécois proposed the following motion, as amended:

Supply

That the federal government give the provinces the additional money for health unconditionally, with the promise of the provinces to use all of it for health care according to the priorities they have established and to provide an accounting to their residents.

As we know, this is an issue that people feel strongly about. There are two reasons why this debate is so emotional. First, if we all agree that the quality of health care affects all of us, it is because sooner or later, directly or indirectly, we will all be confronted with the reality of illness and, of course, with how we should ensure quality care.

Secondly, in this case, the federal government's interference in provincial jurisdictions is another contributing factor to the tension that exists in our debates.

However, the last thing we are going to do is get carried away by our emotions, because we want to be able to objectively lay out all aspects of the issue. It is in this spirit that, together, we will briefly examine the findings and the impact of the Romanow report on the future of health care.

If we take a pragmatic look at the society in which we live, we can see that the current problems with our health system are really just the tip of the iceberg. Two factors are exacerbating the current situation. The demographic decline of recent years, combined with the aging of the population, forces us to the following conclusion: while there will be a larger number of sick people, there will be fewer taxpayers to fund health care. Therefore, it is essential that governments reinvest in health.

Also, the budget cuts made in recent years to put our fiscal house in order have seriously affected the quality of health care in the various Canadian provinces. These are the findings. Now, what should we do?

As mentioned earlier, the debate deals with an area of exclusive provincial jurisdiction. If we were to oversimplify things, but we all know that we will not do that, we could tell the provinces that it is up to them to provide citizens with the best health care services their tax dollars can buy and to eventually reinvest in health care. Unfortunately, our everyday reality is a sad one, because of the fiscal imbalance between the provinces and the federal government.

In fact, all of the stakeholders, except for the federal government of course, recognize the fiscal imbalance and Ottawa's underfunding of health. For every dollar spent on health care, the federal used to contribute 50¢, but now its contribution is down to 14¢. The public is right to request additional money for health. In fact, the 1993-94 data on the Canada Health and Social Transfer indicate that the federal contribution accounted for 22.4% of health expenditures in Quebec. However, the trends and the forecasts indicate that it will have dropped below 13% by 2005-06.

These statistics leave no doubt in our minds. Health care is seriously underfunded, which is why we totally agree with a significant increase in health funding.

• (1530)

After 18 long months, Mr. Romanow seems to have arrived at a conclusion that everyone has known for many years. However, what does he propose to solve the problem?

First, the former Premier of Saskatchewan says that to fix the health care system, the federal government should inject an additional \$15 billion over the next three years. In fact, these billions of dollars should be given back to the provinces in the form of federal transfers, since it is money that belongs to them. The provinces should be able to use this money to develop appropriate action plans that are tailored to the problems that each province is experiencing. Even though the problem of population decline due to aging is a pan-Canadian phenomenon, the fact remains that the provinces are dealing with specific situations that require distinct solutions to be developed.

I would not wish this on anyone listening, but if you were suffering from pneumonia, for example, and I were to give you money for you to purchase medicine, but I forced you to buy ointment and bandages with this money, it would not be of much use to you. That is what the Romanow report wants the federal government to do.

My experience from nearly four decades in nursing, first as a nurse and then as an instructor, has taught me that no one is better placed than people who work in health care to find the appropriate solutions to specific problems. It is certainly not up to the federal government to tell us how to use the money that belongs to us in Quebec. It is up to the Government of Quebec, together with health care stakeholders, to decide on the best way to use money allocated to health care.

Even though the Romanow report came to the conclusion that the health care system is underfunded, we must question the real usefulness of the report. In Quebec, we have known for a long time that it is critical that health care budgets benefit from more money, particularly through increased federal transfers, as was confirmed by the Quebec commission on health care and social services led by Michel Clair. The Senate also conducted a similar study, the Kirby report. Was it really necessary for the federal government to spend some \$15 million to tell us, 18 months later, what we already knew, and, adding insult to injury, to recommend that the federal government have a role in administering that which is none of its concern?

This is where the fundamental flaw is in the Romanow report. Having recognized that the federal government needs to invest more in health care, Mr. Romanow suggests that Ottawa should tie future federal transfers to certain conditions on their use. No way.

How can a former provincial minister have the nerve to recommend that the federal government meddle in an area that is exclusively under provincial jurisdiction? The Bloc Québécois is not alone in its indignation. The Quebec National Assembly gave unanimous support to a motion along these lines. The Quebec Federation of General Practitioners and the college of physicians have expressed regret at the federal government's attitude in wanting to impose conditions. The father of the Quebec health insurance system, Claude Castonguay, finds it unacceptable that the federal government is trying to interfere in provincial affairs. Finally, the public is wondering whether once again they will be the ones to lose the most in these virtually endless quarrels over jurisdictional boundaries.

To see the federal government toying with whether to impose or not to impose a Canada-wide action plan is not only disturbing but also insulting to the public and their elected representatives. The matter needs to be decided upon clearly and without hesitation: it is up to the provinces, and only the provinces, to decide what is the best way to administer health care budgets.

Instead, we have been treated this past week to some disconcerting position-taking by the federal Liberals. While the Prime Minister still maintains that he will look after reaching an agreement with the provinces, the Minister of Industry comes charging in and announces that the federal government ought to proceed without worrying about what the provinces think. With statements such as this, this blundering minister has once again missed the opportunity to close the gap up a bit between him and his colleague from LaSalle—Émond in the leadership race. In fact, his words are evidence of his total disdain for Quebec and of his lack of respect for jurisdictional boundaries.

• (1535)

We agree that the funds transferred to the provinces as a reinvestment in health must be allocated in their entirety to health care.

This is why the Bloc Québécois motion specifies that the provinces must undertake to use all of the additional money for health care.

This assurance is, in my opinion, and that of the entire population, the only thing the federal government has the right to demand.

Ms. Diane Bourgeois (Terrebonne—Blainville, BQ): Mr. Speaker, I am very pleased to take part in this debate, particularly so because, historically, women and women's groups have always attached a great deal of importance to women's health and to public health. Indeed, it is in the health and education sectors that we find the largest number of women, whether they are workers, volunteers or members of community groups.

In the few minutes that I have, I will try to present my vision, the vision of Quebec women on this motion, which is a votable item and which reads as follows:

That the federal government give the provinces the additional money for health unconditionally, with the promise of the provinces to use all of it for health care.

I know that, in front of me, there is a member from New Brunswick who is a doctor. At the outset, he agreed with the fact that we were asking, as a province, that our specific needs be recognized.

Supply

He agreed with this view. The hon. member will understand that I am presenting the feminist view, which is the same as that of several provinces in Canada.

The Romanow report talks about standardizing health care, but all feminist movements, both in Quebec and in Canada, are opposed to a standard vision, for the simple reason that women have a global approach that is based on their individual specificity.

Women recognize that the needs of the provinces may be specific. Therefore, they say that a single Canada-wide health system, based strictly on broad national principles, cannot serve them. The specificity of women is not recognized.

Moreover, in light of all the federal cuts to the Canada health and social transfer in recent years, women have really been burned. They were deeply affected, particularly in Quebec.

Women have developed a very special approach, whereby community groups fill in to meet the needs of close ones. Women become natural caregivers; they take care of their relatives who are ill, and they also do a lot of volunteer work. According to the figures provided by the Canadian government's Council on the Status of Women, the percentage of women who look after relatives is significantly higher than that of any other group.

Despite an increase in revenue and a major hike in the cost of health care, the federal government has decreased its transfer payments, which has caused a fiscal imbalance in the health care sector. Women, among others, have been asked to ensure continuity. There was the whole de-institutionalization phenomenon that had a negative impact on women.

Like our women's groups in Quebec such as the AFEAS, I recommend that you read a study that was done by women from Portneuf, Quebec City and Charlevoix, entitled "Sentez-vous notre présence?" This study shows beyond a doubt that currently, a centralist approach to health care would be wrong anywhere in Canada. Funding for health that the provinces are entitled to must be restored as soon as possible.

• (1540)

I would also like to talk about the information highway. The Romanow commission recommends creating a vast Canadian primary care system. In Quebec, this type of care is already provided through the CLSCs, or community groups that work together with the CLSCs, and this is unique to Quebec. There is some cooperation, but nowhere is it as widespread as in Quebec.

A few years ago in Quebec, we started opening regional medical units along the lines of what the Romanow commission recommends. These already exist in Quebec, not in the other provinces. This is further evidence that health care cannot be standardized. There are things that already exist in Quebec that do not exist elsewhere.

Supply

I talked earlier about the health information highway. In Quebec, we already have these information highways. We are already ahead in delivering health care through CLSCs. We already have a head start over other regions in Canada. As Quebec women, we do not want to lose what we have. We do not want to undermine what the other provinces are doing, but we also want to keep moving forward. This is why we say that, since we are not at the same stage, we cannot have a standard health system. Give us the money and we will know how to use it.

Some people have already told us what they think about the Romanow report and women agree with this. Michel Clair says: "It seems to me that health care must be suited to the realities of the people in each province".

A few months ago, I received a second visit—and I already mentioned this to the House—from the Fédération des femmes francophones hors Québec. Several women from New Brunswick became my very good friends. This is also the case for Ontario women. They came to tell us: "You have a strong asset in Quebec. Your comprehensive approach on women's health care is very well defined. In our provinces, not only do we have difficulty in getting health care in French, but we also have difficulty in having a comprehensive approach".

For example, a woman may be sick because her home is not good enough for her or is inadequate. She can be sick and really be in need of mental health care. She can be sick for all kinds of reasons. This is a comprehensive approach. She can be the victim of violence, intimidation or harassment or find herself in difficulty because she does not have a job. This kind of comprehensive approach is not used elsewhere, but it is used in Quebec.

The Romanow commission must meet the needs of individual regions and their population. We need our money to be able to continue. The issue here is the inability of the public system to sustain increases in excess of 5% a year in health care spending. That is why it is important to have our money.

When the Prime Minister says that investments will have to focus on changes and on results, like ensuring access to health care 24 hours a day, 7 days a week, I would remind the House that, in Quebec, we already have what we call the 24/7 service, which is used quite extensively by women.

• (1545)

Since you are signalling to me that my time is up—10 minutes is not very long—I will say in conclusion that women in Quebec and elsewhere are not very pleased with this approach of creating a uniform health care system. Women in different regions of Canada have specific needs. Therefore, they are asking that the money be given to the provinces. They will know what to do with it.

Mr. Jacques Saada (Brossard—La Prairie, Lib.): Mr. Speaker, I will be sharing my speaking time with the hon. Minister of Health.

I am pleased to speak today on the motion put forward by the Bloc Québécois, which reads as follows:

That the federal government give the provinces the additional money for health unconditionally, with the promise of the provinces to use all of it for health, according to the priorities they have established and to provide an accounting to their residents.

It will not come as a surprise to anybody to hear me say that I will be voting against this motion, because of both its wording and content.

First, regarding the wording, it states "That the federal government give the provinces the additional money—". "The" is a definite article. What money is this? Is it the funding to be provided under the Romanow report? Is it the funding that was debated in the National Assembly of Quebec? Is it money the government intends to hand out left and right? What money are we talking about?

It states further "—unconditionally, with the promise of the provinces to use all of it for health".

To ask for such a promise is already to impose a condition. This statement is therefore intrinsically contradictory. Will the money be given unconditionally or not?

Let us take this a little further. I would personally be totally opposed to any additional transfer that would make the administrative burden heavier, instead of making the money directly available to patients. I would be totally opposed to any additional transfer that would be used, as happened in the past, to buy labour peace in the short term in order to get votes.

Finally, this motion makes no reference to the conditions set out in the Canada Health Act, which we in Quebec hold dear, like everyone else in Canada. For these reasons, which seem perfectly reasonable to me, I will not be able to vote in favour of a motion that does away with all conditions.

Regarding the amounts and the federal government's funding of health, I heard my hon. colleague opposite mention this earlier. I would like to dispute the validity of propaganda allegations to the effect that the federal government is contributing only 14% to health. This is absolutely not true.

This figure does not take into account tax point transfers, that is the power to levy taxes, which the federal government had and gave to the provinces. It does not take into account equalization payments, which can be used to invest in health, among other things. As we know, equalization is a system whereby federal taxes are redistributed among the have-not provinces.

This 14% figure does not take into account federal investments in health research. I am talking about research centres, centres of excellence, university research, and so on. I am talking about drug approvals. This 14% does not take into account any of these areas of investment.

This figure of 14% is totally wrong. In reality, if we take into account all federal health care investments, the federal government's contribution in this respect is already 40% and not 14%. Furthermore, our Prime Minister has already committed to increasing this share in our next budget.

The motion asks for an unconditional transfer payment. They are saying to us, "Give us the money. The rest is none of your business". As if the federal government did not have to justify how it is spending taxpayers' money. As if the federal government were not also accountable. This motion does not ask us to work together for the good of the patient while mutually respecting our jurisdictions.

I wonder if the Bloc Québécois had time to read this sentence from the brief presented to the Romanow commission by the Conseil du patronat du Québec, and I quote:

In our opinion, a health care system based on the principle of collegiality needs to be developed, in order to allow both governments to take the necessary steps to reform the system.

I wonder, too, if the Bloc Québécois had time to read this sentence from the brief presented to the Romanow commission by the Association of Canadian Academic Healthcare Organizations, and I quote:

Governments must find a way to work together; otherwise, they risk costing Canadians the thing they hold most dear.

• (1550)

I will refrain from making a political analysis on the electoral motives of the Bloc Québécois or the Parti Québécois. The people of Quebec will, at the appropriate time, be the judge of the performance of its provincial government in the health area. This leads me to say something that I believe is absolutely fundamental.

When we talk about accountability, provincial governments must be accountable not to the federal government or a federal authority, but rather to their respective people. I understand that the Bloc has introduced an amendment this morning that specifies this and I agree with that amendment.

Many reports have been produced on health in Canada. The Kirby and Romanow reports are only the last ones in a long series. None of these reports is set in stone or is the Canadian government's policy, but all of them have the merit of putting us on track. They force us to reflect. We have an obligation to take action, of course, but to take action wisely. So let us reflect a little.

The Romanow report proposes the creation of a health council of Canada, whose role would concern me at the outset. If it were to be a funnel for the coordination of professional health training and study programs, for the accountability about provincial health management performance and so on, this would be, I think, totally unacceptable.

The spirit of our federation must not allow a federal authority to take over a provincial jurisdiction by giving as an excuse that it is badly managed or that it can do better. On the contrary, the spirit of our federation must allow for the original features and differences that we see in each province and each region.

We will have the opportunity to debate further, in this House and in our ridings, the issue of health, and in particular the Romanow report.

We will talk again about what I consider the strong points in the Romanow report, for example, the maintaining of the five conditions in the Canada Health Act. In this regard, I remind the House that the Bloc Québécois' motion makes no reference whatsoever to these conditions, which are so important and fundamental to Canadians, including Quebecers; the Canadian transfer with a built-in escalator established for five years in advance, in other words, stable funding; investments in primary care and home care; support to natural caregivers; creation of a national drug agency; study on patent protection, and so on. I agree with this, this seems interesting to me. I would like the issue to be discussed further.

Supply

We will also talk about the serious reservations that I have on my first reading of this report, that is, the health council of Canada, the adding of structures, a potential centralization, the reopening of the Canada Health Act, the rejection of any role for the private sector, and so on.

I must point out that the report contains 387 pages and 47 recommendations. I must respect the work of its authors by taking the time to look at it more closely before taking a particular position. The motion calls for the transfer of unknown amounts of money unconditionally.

If I say that the health system will have to better integrate hospital care in any agreement for federal transfers to the provinces, is this a condition? If the answer is yes, then I would remind members that it is a condition that was agreed to by the premier of the day, Mr. Bouchard, when he signed the health agreement on September 11, 2000.

If I talk about funds that are targeted for primary health care or for home care, is this a condition? If the answer is yes, then again it is a condition that was agreed to by Mr. Bouchard on September 11, 2000. All these conditions and many others are in the interest of the patient, and Mr. Bouchard had the good sense to recognize that fact in signing the agreement.

Therefore, a motion calling for unconditional transfers is unacceptable. It goes against the spirit of the agreement signed on September 11, 2000. I even think that, for the sake of integrity, Mr. Bouchard would have to vote against this motion because it goes against the spirit of the agreement that he signed.

I will vote against this motion because I think that it closes the door to any kind of cooperation between the Government of Canada and provincial governments. I will vote against this motion because only cooperation between our governments can lead to the renewal that our health care system so badly needs; a cooperation that is based on absolute respect for our respective jurisdictions and on the premise that initiatives that have already been undertaken by provincial governments will be taken into account, a cooperation that exists exclusively for the benefit of patients.

I think that this is what Canadians expect from us.

• (1555)

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I thank our colleague for his speech. He addressed some crucial elements, which I am obviously glad that he raised.

We should try to keep things straight however. No member from the Bloc Québécois believes that the Government of Quebec should not be accountable to the people.

The member began by saying that our motion was a vote-getting ploy. Need I remind him that we have been fighting on this issue every since the former finance minister tabled his first budget. As he knows, ill-advised and deep cuts were made in health care. So, our motion has nothing to do with any political agenda, but everything to do with our ideology. We believe that the provinces should be better equipped to provide the best services possible to the public.

Supply

If the hon. member thinks we are looking for electoral gain, then he must also think that Jean Charest is looking for electoral gain, that Mario Dumont is looking for electoral gain and that the ten premiers who joined forces in Halifax and asked the Prime Minister to raise the federal contribution to 18% must also be looking for electoral gain.

I am sure that is not what he meant to say. I urge him to take a critical look at this issue, to respect provincial jurisdictions and to voice his concerns at caucus so that the federal government gives the provinces the money they need unconditionally, while of course remaining totally accountable to the people of Quebec.

Mr. Jacques Saada: Mr. Speaker, first, I am glad that my hon. colleague reminded the House of the federal government's role in funding health care. I am just surprised that he did not think to mention the recent investment of tens of billions of dollars in connection with this agreement on health that was signed at the time.

In terms of electioneering, I will read two relatively short sentences:

I also invite the Premier to watch what he says and does. I listened to what was being said earlier; we must be careful. Now is not the time for insults, or to stir up old quarrels. That is not what the public expects of us. The public expects us to treat the sick and take care of patients.

I was quoting Monique Gagnon-Tremblay, a Liberal member of the National Assembly of Quebec. She realized that the tone used by the Premier of Quebec was not appropriate under the circumstances and that it was aimed at getting votes.

• (1600)

Hon. Anne McLellan (Minister of Health, Lib.): Mr. Speaker, the hon. members are all aware that tomorrow I am meeting with my provincial and territorial counterparts to talk about the renewal of our health care system.

[*English*]

I know from speaking with most of my provincial and territorial counterparts that they agree with the importance of being transparent, with sharing information with Canadians and with the positive impact this can have on the renewal of our health care system.

The federal government's position is clear and it mirrors the position of Canadians. We need to know, in fact we deserve to know, how much we spend on health care and what we spend it on. This sharing of information will result in a stronger health care system because, in part, it will reduce the finger pointing and eliminate the blame game. This is important and it should not be dismissed.

Canadians have made it clear they do not want to see their governments bickering. Rather, they expect governments to work together to strengthen our health care system, to provide them with timely access to high quality care now and in the future. And the federal government is determined to do its part.

I have said repeatedly, and I mean it sincerely, that we need to work cooperatively, both within the federal government and across all levels of government, to respond to the health concerns and priorities of Canadians.

The first issue, on which I have already touched, is that of Canadians' expectations. As everyone in the House well knows, we now have the benefit of the final report of the Commission on the Future of Health Care in Canada, the Romanow report.

He found that Canadians want the following things: better accountability from providers and governments as well as users; greater transparency about where the money goes and its impact; proof of value for money; and finally, greater efficiency and cooperation within and among governments.

My hon. colleague's call for the unconditional transfer of Canadians' tax dollars to the provinces certainly would not meet this test. The Government of Canada unequivocally shares Canadians' demand for commitment to the principle of accountability. There has also been consensus across the country that the Government of Canada has an important role to play in Canada's health care system.

Canadians expect the federal government to take a strong stand in upholding the values of equity, fairness and solidarity that underpin medicare and in ensuring that their tax dollars deliver back to them timely access to high quality care. Canadians are also saying, loud and clear, that now is the time to make sure that this system is going to be there for them and for their children when they need it. This is an obligation I take very seriously.

I want to assure all Canadians that, like them, the Government of Canada is anxious to get on to the task of setting health care on a sustainable course for the future. We have the political will to do what is necessary and what is right. Earlier this week the Prime Minister made it clear that the Government of Canada is committed to moving forward to provide Canadians with the health care system they want. The Prime Minister told Canadians:

A concrete action plan to modify medicare will require money. If we have an action plan to effect important, long term changes, and if all governments agree on that plan, I can assure you that the federal money required will be available.

What is needed now is collaboration: federal, provincial and territorial discussion and agreement on what shape this concrete plan should take. Fortunately we have the advantage of a solid track record in federal, provincial and territorial cooperation in this regard. I remind the House that just a little over two years ago, in fact in September 2000, we celebrated our shared success in reaching a landmark agreement with the provinces and territories to support the health care system.

On September 11, 2000, as I have mentioned, the Prime Minister announced \$23.4 billion of new federal investments over five years to support agreements by first ministers on health renewal and early childhood development. The first ministers identified key priorities for collaboration on health care renewal.

I would remind my hon. colleague from Hochelaga—Maison-neuve that as a result of this agreement the Province of Quebec received \$239 million from the medical equipment fund and a further \$133 million from the primary health care transition fund, in addition to funding under the CHST.

Supply

●(1605)

I am confident we will achieve success once again when the first ministers meet early in the new year to determine where we go together from here.

We have proven that we can sit down together and set aside our political differences for the national good. We have demonstrated, through the dispute avoidance and resolution agreement, that regardless of our political affiliation we are all motivated by the shared desire to do what is right for Canadians.

Our objective tomorrow when health ministers meet is to discuss and, I hope, begin to plan the renewal of our health care system. We will provide our best advice to finance ministers and first ministers to establish that concrete plan and the necessary long term federal investments, which will be included in the next budget.

Given these developments, I believe that my hon. colleague's motion is not only ill-conceived but ill-timed. It would be, as I say, putting the cart before the horse for the federal government to unilaterally determine right now how, or how much, money should be transferred to the provinces and the territories before we have the plan for renewal to which I have referred.

I am fully aware of and respect the fact that the provinces and territories are primarily responsible for the organization and delivery of health care in the country. They are on the front lines. However, there is no question the federal government has an important leadership role to play, both in terms of the financing of health care and in relation to issues that are national in scope, such as the enforcement of the Canada Health Act. But this is not about the federal government imposing on the provinces. It is about collaborative partnership for the common good, because that is what Canadians expect.

Canadians want action now. That is why we need an action plan for renewal: a plan that federal, provincial and territorial governments all help to develop and in which they have ownership; a plan that will be responsive to Canadians' desire for timely access to high quality care; a plan that will renew our publicly funded health care system to ensure its immediate and long term sustainability; and a plan that will serve us all well and long into the future.

While it would be inappropriate to predict the outcome of the upcoming meetings, both among the health ministers this week and with the first ministers in a month or so, let me say that I have every confidence we will move forward quickly, so I encourage the hon. member of the opposition to set aside his motion and instead work with us to advance this goal. His constituents in Quebec, like mine in Alberta, want the assurance of a timely, reliable, high quality health care system that will be there for them when they need it, on the basis of their needs and not their ability to pay.

I am convinced that if we keep our focus on this simple but important objective, we will not only meet Canadians' expectations but become a stronger nation in the process, and all Canadians will thank us for that.

I look forward to my colleagues' comments and questions.

●(1610)

Mr. Jason Kenney (Calgary Southeast, Canadian Alliance):

Mr. Speaker, I would like to thank the minister for her remarks, although I am somewhat confused when she says that the Romanow report does not suggest nor does the government intend to impose requirements on the provinces, which of course occupy the exclusive constitutional jurisdiction for health care. However, my reading of the Romanow report is such that it effectively rules out any role for internal markets within the provision of public health care, and it effectively dismisses the range of blended systems in terms of delivery which exists in all the social democracies of Europe, including Sweden, France and Germany.

Out of an honest curiosity, I am just wondering if the minister could comment on why it is that the government seems so hostile to adopting the kinds of internal market systems that exist and the choices outside the state delivery that exist in western European countries, which all guarantee universal access regardless of financial means.

Hon. Anne McLellan: Mr. Speaker, let me say first of all that it is not for me to interpret Mr. Romanow's report. Mr. Romanow does that eloquently. He has been doing that and I am sure he will continue to do that.

Let me say on behalf of the Government of Canada that we have always acknowledged the fact that, as it relates to the delivery of health care within a publicly financed system, we have enjoyed a blend of delivery modes. I see no reason why we will not continue to see innovation and experimentation on the part of the provinces and the territories around how we deliver health care to Canadians within a publicly financed system.

I have made it plain that my concern as the Minister of Health for the Government of Canada is in relation to the observance of, respect for and enforcement of the five principles of the Canada Health Act, but in terms of a choice, or blend, to use the hon. member's words, of delivery mechanisms, that is up to the provinces.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, with all due respect, it takes some nerve to say what the minister just said because the premiers had to take out ads on television and in the papers, and meet in Halifax to call attention to the underfunding by the federal government, which has completely destroyed the health care system.

This is the first time we have seen this happen. The people of New Brunswick, Quebec, Ontario, no matter what their political stripe, had to pay for ads to convince the federal government to come up with funding.

Can the Minister of Health tell me what the National Assembly's consensus signifies to her? If Mario Dumont, Jean Charest, Bernard Landry and 125 members, representing all of Quebec, reject this report, what does it signify to her, in a parliamentary democracy?

[*English*]

Hon. Anne McLellan: Mr. Speaker, let me first of all thank the hon. member for my promotion. I have always thought he was a man of exemplary good judgment.

Supply

The hon. member does raise a very serious question. I have enormous respect for all the provinces and territories. I have enormous respect for my provincial and territorial colleagues, including Monsieur Legault, whom I had the opportunity to meet with in September when health ministers met. I look forward to seeing him again tomorrow in Toronto.

In fact, I want to underscore again for all hon. members of the House that as far as we are concerned on this side of the House we will work in a spirit of collaboration and partnership. The provinces are the primary deliverers of health care. The provinces are 13 incubators in which innovation is taking place, dare I say on an almost daily basis, but the Government of Canada also has an important role to play in the area of health care. We must show leadership in relation to the principles of the Canada Health Act. We must show leadership in terms of working with the provinces on issues of national concern. We must do our part to fund this, Canadians' most cherished social program, and I can reassure everyone we will continue to do those things. We will continue to show that leadership in a spirit of partnership and collaboration.

• (1615)

Ms. Wendy Lill (Dartmouth, NDP): Mr. Speaker, as a member of Parliament for Nova Scotia, let me say that we have grave concerns about funding for the health care system. The present per capita funding formula sends 90% of the increase in health care spending to Ontario, B.C. and Alberta.

Roy Romanow did call for changes to the funding formula to help the poorer provinces meet the health care needs of their citizens. My question is, when the minister meets with the first ministers tomorrow in Toronto, will the federal government put forward a recommendation that the former finance minister's funding formula, which discriminates against poorer provinces, be changed to meet the needs of these provinces?

Hon. Anne McLellan: Mr. Speaker, first I want to clarify for everybody that tomorrow's meeting is a meeting of health ministers, not first ministers. Obviously that is a key distinction, because first ministers will be left with final decisions around the renewal of our health care system.

Let me speak to the hon. member's specific question. Obviously the CHST is the main funding mechanism by which we transfer dollars for health care to the provinces, and that is a per capita mechanism, but of course the hon. member forgets about the importance of equalization. In fact, in a province like hers, Nova Scotia, equalization is a very important transfer of federal dollars to the province.

I know that sometimes the provinces forget to compute equalization or some percentage of those equalization payments into our total contribution for health care. That is most unfortunate, because in fact unless one includes some percentage of those equalization payments, which I believe now eight provinces in the country receive, one does not have the full picture in terms of the federal government's contribution to funding health care, not only in the hon. member's province of Nova Scotia but in all provinces.

[*Translation*]

Mr. Antoine Dubé (Lévis-et-Chutes-de-la-Chaudière, BQ): Mr. Speaker, first, I wish to inform the Chair that I will split my time with the hon. member for Argenteuil—Papineau—Mirabel.

I think it is appropriate to read the motion before us today. This motion has been put forward by the hon. member for Hochelaga—Maisonneuve, who is our critic on health issues. Incidentally, he is doing an excellent job and I am taking this opportunity to congratulate him. The motion reads as follows:

That the federal government give the provinces the additional money for health unconditionally, with the promise of the provinces to use all of it for health care.

The hon. member for Drummond, who sits on the Standing Committee on Finance, proposed an amendment which reads as follows:

according to the priorities they have established and to provide an accounting to their residents.

This goes without saying. The main argument is included in the amendment. There is no question that Quebec agrees with the principle of being accountable to its own citizens. Quebec has an auditor general too.

I want to say a few words on the Romanow report. The recommendations included in this report call for a standardization of health care in Canada, and they deal with issues that fall under the exclusive jurisdiction of the provinces.

The Romanow report proposes structures, standards and more bureaucrats in Ottawa, which goes against the very spirit of the Constitution. Federal officials would start meddling in provincial matters.

The Romanow report proposes a single Canada-wide health system, which of course is unacceptable to Quebec. As the hon. member for Hochelaga—Maisonneuve pointed out, it is unacceptable not only to the Premier of Quebec, but also to the leaders of the other two parties in the National Assembly, and to all the members of that assembly, which passed a resolution to this effect.

I want to take a few moments to mention the comments made by Jean Charest, who said "Health is a jurisdiction of the Quebec National Assembly. It is not up to the federal government to set priorities, or to impose conditions on the transfer of funds". He added that "Federal funding for health must be unconditional". Mr. Charest emphasized that point.

With respect to the Romanow report, the leader of Action démocratique du Québec, Mario Dumont, said that "It essentially means more centralization, more bureaucracy, more exclusions regarding the diversification of services. In that sense, it goes against the ADQ's platform. It is contrary to the experiences of all the provinces that have tried to improve the operation of the health system".

I think it is useful to mention these comments.

In short, the Romanow report would turn the current system upside down and lead to squabbling and endless discussions. In the meantime, patients are suffering and health care providers are exhausted.

Supply

I was listening when the health minister stated that the Romanow report would put an end to all the squabbling. On the contrary. Without going over all the recommendations in the Romanow report, we can see that it proposes a new structure, a Canada-wide council. That means more public servants. It would add a new principle to the Canada Health Act, the so-called accountability principle. It would extend the legislation to include diagnostic and home-care services. It wants to go further.

Since health care is an area of provincial jurisdiction, would it not be appropriate for the federal government to transfer money to Quebec?

• (1620)

Every since the Canada Health Act was passed and the system was established, the federal government has been collecting taxes in Quebec and, pursuant to its spending power, funding health care.

The Government of Quebec has the option of not agreeing to the conditions attached to the additional health funding. Maybe the Prime Minister will agree to hand over the money after meeting with the premiers, but we do not know the amount involved. What we know is that Quebec needs at least \$50 million more a week.

If everyone were minding their own business in Canada, provinces would collect the taxes they needed to deliver health care.

Right now, the federal government is providing funding anyway; it wants to provide funding and many provinces, in fact all of them except Quebec, want to keep receiving funding from Ottawa.

This is what Mr. Bouchard did in 2000, when he was forced to accept the offer made at the time to increase funding for health care, but with a knife to his throat. Not accepting it would have meant refusing a considerable amount of money and being forced to tax Quebecers more, which put us in a completely untenable situation. This is called fiscal strangulation; there is no other word for it. This is a very sensitive area; very important, given that it is health.

The Minister of Health is saying to us, "Do not squabble over this. Do not squabble over the Romanow report. Do not squabble over the possibility of the federal government going back to the funding levels that existed before this party took office". That is what is being called for, returning to the funding levels that existed in 1993. The cuts were made unilaterally, need I add?

Mr. Romanow's study lasted 18 months and cost \$15 million, if we are to believe the figures. Currently, there is a \$50 million shortfall in health care funding per week. Imagine all of the things that could not be done. If we had received this money, there might be more doctors, more nurses, more equipment, more could have been done to help the health care system.

The Liberal Party is not able to be consistent on a motion moved in the House on distinct society; it cannot recognize that Quebec does things differently. We have the best health care system in Canada because, for example, when it comes to home care, we have the CLSCs. No other province has done as much as Quebec in terms of prevention and home care.

Incidentally, Mr. Romanow commented on this; his recommendations reflected these accomplishments. No other province, as far as I know—

An hon. member: Oh, oh.

Mr. Antoine Dubé: Mr. Speaker, the member for Hull—Aylmer is distracting me. Given that I live in his city during the week, and that we contribute to the economy of his riding, he should have the decency to listen to us. I live there during the week.

I will give the Romanow report one thing. He recognized that there is a shortfall, that health is underfunded and that there is a lack of transfers. He proposes at the very least returning to funding 25% of health care costs. He proposes that the federal government's contribution be set at least five years in advance.

• (1625)

Personally, I hope that the Prime Minister and the federal Minister of Health will recognize that fact and follow up on the recommendation about reinvesting in health care. As long as we stay in this system, where taxes are collected and where the federal government, using its spending power, invests in areas under provincial jurisdiction, we will have to keep this in mind.

In closing, I read the article by Paule Des Rivières, editorial writer for *Le Devoir*. I will read only one paragraph. While the government wants to interfere in areas under provincial jurisdiction, she writes, and I quote:

In 1994, the Auditor General found a huge amount, \$8 billion, in unrecovered taxes at Revenue Canada; in 1995, he revealed that \$720 million had been wasted on the construction of the bridge to Prince Edward Island; in 1996, he reported that harmonization of the GST in the Atlantic provinces had cost \$1 billion; in 1997, he demonstrated that Ottawa could have obtained \$1 billion more for the sale of its air navigation system; in 1998, he exposed negligence in the management of social insurance numbers; in 1999, he denounced the ridiculously high surplus in the employment insurance fund; in 2000, he confirmed that hundreds of millions of dollars had disappeared in uncontrolled grants at HRDC; in 2001, we learned that Ottawa had saved \$400 million at the expense of senior citizens.

And now we are told that \$1 billion will be spent for gun control, which is a lot more than expected. With these kinds of administrative blunders, it is unacceptable for the government to want to interfere in areas under provincial jurisdiction.

Mr. Mario Laframboise (Argenteuil—Papineau—Mirabel, BQ): Mr. Speaker, it is a pleasure for me to rise today on the motion put forward by my hon. colleague. Sometimes, politics has its reasons, which have nothing to do with logic. I will attempt to show the Liberal Party of Canada's lack of logic, something that has been one of its characteristics since its early days.

People go into politics for a reason. Before coming to this House, I was in municipal politics for 18 years prior to 2000. In November 2000, I had the privilege of being elected by my constituents to represent them. Those listening, as well as my colleagues, former colleagues, mayors and councillors have, over the past decade, since the early 1990s, experienced the domino effect of the federal cuts, which led to the fiscal imbalance.

Supply

This is what fiscal imbalance is all about. In fact, the federal government dropped its funding in certain areas. The imbalance in health is an example. I do not want to repeat what my hon. colleagues have said in this House. However, it should be noted that, in the early 1990s, the federal government was paying 22% of health care costs. When the system was created in the early 1960s, the federal government was paying 50% of health care costs. It was a cost-shared program. It was split fifty-fifty. At the time, the provinces and the federal government were not quarrelling. It was simple. The federal government transferred funds and the provinces provided the services.

Things got complicated because, since the early 1990s, the federal government, which should not have gotten involved in health care, of all things, started announcing to the provinces from one year to the next, "Next year, I am going to cut transfer payments, because I have accumulated a deficit". And it was not just the Conservatives who racked up the deficits. The Liberals did their part in creating deficits in Canada. I will not reopen the debate on this issue.

Nevertheless, the federal government decided that, in an attempt to counteract this, it would slash health care transfer payments. This of course had a domino effect on all stakeholders in the Quebec community, as well as in the provinces. Repercussions were felt all across Canada. Provinces offloaded responsibilities onto municipalities and school boards. This just added to the burden. Let us not kid ourselves, there is only one person paying for all this. There is only one taxpayer.

Obviously, taxpayers are the ones footing the bill. That is what happened back in 1992, and I can understand that today the Quebec Liberal Party, the Parti Québécois and the Action Démocratique are unanimous in telling the feds "Listen now, we are short of money for health. When this whole health care system was created, you were involved. Back in the 1960s, you were paying 50%. Then by the early 1990s, it was 22%. Basically, what the Romanow report recommends is to get back to having the federal government invest more or less what it did in the early 1990s.

In the meantime, municipalities within the provinces were the ones getting it in the neck, along with the school boards. In 1992, we had the Ryan report, which landed the municipalities with \$200 million in bills. My former colleagues, municipal councillors and mayors, will remember those days. Then there was the Trudel reform, started by the Parti Québécois, which dumped \$360 million in bills onto the municipalities.

The purpose of all this was to be able to keep a health care system in the provinces that was still more or less adequate. So this was what brought about all the imbalance. Ottawa cut its transfers to the provinces for health, and health budgets went up. Now there is unanimity in Quebec for the first time in history. Minister Legault clearly acknowledges that there is a shortfall in health funding. All the health critics accept this, saying, "For once, a Quebec minister is acknowledging that he is short \$1.8 billion for health". On top of that, every year, 5.2% needs to be added to the health budget, a budget that totals some \$16 billion to \$17 billion.

• (1630)

That comes out to \$800 million a year that needs to be added in order to maintain an adequate health care system in Quebec.

So I can understand why all of the members of the National Assembly in Quebec, all of the parties together, are saying to the federal government, "Listen, we do not need you to tell us how to spend money on health care. The Government of Quebec has been the one providing services in Quebec since the health care system was created".

Meanwhile, the federal government, which should have been providing adequate support, cut back. It went from 22% to 14%. It is being asked to return to 22%, and now it wants to set all kinds of conditions, because it has decided to put money back into health. Something is not quite right.

The federal government had no power before and the Province of Quebec is prepared to recognize the powers that it negotiated over the years. All that is missing is the money. The health care system has been studied at least three times in the last ten years, with all of the stakeholders, commission after commission, including the Clair commission; and all that is being asked for is additional funding.

Anyone who has anything to do with the health care system, including sick people, men and women who are in hospitals and who are waiting for this money to help solve their problems, people in emergency rooms and everyone listening today, is obviously conscious of the fact that all that is lacking in the system is money.

The Romanow commission has said that the federal government must provide money, but that there needs to be conditions. This is what always upsets me in this House, especially coming from the Liberal Party.

First of all, the Liberals never have problems, never. Know why? Because if they say there is a problem, then they have to solve it. That is the problem. Right now there is a problem and my colleagues are absolutely right. There is a problem because all the provincial premiers have come together and are now advertising in every province, or at least in Quebec, and I know that Ontario is too. They are advertising so that people will get the message, "Look, the federal government is paying 14 cents out of every dollar". Therefore, the federal government is paying 14% and the provinces are paying 86%.

The federal Liberal members are not in this House to defend the interests of the public; they are here to make the public understand the interests of their government. There is a difference.

For instance, there is no problem granting sponsorships and giving money to their friends or establishing a gun control system that exceeds the estimated cost by \$1 billion. It is no big deal.

However, currently in the House, we are talking about human lives, men and women who expect that the federal government is going to restore the funding for all health care networks, regardless of the province.

I can understand all the members of the National Assembly of Quebec standing together, setting party politics aside and saying to the federal government, "You have to give the money unconditionally, because the sick want unconditional money and they want unconditional services". That is all we are asking.

Supply

This is still asking too much from the federal Liberals, who would rather have the public believe that it does not really have any needs. Yet another network of bureaucracy will be established.

It may be true that there are problems with bureaucracy in the provinces, but the bigger the organization, the bigger the problems. This is something we have been witnessing daily for almost two years. Look at the size of the federal system and at what it costs. Sponsorships, gun control and so on are unmanageable. The bigger it is, the more difficult it is to control. That cannot work.

We do not want to fight, and it is not the provinces that are fighting right now; it is the federal government that wants to establish an administrative level again, when everyone is telling it, "What we want is money for the sick. We do not want to establish a new administrative system". No one wants that, except for them.

It will probably be 12 to 18 months before any thought is given to this. During that time, they will save money and can give some to their friends.

• (1635)

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I believe that our hon. colleague has shown great wisdom, and has as usual risen above party politics. I want to ask him a few questions.

Some historians claim that the Quebec Liberal Party is more progressive and more nationalistic than the federal Liberal party. I questioned my hon. colleague on the government side who represents the riding of Beauharnois—Salaberry and was formerly the minister responsible for manpower training in the National Assembly during the final years of the Bourassa government. He told everyone here in the House that had he been in the National Assembly, he would have asked Jean Charest not to vote in favour of the consensus.

Are we to understand that there is a rift, as he sees it, between the Liberal Party of Canada, and the Quebec Liberal Party, and are we witnessing a most unfortunate squabble at the expense of Quebecers?

Mr. Mario Laframboise: Mr. Speaker, my hon. colleague is absolutely right. It is deplorable.

The problem with the federal Liberal members is that once they are in Ottawa, they totally lose touch with the public. It is as simple as that. They live in a bubble and are power hungry. Every day they hope to get new powers because they think they do not have enough.

I am not surprised that a former Liberal MNA from Quebec came to Ottawa and told us he would not have acted this way in Quebec. In fact, he would have voted according to the party line. If he had remained in Quebec and if he had never set foot in the House, he would have voted the same as his colleagues in the National Assembly of Quebec. What the public wants is simple: money for health. That is what everyone in Quebec wants.

The problem with the federal Liberal members is that they are out of touch with the people of Quebec.

Mr. Réal Ménard: Mr. Speaker, it is true, many managers of the system are facing financial problems. The ten premiers and the territorial leaders have said so.

Does my colleague not believe that there is also a need to reorganize the system? For instance, when I meet with hospital administrators, I am told they have 90 to 105 union certification units in their institution. Of course, that can only complicate the coordination of all the work.

Yes, we need to invest in health care. The federal government must take its responsibilities, but there is another aspect of this issue that we need to think about, and it is the reorganization of the system. Does the member agree with that?

• (1640)

Mr. Mario Laframboise: Mr. Speaker, I want to thank the hon. member for Hochelaga—Maisonneuve for his question. As health critic for our party, he obviously is quite familiar with this issue.

Since health care accounts for 34%, which is a third, of the budget of Quebec—about the same as in the other provinces—with an annual increase of 5.2%, this represents a lot of employees, and management and administration are required.

At this point in time, properly reorganizing the system would require new money. Employees need to understand that there are better resources available that would lead to better services. We can reorganize and remodel the whole system and that can be done at the same time.

For two years now, the Government of Quebec has been looking at reorganizing the system, and I think they know how to go about it. What is needed to get all the employees on board is new money, which should come from the federal government.

Ms. Carolyn Bennett (St. Paul's, Lib.): Mr. Speaker, I will split my time with the hon. member for Vancouver Centre.

Over the past 18 months, the Romanow commission has pursued an ambitious agenda based on extensive research and consultations that have allowed tens of thousands of Canadians, including Quebecers, to express their views. The main message conveyed by these people is that the new federal money must be used to fund changes.

[*English*]

It was Einstein who said, "The definition of insanity is doing the same thing over and over again expecting a different result". Canadians agree.

Today the Pollara poll shows that Roy Romanow's prescription for medicare reform has the support of two-thirds of Canadians. Pollara found that 66% of Canadians approved of the work of the Romanow commission.

Don Guy said, "Basically, they've said this is the right prescription for medicare". It is not surprising.

Supply

As many commentators have noted, we can hear the voices of Canadians coming from every page of the commission's report. The report is as a result of the most legitimate consultative process in the history of Canadian royal commissions. The insistence upon transparency of the submissions and commissioned research and the utilization of every possible modern tool of citizen engagement, traditional hearings, web based consultations, as well as genuine deliberative models, have ensured that ideological arguments from the left or the right have been confronted with a sound metanalysis of the evidence and underpinned by resounding consensus of the values of Canadians for the important double solidarity between the rich and the poor and the sick and the well.

Canadians are fed up with the federal-provincial gridlock that has wasted, among other things, 1.8 million provincial health care dollars for TV spots and full page newspaper ads squabbling about who pays. They know that it is all their dollars and that they could have a fabulous health care system with less than 10% of the GDP. They want us to get on with it.

How do we move forward? How do we create the unstoppable momentum that will put all levels of government on notice, that it will be at their political peril if the first ministers meeting in January looks anything like previous ones. Canadians have never been clearer: they want medicare to work and they understand the trade offs necessary to ensure its sustainability. They want to know where the health care dollars are going and the value they are getting for the money. They agree that all levels of government must report to Canadians on the performance of the health care system, how it compares within Canada and internationally.

Canadians have been suffering through a crisis of confidence and a crisis of governance in health care. They want this fixed. Importantly, they are prepared to come on board in their triple role as empowered patients, effective advocates and engaged citizens. They want to help make it work. Canadians are not, as they are sometimes unfairly characterized, greedy and wasteful. They do not intentionally clutter up emergency departments, have unnecessary surgery, tests and drugs that lead to the call for medical savings accounts and user fees to curb their cravings.

The polling data has shown that Canadians want a strong federal role in health care. However, Mr. Romanow understands that federal leadership is very different from federal dominance. He proposes two brilliant solutions that demonstrate his sensitivity to the difference.

First, he devised a haggle free formula for health care funding that clarifies the responsibility of the federal government in perpetuity.

Second, he wants an innovative, intergovernmental mechanism, the health council of Canada, to evaluate the performance of the system and provide strategic advice on emerging issues by using the methodologies pioneered by the commission and the ongoing advice of a permanent advisory committee. The council would have: seven government members, two federal and five provincial; and seven civil society members, three from the public and four provider-experts. With citizens at the table, the finger pointing should become impossible.

At issue at the first ministers meeting will be whether we can begin the process of new collaborative relationships. I believe every person with any responsibility for health care in Canada, every single person in the trenches of health care, understands the huge advantage of a cooperative approach that will begin to address the gaps, duplication and incentives that could provide optimal health care for Canadians. We must ensure that the negotiators from all levels of government at next month's meeting include those who have some knowledge of the health care file. Simply sending finance and intergovernmental affairs officials will never work. Canadians should insist that the turfmeisters are excluded from the meetings and only those interested in real solutions are included.

We have been in pan-Canadian gridlock. Everything we care about in this country resides in at least three levels of government and three government departments. If the enormous pressure to get health care right enables us to listen to Mr. Romanow and respond in a creative way, this may be the opportunity to not only solve medicare, but to begin the process of wrestling this country back from a technical federalism that has lost the confidence of Canadians. A successful response to Romanow can refocus all levels of government on the public good and on working together to achieve our common goals based on our shared values.

● (1645)

Monique Bégin always tells the story of going to Trudeau's desk here in the House of Commons just before medicare came in. She said that she was really worried that the 10 provinces and organized medicine were against her. Trudeau asked her where the public stood. She said that the public was for it. He said then it was a sure win. She said that she did not find that to be obvious so she went to Jean who was the senior in terms of negotiations. She asked him what it would take to make the provinces understand, what was the language the provinces would understand? He said very simply, "Money". She said that he was dead on.

Here we are 20 years later and the former Minister of Intergovernmental Affairs is now the Prime Minister and his friend, Roy Romanow, has just delivered the most important report of a royal commission since Monique Bégin supported the Royal Commission on the Status of Women.

The provinces still care about money and Canadians have never been clearer. They want medicare to work and they understand the trade-offs necessary to ensure sustainability.

This time we actually have four provinces in favour of it. Organized medicine is in favour of it and especially the young doctors are in favour of it. Two provinces, Newfoundland and Nova Scotia, are in favour of it, with a but. Three provinces, Ontario, Alberta and Quebec, are against it. British Columbia is against it, with a but.

As we said before these provinces may be well at their peril to be against the Romanow report. In fact with the provincial governments that are against, their citizens are in favour. Quebec is polling at 59%. Ontario is polling at 70%. British Columbia is polling at 69%. Mr. Guy said, "It appears that Romanow and his group have struck a chord with the public in Quebec and perhaps have gone over the heads of some of the elite in that province".

Second year medical resident, James Clarke says that the implementation of Romanow's prescription will strengthen medicare and that failure to do so will undermine it.

The truly wonderful Dr. Mikhael from the Ontario medical residents has said, "We are calling on the governments of Ontario and Canada to work together to ensure adoption and implementation of the report in 2003".

Tomorrow I will meet with my wonderful Good Health Through Good Governance Working Group at the Munk Centre. We have isolated three things to talk about tomorrow: accountability; infrastructure; health promotion and disease prevention.

It is quite clear that none of these can be done without collaboration across the country. Tomorrow when the health ministers meet I know they will understand the changes that have to take place and that collaboration is imperative.

As Charles Darwin said, it is not the strongest of the species that survives, not the most intelligent, but the most responsive to change. Money will not fix this alone. Canadians know we need accountability and the ability to share best practices from sea to sea.

• (1650)

[*Translation*]

As regards the motion presented by the Bloc Québécois today, Canadians said that they expect the federal government to play a strong role in our health care system. They want leadership, not an automated banking machine.

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I would like to point out to our colleague that the provinces are not asking that the federal government act as an automatic teller, but that it stop making source deductions, to borrow a colourful expression from the field of accounting.

I am quite puzzled by the historical background provided by our hon. colleague. As she may know, the Romanow commission gave Professor François Rocher the mandate to look into the history of the Canada Health Act. When the Canada Health Act was passed in 1984, the Liberals were on their way out of office. All of the provinces were opposed to this legislation.

What was to be expected happened. The provinces were opposed. Yet they believed in a universal, publicly administered and accessible system. The provinces were opposed because they

Supply

anticipated the federal government's withdrawal. What happened? In the early 1970s, Ottawa was contributing 50% to programs. As time went on—it started with Marc Lalonde, and has gone on until just recently—Ottawa contributed less and less. It is now contributing 14% of the cost of all health care services provided.

Will my hon. colleague admit that the federal government has no valid jurisdiction over or responsibility for health care, except for epidemics, quarantines, patents, aboriginals, research and military personnel? In practical terms, in the field, whether we are talking about primary care, hospital care or home care, the expertise does not rest with the federal government. This is precisely why a majority of the provinces already oppose the Romanow report.

[*English*]

Ms. Carolyn Bennett: Mr. Speaker, Canadians have said that they want the federal government to have a real role, particularly in the sixth principle of accountability.

One thing that is very important is the billing and information technology system across the country. With the justice system, when a person is arrested the person's file can be pulled up to see if there have been any arrests anywhere in the country. It seems unfortunate that when a person is having crushing pain or a heart attack that we cannot pull up the file across the country.

When the railroad was built across the country, each province was not allowed to build it in a different gauge. We should not allow different language in the health informatics across the country because we cannot compare the outcomes and we cannot give optimal care to the people who need it. Whether they are in Hull or in Ottawa, if they are in trouble their health records need to be available. It is extraordinarily important.

Canadians get it. It was very clear to Judith Maxwell in those deliberative democracy exercises that Canadians understand that they want a real system, not a patchwork quilt of non-systems. There are many other areas in which the government must help. There is a role for government in the measurement of the outcomes and in the prevention and health promotion areas.

In fact the Canadian government is the fifth biggest direct provider of health care. If we look at the aboriginals, our military, correctional services and our veterans, it is bigger than six of the provinces. It is very important that they come together in a neutral space, the health council of Canada. It is important that they share their problems, share best practices and that everybody comes together with real accountability, just like in the social union framework agreement.

It is imperative that all levels of government report to Canadians on the performance of the system. This is not big brother checking on little brother. We have to be accountable to Canadians as the federal government. That is what Canadians have said. That is what 59% of Quebecers have said

Supply

•(1655)

[Translation]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, the Canada Health Act has been in effect since 1984. This has not prevented the federal government from making cuts and compromising accessibility to services. How does the hon. member explain that, despite the act, the government behaved the way it did?

[English]

Ms. Carolyn Bennett: Mr. Speaker, what is extraordinarily evident by the Romanow report is that whether we are squabbling about dividing 14¢ or 34¢, or whatever, 50% of doctors and hospitals, that is not what the deal was. What we need is a new deal and we have to move forward. The floor of 25% is one that Mr. Romanow, in his black and white striped shirt and a whistle, as a former premier, has said is the new deal. We have to go forward from there.

Mr. Sarkis Assadourian (Brampton Centre, Lib.): Mr. Speaker, I would like to ask the hon. member if she could provide the list. Perhaps she could ask the Quebec government for the list of equipment that it purchased with the \$1 billion health fund transfer a while ago.

Ms. Carolyn Bennett: Mr. Speaker, if there is to be another speaker from the Bloc Québécois, maybe he or she could answer that. Maybe at that time he or she could also answer why, when Quebec was asking for so much more money, there was still a whole bunch of money in the Toronto-Dominion Bank in downtown Toronto.

* * *

KYOTO PROTOCOL

NOTICE OF CLOSURE MOTION

Hon. Don Boudria (Minister of State and Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I wish to give notice that immediately before government orders, government business No. 9 is next called, a minister of the crown shall, pursuant to Standing Order 57, move that the debate be not further adjourned.

* * *

SUPPLY

ALLOTTED DAY—HEALTH

The House resumed consideration of the motion, and of the amendment.

Hon. Hedy Fry (Vancouver Centre, Lib.): Mr. Speaker, I rise today to speak against the motion brought forward by the member from the Bloc Québécois. In order to speak against the motion I want to give a thumbnail history of how cost sharing began.

In 1961, 10 provinces and 2 territories signed an agreement with the federal government for cost sharing for in-patient services in hospitals only. In 1962 they agreed to extend that cost sharing to physicians. Money was directed clearly at specific health care spending.

In 1968 medicare was enacted and between 1968 and 1972 all of the provinces and territories finally agreed to come in and participate in probably the largest social program that Canada has ever known.

In 1984 the Canada Health Act was enacted to enshrine five fundamental principles, and everyone agreed how the money was going to be transferred and how the funds were going to be shared. It was to ensure that the greatest social program that Canada has ever known was paid for with both federal dollars and that the provinces had a role to play.

There was an agreement then. All the provinces, that today are crying out for money to be given to them without any strings attached, were in agreement back then. There is a precedent and history that since 1961 there was a clear agreement that there would be cost sharing and that money would be transferred for hospital and physician services, and medicare extended it even further, into dental care. That is the crux of what medicare was about.

When Roy Romanow went around the country he went not merely as someone who had been there from the beginning but he went also as a premier of a province. This was a man who understood the issues from a provincial perspective. He understood the problems facing medicare. He understood and supported medicare. He heard from Canadians that medicare was a fundamental value to them. They said it was probably the social program that they most believed in. They believed in the five principles of medicare but they wanted a sixth one attached, namely, accountability. We must avoid the chicken and egg game that we keep playing between provinces and the federal government, where one does not do one thing and the other does not do another.

Mr. Speaker, I am here to tell you that as a physician who practised medicine for 23 years, and as an MP for the last nine, I have consistently heard the same story from patients and from constituents across the country. They do not want to hear this squabbling anymore. The same dollar that we are all fighting over is the dollar that came out of their pockets. They were prepared to put that dollar into their tax spending in order to support a social program called medicare. They believed in it in 1961 and they believe in it now. If we read the Romanow report Canadians said that, only if necessary, they were prepared to take more tax dollars out of their pockets provided it was to support nothing else but medicare.

I find the motion to be very droll. If we look at medicare there are three groups involved: the public; the people who provide the care, physicians, nurses, physiotherapists et cetera; and the governments. We have heard from two of those three groups. From Mr. Romanow's report it is clear that the public wants to have accountability in terms of fiscal funding for medicare.

We heard from the Canadian Medical Association in its post-Romanow comments and in its pre-Romanow submission. It said that Canadians had a right to know how much of their federal tax dollar was being transferred to provincial and territorial governments to support medicare.

It is the least that Canadians can expect from their governments in terms of accountability. It serves to underscore the fact that the underlying purpose of fiscal federalism is to support medicare and other important social programs and not the reverse.

• (1700)

This is why the motion we are debating today is not only droll but it is also ironic. I have yet to hear Bloc Quebecois members, who are speaking perhaps on behalf of their province and all of the provinces that today do not wish to have strings attached to the fiscal funding, comment when they are given money under fiscal federalism. They love fiscal federalism. They want more and more money to be transferred in fiscal federalism but they do not believe in one of the primary things that Canadians are seeking in their governments and that is accountability for the taxpayers' dollar. I find this to be sort of talking out of both sides of our mouth.

In order to deliver medicare in New Brunswick, British Columbians, Albertans, Quebecers, and Ontarians are putting tax dollars into that transfer. The federal government gets its money from Canadians across this country and transfers it to provinces so that every province that gets a transfer of payments for health care gets it out of the pockets of every Canadian regardless of what province they live in.

This is something that I find remarkable, that provincial governments do not understand that they are dependent on the money they are asking for from every province. It cannot be decided on solely by each individual province. There has to be some accountability. People want to know that the money is clearly going to support medicare.

We have seen that there is a need for this accountability over and over again. When \$800 million was transferred for primary care innovation, every province took the money. Many of them did not spend it on that. When we transferred into the 2000 budget \$1 billion for spending on equipment, we saw lawnmowers bought with that money. Governments like the Quebec government had money that was transferred to it for medicare sitting in some sort of trust fund and was not being used.

Canadians are fed up with this nonsense. It is their tax dollar that is sitting in a trust fund somewhere not being spent. It is their tax dollar that they gave to medicare that was buying a lawnmower somewhere. It is their tax dollar that is building a road somewhere with no one accounting for that money. Canadians have said that they value medicare. They would like, when they are ill, to be treated equally regardless of where in this great country they live or what their pocketbook can afford. This is inherent in the concept of medicare.

Many provinces are already skirting with the five principles of medicare. When I practised medicine, for example, and I had patients come to my office from Quebec, I knew that I would not get paid for the service which I was supposed to under the portability requirements in medicare. I knew that patients would have to take money out of their pocket, pay me and be reimbursed later. However, they would never be reimbursed the money they paid. They would only get what the Quebec government chose to give them.

Supply

This is not acceptable to Canadians because that money does not come out of one province. The transfer from the federal government comes from every Canadian regardless of where they live. Canadians want that money to be spent in a manner that tells people that they understand that the money comes from every Canadian regardless of where they live and should be spent on health care.

There are some fundamental issues here. Inherent in fiscal federalism is this idea and sense that there is an entitlement by provinces to get money. The provinces have played fast and loose with this money. The concept of tax points came out of the provinces historically. I would like to go over it even though many members of the House do understand it.

The concept of tax points is where the federal government agreed not to raise taxes so that the provinces could raise the equivalent amount in taxes to fund their programs or their share of programs. That was the agreement. Today, the same provinces ignore those tax points. They love to say that they have cut taxes for people. This is not so. This is playing fast and loose. This is a shell game. This is what makes Canadians so cynical, this kind of game that we play with money and pretend that it does not happen. Those tax points are inherently a part of the federal contribution. When we say we only give 14¢, people are not counting the tax points.

The same provinces also accept equalization payments very happily. It is based on the fact that have provinces contributed money in order that have not provinces could be able to have a level playing field, so that they could produce medicare and valued social programs at the same level across the country because they did not have the wherewithal and thus required an equalization transfer. Those are things that the provinces never count. That is again hypocritical to say the least, and I am trying to use a kind word here.

• (1705)

When we play these games with money, we are playing games with taxpayers' money. This is not my money. The federal government does not take money out of a tree, it comes out of taxpayers' pockets. It is taxpayers in their own good will in British Columbia agreeing to transfer money to Quebec, and people in Quebec agreeing to transfer money to Ontario, and people in Ontario agreeing that their taxpayers dollars will be transferred to help New Brunswick. This is how it works. This is what fiscal federalism is about.

When Canadians agree to pay tax dollars they put a value on how they want that money spent and where they want to see that money go. Mr. Romanow did not produce Roy Romanow's report. Mr. Romanow spoke with the voice of Canadians. He echoed what he heard.

I am not Roy Romanow but I hear the same things wherever I go. People are saying they do not particularly care what the provinces and federal government want to do, they just want to ensure that medicare, which is important to them, is there when they are sick.

Supply

A wag once said that medicare was too important to leave to politicians. I would like to prove that wrong. I would like to prove that federal and provincial politicians can come together in a spirit of cooperation and an understanding of what Canadians need, and get together and deliver on medicare.

• (1710)

Mr. Rick Casson (Lethbridge, Canadian Alliance): Mr. Speaker, the member spent a lot of time giving her version of what tax points and transfer payments meant.

The Romanow report called for a huge increase in the amount of money to go into health care. Where is she suggesting that the money come from when we realize that there is only one taxpayer in this country? It does not matter at what level people are being taxed, it all comes out of the same pocket.

Where is she suggesting that these billions of dollars that have been recommended in the Romanow report come from?

Hon. Hedy Fry: Mr. Speaker, that is exactly what I said, that it is coming out of taxpayers' pockets. However what Canadians told Mr. Romanow is that they are prepared to put taxpayer dollars, that they are currently putting into the system, into medicare. They value it that highly. That money is coming from taxpayers.

Mr. Romanow suggested the federal government take a leadership role and put forward a definite 25% of cash into the system to ensure that this happens. He suggested exactly where it should go. He suggested the money be tied directly to specific health care programs. What is suggested in the motion is that we do not account to taxpayers for the money that is put into health care.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonnette, BQ): Mr. Speaker, I am a little surprised by the hon. member's comments. I will even tell her in all friendship that she went a bit far calling our motion ironic. Our motion is dictated by common sense and by the interests of Quebecers. This is what has always guided Bloc Quebecois members.

I know that the hon. member knows the health system well, since she was a doctor at St. Paul's, in Vancouver. We want to make it very clear that all Bloc Quebecois members believe in the need for accountability mechanisms. I repeated this all day long.

When questions are put to Minister Legault in the National Assembly, there is accountability. When performance reviews are conducted, there is accountability. When the budgets of regional boards are tabled at the Commission des affaires sociales, there is accountability.

I would ask the hon. member to recognize, and take steps to ensure that her party recognizes, that there are in Quebec specific strong and effective mechanisms for accountability. The inconsistency, however, would be that the federal government, the level of government least knowledgeable about the system, would be the one to whom the reports would have to be made. I say no to bureaucratization, and yes to transparency. That is what the Bloc Quebecois is calling for, and that is what all of the provinces are calling for. It seems to me that this is easy enough to understand.

[*English*]

Hon. Hedy Fry: Mr. Speaker, my hon. colleague from across the way is passionate about Quebecers. I am a British Columbian and I am also passionate about Quebecers. In fact I am passionate about all Canadians.

I would love for Quebecers to receive the best quality of health care regardless of where in Quebec they live and regardless of the size of their pocketbook. That is precisely what Canadians, who will be supporting with their tax dollars the transfers to the provinces that the federal government is being asked to put forth, are saying, that it must go to health. That is one condition, that it must go to health. The other condition is it must go to specific spending in health where there is need for specific spending right now. That is what accountability is all about.

• (1715)

The Deputy Speaker: It being 5:15 p.m., pursuant to order adopted on Wednesday, December 4, it is my duty to interrupt the business of the House and to put 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.

• (1745)

(The House divided on the amendment, which was negatived on the following division:)

(*Division No. 23*)

YEAS

Members

Abbott
Anders
Asselin
Bailey
Benoit
Borotsik
Breitkreuz
Burton
Casson
Crête
Dalphond-Guiral
Dubé
Elley
Fitzpatrick
Gauthier
Grewal
Guay

Ablonczy
Anderson (Cypress Hills—Grasslands)
Bachand (Saint-Jean)
Barnes (Gander—Grand Falls)
Bigras
Bourgeois
Brien
Cardin
Chatters
Cummins
Day
Duncan
Epp
Gallant
Goldring
Grey
Hanger

Harper
Hearn
Hill (Prince George—Peace River)
Hilstrom
Johnston
Kenney (Calgary Southeast)
Lalonde
Lunn (Saanich—Gulf Islands)
MacKay (Pictou—Antigonish—Guysborough)
Mayfield
Ménard
Mills (Red Deer)
Obhrai
Penson
Rajotte
Reynolds
Schmidt
Solberg
Spencer
Strahl
Tremblay
Yelich — 77

Harris
Herron
Hill (Macleod)
Hinton
Keddy (South Shore)
Laframboise
Loubier
Lunney (Nanaimo—Alberni)
Mark
McNally
Merrifield
Moore
Pallister
Picard (Drummond)
Reid (Lanark—Carleton)
Ritz
Skelton
Sorenson
Stinson
Toews
Vellacott

Phinney
Pillitteri
Price
Proulx
Redman
Regan
Rock
Savoy
Serré
Shepherd
Speller
St-Julien
Stewart
Szabo
Thibault (West Nova)
Tirabassi
Torsney
Volpe
Whelan
Wood — 153

Supply

Pickard (Chatham—Kent Essex)
Pratt
Proctor
Provenzano
Reed (Halton)
Robillard
Saada
Scherrer
Sgro
Simard
St-Jacques
St. Denis
Stoffer
Telegdi
Thibault (Saint-Lambert)
Tonks
Vanclief
Wappel
Wilfert

PAIRED

Members

Beaumier
Cotler
Dhaliwal
Efford
Girard-Bujold
Karygiannis
Manley
Neville
Perron
Plamondon
Roy
Scott
Ur

Bergeron
Desrochers
Duceppe
Gagnon (Québec)
Guimond
Longfield
Marceau
Paquette
Peterson
Rocheleau
Sauvageau
Steckle
Valeri — 26

NAYS

Members

Adams
Allard
Assad
Augustine
Bakopanos
Bélair
Bellemare
Bertrand
Binet
Bonin
Boudria
Brown
Bulte
Caccia
Caplan
Castonguay
Cauchon
Charbonneau
Coderre
Comuzzi
Cullen
Davies
Dhaliwal
Discepolo
Drouin
Easter
Farrar
Folco
Fry
Goodale
Grose
Harb
Harvey
Ianno
Jennings
Karetak-Lindell
Kilgour (Edmonton Southeast)
Kraft Sloan
Lastewka
Lee
Lill
Longfield
Macklin
Malhi
Marcil
Martin (LaSalle—Émard)
McCallum
McGuire
McLellan
Minna
Murphy
Nault
O'Brien (London—Fanshawe)
Owen
Pagtakhan
Patry
Peschisolido

Alcock
Anderson (Victoria)
Assadourian
Bagnell
Barnes (London West)
Bélangier
Bennett
Bevilacqua
Blondin-Andrew
Bonwick
Bradshaw
Bryden
Byrne
Calder
Carroll
Catterall
Chamberlain
Chrétien
Collenette
Copp
Cuzner
DeVillers
Dion
Dromisky
Duplain
Eggleton
Finlay
Fontana
Galloway
Graham
Guarnieri
Harvard
Hubbard
Jackson
Jordan
Keyes
Knutson
Laliberte
LeBlanc
Leung
Lincoln
MacAulay
Mahoney
Maloney
Marleau
Matthews
McCormick
McKay (Scarborough East)
McTeague
Mitchell
Myers
Normand
O'Reilly
Pacetti
Paradis
Péric
Pettigrew

The Speaker: I declare the amendment lost.

The next question is on the main motion. Is it the pleasure of the House to adopt the motion?

Ms. Marlene Catterall: Mr. Speaker, if you asked, I believe you would find that there is consent in the House that those who voted on the previous motion be recorded as voting on the motion now before the House with Liberal members voting no.

The Speaker: Is there unanimous consent to proceed in this fashion?

Some hon. members: Agreed.

Mr. Dale Johnston: Mr. Speaker, Canadian Alliance members will vote in opposition to this motion.

[*Translation*]

Mr. Pierre Brien: Mr. Speaker, members of the Bloc Québécois will be voting in favour of the motion.

[*English*]

Ms. Libby Davies: Mr. Speaker, members of the NDP will be voting no on this motion.

Mr. Rick Borotsik: Mr. Speaker, members of the Progressive Conservative Party will be voting yes on this motion.

(The House divided on the motion, which was negated on the following division:)

(*Division No. 24*)

YEAS

Members

Asselin
Barnes (Gander—Grand Falls)

Bachand (Saint-Jean)
Bigras

Supply

Borotsik
Brien
Crête
Dubé
Guay
Herron
Laframboise
Loubier
Mark
Picard (Drummond)

Bourgeois
Cardin
Dalphond-Guiral
Gauthier
Hearn
Keddy (South Shore)
Lalonde
MacKay (Pictou—Antigonish—Guysborough)
Ménard
Tremblay— 24

Nault
O'Brien (London—Fanshawe)
Obhrai
Pacetti
Pallister
Patri
Péric
Pettigrew
Pickard (Chatham—Kent Essex)
Pratt
Proctor
Provenzano
Redman
Regan
Reynolds
Robillard
Saada
Scherrer
Serré
Shepherd
Skelton
Sorenson
Spencer
St-Julien
Stewart
Stoffer
Szabo
Thibault (West Nova)
Tirabassi
Tonks
Vanclief
Volpe
Whelan
Wood

Normand
O'Reilly
Owen
Pagtakhan
Paradis
Penson
Peschisolido
Phinney
Pillitteri
Price
Proulx
Rajotte
Reed (Halton)
Reid (Lanark—Carleton)
Ritz
Rock
Savoy
Schmidt
Sgro
Simard
Solberg
Speller
St-Jacques
St. Denis
Stinson
Strahl
Telegdi
Thibeault (Saint-Lambert)
Toews
Torsney
Vellacott
Wappel
Wilfert
Yellich— 206

NAYS

Members

Abbott
Adams
Allard
Anderson (Cypress Hills—Grasslands)
Assad
Augustine
Bailey
Barnes (London West)
Bélangier
Bennett
Bertrand
Binet
Bonin
Boudria
Breitkreuz
Bryden
Burton
Caccia
Caplan
Casson
Catterall
Chamberlain
Chatters
Coderre
Comuzzi
Cullen
Cuzner
Day
Dhaliwal
Discepolo
Drouin
Duplain
Eggleton
Epp
Finlay
Folco
Fry
Galloway
Goodale
Grewal
Grose
Hanger
Harper
Harvard
Hill (Macleod)
Hilstrom
Hubbard
Jackson
Johnston
Karetak-Lindell
Keys
Knutson
Laliberte
LeBlanc
Leung
Lincoln
Lunn (Saanich—Gulf Islands)
MacAulay
Mahoney
Maloney
Marleau
Matthews
McCallum
McGuire
McLellan
McTeague
Mills (Red Deer)
Mitchell
Murphy

Ablonczy
Alcock
Anders
Anderson (Victoria)
Assadourian
Bagnell
Bakopanos
Bélair
Bellemare
Benoit
Bevilacqua
Blondin-Andrew
Bonwick
Bradshaw
Brown
Bulte
Byrne
Calder
Carroll
Castonguay
Cauchon
Charbonneau
Chrétien
Collenette
Coppes
Cummins
Davies
DeVillers
Dion
Dromisky
Duncan
Easter
Elley
Farrah
Fitzpatrick
Fontana
Gallant
Goldring
Graham
Grey
Guarnieri
Harb
Harris
Harvey
Hill (Prince George—Peace River)
Hinton
Ianno
Jennings
Jordan
Kenney (Calgary Southeast)
Kilgour (Edmonton Southeast)
Kraft Sloan
Lastewka
Lee
Lill
Longfield
Lunney (Nanaimo—Alberni)
Macklin
Malhi
Marcil
Martin (LaSalle—Émard)
Mayfield
McCormick
McKay (Scarborough East)
McNally
Merrifield
Minna
Moore
Myers

PAIRED

Members

Beaumier
Cotler
Dhaliwal
Efford
Girard-Bujold
Karygiannis
Manley
Neville
Perron
Plamondon
Roy
Scott
Ur

Bergeron
Desrochers
Duceppe
Gagnon (Québec)
Guimond
Longfield
Marceau
Paquette
Peterson
Rocheleau
Sauvageau
Steckle
Valeri— 26

The Speaker: I declare the motion lost.

SUPPLEMENTARY ESTIMATES (A), 2002-03

Concurrence in Vote 1a—Justice

Hon. Lucienne Robillard (President of the Treasury Board, Lib.) moved:

That Vote 1a, in the amount of \$62,621,757, under JUSTICE—Department—Operating expenditures, in the Supplementary Estimates (A) for the fiscal year ending March 31, 2003, be concurred in.

The Speaker: The question is on Motion No. 1 which reflects the amended amount for vote 1a. Is it the pleasure of the House to adopt the motion?

Ms. Marlene Catterall: Mr. Speaker, I believe if you asked, you would find consent in the House that those who voted on the previous motion be recorded as voting on Motion Nos. 1, 2, 3 and the concurrence motion with Liberal members voting yes.

• (1750)

The Speaker: Is it agreed to proceed in this fashion?

Some hon. members: Agreed.

Mr. Dale Johnston: Mr. Speaker, Canadian Alliance members will vote nay.

[*Translation*]

Mr. Pierre Brien: Mr. Speaker, members of the Bloc Québécois will be voting against these motions.

[*English*]

Ms. Libby Davies: Mr. Speaker, members of the NDP will be voting no on these motions.

Mr. Rick Borotsik: Mr. Speaker, members of the Progressive Conservative Party will be voting no on all the motions.

(The House divided on Motion No. 1, which was agreed to on the following division:)

(*Division No. 25*)

YEAS

Members

Adams	Alcock
Allard	Anderson (Victoria)
Assad	Assadourian
Augustine	Bagnell
Bakopanos	Barnes (London West)
Bélair	Bélangier
Bellemare	Bennett
Bertrand	Bevilacqua
Binet	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Bulte	Byrne
Caccia	Calder
Caplan	Carroll
Castonguay	Catterall
Cauchon	Chamberlain
Charbonneau	Chrétien
Coderre	Collenette
Comuzzi	Copps
Cullen	Cuzner
DeVillers	Dhaliwal
Dion	Discepolo
Dromisky	Drouin
Duplain	Easter
Eggleton	Farrar
Finlay	Folco
Fontana	Fry
Galloway	Goodale
Graham	Grose
Guarnieri	Harb
Harvard	Harvey
Hubbard	Ianno
Jackson	Jennings
Jordan	Karetak-Lindell
Keys	Kilgour (Edmonton Southeast)
Knutson	Kraft Sloan
Laliberte	Lastewka
LeBlanc	Lee
Leung	Lincoln
Longfield	MacAulay
Macklin	Mahoney
Malhi	Maloney
Marcil	Marleau
Martin (LaSalle—Émard)	Matthews
McCallum	McCormick
McGuire	McKay (Scarborough East)
McLellan	McTeague
Minna	Mitchell
Murphy	Myers
Nault	Normand
O'Brien (London—Fanshawe)	O'Reilly
Owen	Pacetti
Pagtakhan	Paradis
Patry	Péric
Peschisolido	Pettigrew
Phinney	Pickard (Chatham—Kent Essex)

Pillitteri
Price
Provenzano
Reed (Halton)
Robillard
Saada
Scherrer
Sgro
Simard
St-Jacques
St. Denis
Szabo
Thibault (West Nova)
Tirabassi
Torsney
Volpe
Whelan
Wood— 149

Supply

Pratt
Proulx
Redman
Regan
Rock
Savoy
Serré
Shepherd
Speller
St-Julien
Stewart
Telegdi
Thibeault (Saint-Lambert)
Tonks
Vancief
Wappel
Wilfert

NAYS

Members

Abbott	Ablonczy
Anders	Anderson (Cypress Hills—Grasslands)
Asselin	Bachand (Saint-Jean)
Bailey	Barnes (Gander—Grand Falls)
Benoit	Bigras
Borotsik	Bourgeois
Breitkreuz	Brien
Burton	Cardin
Casson	Chatters
Crête	Cummins
Dalphond-Guiral	Davies
Day	Dubé
Duncan	Elley
Epp	Fitzpatrick
Gallant	Gauthier
Goldring	Grewal
Grey	Guay
Hanger	Harper
Harris	Heam
Herron	Hill (Macleod)
Hill (Prince George—Peace River)	Hilstrom
Hinton	Johnston
Keddy (South Shore)	Kenney (Calgary Southeast)
Laframboise	Lalonde
Lill	Loubier
Lunn (Saanich—Gulf Islands)	Lunny (Nanaimo—Alberni)
MacKay (Pictou—Antigonish—Guysborough)	Mark
Mayfield	McNally
Ménard	Merrifield
Mills (Red Deer)	Moore
Obhrai	Pallister
Penson	Picard (Drummond)
Proctor	Rajotte
Reid (Lanark—Carleton)	Reynolds
Ritz	Schmidt
Skelton	Solberg
Sorenson	Spencer
Stinson	Stoffer
Strahl	Toews
Tremblay	Vellacott
Yelich— 81	

PAIRED

Members

Beaumier	Bergeron
Cotler	Desrochers
Dhaliwal	Duceppe
Efford	Gagnon (Québec)
Girard-Bujold	Guimond
Karygiannis	Longfield
Manley	Marceau
Neville	Paquette
Perron	Peterson
Plamondon	Rocheleau
Roy	Sauvageau
Scott	Steckle
Ur	Valeri— 26

Supply

CONCURRENCE IN VOTE 5A—JUSTICE

Hon. Lucienne Robillard (President of the Treasury Board, Lib.) moved:

Motion No. 2

That Vote 5a, in the amount of \$44,411,117, under JUSTICE—Department—Grants and contributions, in the Supplementary Estimates (A) for the fiscal year ending March 31, 2003, be concurred in.

(The House divided on Motion No. 2, which was agreed to on the following division:)

(Division No. 26)

YEAS

Members

Adams	Alcock
Allard	Anderson (Victoria)
Assad	Assadourian
Augustine	Bagnell
Bakopanos	Barnes (London West)
Bélair	Bélangier
Bellemare	Bennett
Bertrand	Bevilacqua
Binet	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Bulte	Byrne
Caccia	Calder
Caplan	Carroll
Castonguay	Catterall
Cauchon	Chamberlain
Charbonneau	Chrétien
Coderre	Collenette
Comuzzi	Copps
Cullen	Cuzner
DeVillers	Dhaliwal
Dion	Discepolo
Dromisky	Drouin
Duplain	Easter
Eggleton	Farrar
Finlay	Folco
Fontana	Fry
Galloway	Goodale
Graham	Grose
Guarnieri	Harb
Harvard	Harvey
Hubbard	Ianno
Jackson	Jennings
Jordan	Karetak-Lindell
Keyes	Kilgour (Edmonton Southeast)
Knutson	Kraft Sloan
Laliberte	Lastewka
LeBlanc	Lee
Leung	Lincoln
Longfield	MacAulay
Macklin	Mahoney
Malhi	Maloney
Marcil	Marleau
Martin (LaSalle—Énard)	Matthews
McCallum	McCormick
McGuire	McKay (Scarborough East)
McLellan	McTeague
Minna	Mitchell
Murphy	Myers
Nault	Normand
O'Brien (London—Fanshawe)	O'Reilly
Owen	Pacetti
Pagtakhan	Paradis
Patry	Péric
Peschisolido	Pettigrew
Phinney	Pickard (Chatham—Kent Essex)
Pillitteri	Pratt
Price	Proulx
Provenzano	Redman
Reed (Halton)	Regan

Robillard
Saada
Scherrer
Sgro
Simard
St-Jacques
St. Denis
Szabo
Thibault (West Nova)
Tirabassi
Torsney
Volpe
Whelan
Wood— 149

Rock
Savoy
Serré
Shepherd
Speller
St-Julien
Stewart
Telegdi
Thibeault (Saint-Lambert)
Tonks
Vanclief
Wappel
Wilfert

NAYS

Members

Abbott	Ablonczy
Anders	Anderson (Cypress Hills—Grasslands)
Asselin	Bachand (Saint-Jean)
Basile	Barnes (Gander—Grand Falls)
Benoit	Bigras
Borotsik	Bourgeois
Breitkreuz	Brien
Burton	Cardin
Casson	Chatters
Crête	Cummins
Dalphond-Guiral	Davies
Day	Dubé
Duncan	Elley
Epp	Fitzpatrick
Gallant	Gauthier
Goldring	Grewal
Grey	Guay
Hanger	Harper
Harris	Hearn
Herron	Hill (MacLeod)
Hill (Prince George—Peace River)	Hilstrom
Hinton	Johnston
Keddy (South Shore)	Kenney (Calgary Southeast)
Laframboise	Lalonde
Lill	Loubier
Lunn (Saanich—Gulf Islands)	Lunney (Nanaimo—Alberni)
MacKay (Pictou—Antigonish—Guysborough)	Mark
Mayfield	McNally
Ménard	Merrifield
Mills (Red Deer)	Moore
Obhrai	Pallister
Penson	Picard (Drummond)
Proctor	Rajotte
Reid (Lanark—Carleton)	Reynolds
Ritz	Schmidt
Skelton	Solberg
Sorenson	Spencer
Stinson	Stoffer
Strahl	Toews
Tremblay	Vellacott
Yelich— 81	

PAIRED

Members

Beaumier	Bergeron
Cotler	Desrochers
Dhaliwal	Duceppe
Efford	Gagnon (Québec)
Girard-Bujold	Guimond
Karygiannis	Longfield
Manley	Marceau
Neville	Paquette
Perron	Peterson
Plamondon	Rochelleau
Roy	Sauvageau
Scott	Steckle
Ur	Valeri— 26

CONCURRENCE IN VOTE 10A—FOREIGN AFFAIRS AND INTERNATIONAL TRADE

Hon. Lucienne Robillard (President of the Treasury Board, Lib.) moved:

Motion No. 3

That Vote 10a, in the amount of \$25,691,000, under FOREIGN AFFAIRS AND INTERNATIONAL TRADE—Department—Grants and contributions, in the Supplementary Estimates (A) for the fiscal year ending March 31, 2003, be concurred in.

(The House divided on Motion No. 3, which was agreed to on the following division:)

(Division No. 27)

YEAS

Members

Adams	Alcock
Allard	Anderson (Victoria)
Assad	Assadourian
Augustine	Bagnell
Bakopanos	Barnes (London West)
Bélair	Bélangier
Bellemare	Bennett
Bertrand	Bevilacqua
Binet	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Bulte	Byrne
Caccia	Calder
Caplan	Carroll
Castonguay	Catterall
Cauchon	Chamberlain
Charbonneau	Chrétien
Coderre	Collenette
Comuzzi	Copps
Cullen	Cuzner
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duplain	Easter
Eggleton	Farrah
Finlay	Folco
Fontana	Fry
Gallaway	Goodale
Graham	Grose
Guarnieri	Harb
Harvard	Harvey
Hubbard	Ianno
Jackson	Jennings
Jordan	Karetak-Lindell
Keys	Kilgour (Edmonton Southeast)
Knutson	Kraft Sloan
Laliberte	Lastewka
LeBlanc	Lee
Leung	Lincoln
Longfield	MacAulay
Macklin	Mahoney
Malhi	Maloney
Marcil	Marleau
Martin (LaSalle—Émard)	Matthews
McCallum	McCormick
McGuire	McKay (Scarborough East)
McLellan	McTeague
Minna	Mitchell
Murphy	Myers
Nault	Normand
O'Brien (London—Fanshawe)	O'Reilly
Owen	Pacetti
Pagtakhan	Paradis
Patry	Péric
Peschisolido	Pettigrew
Phinney	Pickard (Chatham—Kent Essex)
Pillitteri	Pratt
Price	Proulx

Provenzano
Reed (Halton)
Robillard
Saada
Scherrer
Sgro
Simard
St-Jacques
St. Denis
Szabo
Thibault (West Nova)
Tirabassi
Torsney
Volpe
Whelan
Wood— 149

Supply

Redman
Regan
Rock
Savoy
Serré
Shepherd
Speller
St-Julien
Stewart
Telegdi
Thibeault (Saint-Lambert)
Tonks
Vanclief
Wappel
Wilfert

NAYS

Members

Abbott	Ablonczy
Anders	Anderson (Cypress Hills—Grasslands)
Asselin	Bachand (Saint-Jean)
Bailey	Barnes (Gander—Grand Falls)
Benoit	Bigras
Borotsik	Bourgeois
Breitreuz	Brien
Burton	Cardin
Casson	Chatters
Crête	Cummins
Dalphond-Guiral	Davies
Day	Dubé
Duncan	Elley
Epp	Fitzpatrick
Gallant	Gauthier
Goldring	Grewal
Grey	Guay
Hanger	Harper
Harris	Heam
Herron	Hill (Macleod)
Hill (Prince George—Peace River)	Hilstrom
Hinton	Johnston
Keddy (South Shore)	Kenney (Calgary Southeast)
Laframboise	Lalonde
Lill	Loubier
Lunn (Saarnich—Gulf Islands)	Lunney (Nanaimo—Alberni)
MacKay (Pictou—Antigonish—Guysborough)	Mark
Mayfield	McNally
Ménard	Merrifield
Mills (Red Deer)	Moore
Obhrai	Pallister
Penson	Picard (Drummond)
Proctor	Rajotte
Reid (Lanark—Carleton)	Reynolds
Ritz	Schmidt
Skelton	Solberg
Sorenson	Spencer
Stinson	Stoffer
Strahl	Toews
Tremblay	Vellacott
Yelich— 81	

PAIRED

Members

Beaumier	Bergeron
Cotler	Desrochers
Dhaliwal	Duceppe
Efford	Gagnon (Québec)
Girard-Bujold	Guimond
Karygiannis	Longfield
Manley	Marceau
Neville	Paquette
Perron	Peterson
Plamondon	Rocheleau
Roy	Sauvageau
Scott	Steckle
Ur	Valeri— 26

Hon. Lucienne Robillard (President of the Treasury Board, Lib.) moved:

Supply

That the Supplementary Estimates (A) for the fiscal year ending March 31, 2003, except any vote disposed of earlier today, be concurred in.

(The House divided on the motion, which was agreed to on the following division:)

*(Division No. 28)***YEAS**

Members

Adams	Alcock
Allard	Anderson (Victoria)
Assad	Assadourian
Augustine	Bagnell
Bakopanos	Barnes (London West)
Bélaïr	Bélangier
Bellemare	Bennett
Bertrand	Bevilacqua
Binet	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Bulte	Byrne
Caccia	Calder
Caplan	Carroll
Castonguay	Catterall
Cauchon	Chamberlain
Charbonneau	Chrétien
Coderre	Collenette
Comuzzi	Copps
Cullen	Cuzner
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duplain	Easter
Eggleton	Farrar
Finlay	Folco
Fontana	Fry
Galloway	Goodale
Graham	Grose
Guarnieri	Harb
Harvard	Harvey
Hubbard	Ianno
Jackson	Jennings
Jordan	Karetak-Lindell
Keyes	Kilgour (Edmonton Southeast)
Knutson	Kraft Sloan
Laliberte	Lastewka
LeBlanc	Lee
Leung	Lincoln
Longfield	MacAulay
Macklin	Mahoney
Malhi	Maloney
Marcil	Marleau
Martin (LaSalle—Émard)	Matthews
McCallum	McCormick
McGuire	McKay (Scarborough East)
McLellan	McTeague
Minna	Mitchell
Murphy	Myers
Nault	Normand
O'Brien (London—Fanshawe)	O'Reilly
Owen	Pacetti
Pagtakhan	Paradis
Patry	Péric
Peschisolido	Pettigrew
Phinney	Pickard (Chatham—Kent Essex)
Pillitteri	Pratt
Price	Proulx
Provenzano	Redman
Reed (Halton)	Regan
Robillard	Rock
Saada	Savoy
Scherrer	Serré
Sgro	Shepherd
Simard	Speller
St-Jacques	St-Julien
St. Denis	Stewart
Szabo	Telegdi
Thibault (West Nova)	Thibeault (Saint-Lambert)

Tirabassi
Torsney
Volpe
Whelan
Wood— 149

Tonks
Vanclief
Wappel
Wilfert

NAYS

Members

Abbott	Ablonczy
Anders	Anderson (Cypress Hills—Grasslands)
Asselin	Bachand (Saint-Jean)
Bailey	Barnes (Gander—Grand Falls)
Benoit	Bigras
Borotsik	Bourgeois
Breitkreuz	Brien
Burton	Cardin
Casson	Chatters
Crête	Cummins
Dalphond-Guiral	Davies
Day	Dubé
Duncan	Elley
Epp	Fitzpatrick
Gallant	Gauthier
Goldring	Grewal
Grey	Guay
Hanger	Harper
Harris	Hearn
Herron	Hill (MacLeod)
Hill (Prince George—Peace River)	Hilstrom
Hinton	Johnston
Keddy (South Shore)	Kenney (Calgary Southeast)
Laframboise	Lalonde
Lill	Loubier
Lunn (Saanich—Gulf Islands)	Lunney (Nanaimo—Alberni)
MacKay (Pictou—Antigonish—Guysborough)	Mark
Mayfield	McNally
Ménard	Merrifield
Mills (Red Deer)	Moore
Obhrai	Pallister
Penson	Picard (Drummond)
Proctor	Rajotte
Reid (Lanark—Carleton)	Reynolds
Ritz	Schmidt
Skelton	Solberg
Sorenson	Spencer
Stinson	Stoffer
Strahl	Toews
Tremblay	Vellacott
Yelich— 81	

PAIRED

Members

Beaumier	Bergeron
Cotler	Desrochers
Dhaliwal	Duceppe
Efford	Gagnon (Québec)
Girard-Bujold	Guimond
Karygiannis	Longfield
Manley	Marceau
Neville	Paquette
Perron	Peterson
Plamondon	Rocheleau
Roy	Sauvageau
Scott	Steckle
Ur	Valeri— 26

The Speaker: I declare Motions No. 1, 2, and 3 carried and the motion for concurrence carried.

Hon. Lucienne Robillard moved that Bill C-21, an act for granting to Her Majesty certain sums of money for the public service of Canada for the financial year ending March 31, 2003, be read the first time.

(Motion deemed adopted and bill read the first time)
Hon. Lucienne Robillard moved: that the bill be read the second time and referred to committee of the whole.

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

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.

(Motion agreed to, Bill read the second time and the House went into committee thereon, Mr. Kilger in the chair)

The Chairman: Order, please. House in committee of the whole on Bill C-21.

(On clause 2)

Mr. Charlie Penson (Peace River, Canadian Alliance): Mr. Chairman, to the President of the Treasury Board I would ask if the bill is in its usual form.

[*Translation*]

Hon. Lucienne Robillard (President of the Treasury Board, Lib.): Mr. Chairman, the form of this bill is essentially the same as that passed in previous years.

[*English*]

The Chairman: Shall clause 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 2 agreed to)

The Chairman: Shall clause 3 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 3 agreed to)

The Chairman: Shall clause 4 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 4 agreed to)

The Chairman: Shall clause 5 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 5 agreed to)

The Chairman: Shall clause 6 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 6 agreed to)

The Chairman: Shall clause 7 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 7 agreed to)

Supply

The Chairman: Shall schedule 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Schedule 1 agreed to)

The Chairman: Shall schedule 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Schedule 2 agreed to)

The Chairman: Shall clause 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 1 agreed to)

The Chairman: Shall the preamble carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Preamble agreed to)

The Chairman: Shall the title carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Title agreed to)

(Bill reported)

Hon. Lucienne Robillard moved that the bill be concurred in.

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

Some hon. members: Agreed.

Some hon. members: On division.

(Motion agreed to)

● (1755)

The Speaker: When shall the bill be read the third time? By leave, now?

Some hon. members: Agreed.

Hon. Lucienne Robillard moved that the bill be read the third time and passed.

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

Some hon. members: Agreed.

Some hon. members: No.

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

Some hon. members: Yea.

The Speaker: All those opposed will please say nay.

Some hon. members: Nay.

Supply

The Speaker: In my opinion the yeas have it.

Some hon. members: Agreed.

Some hon. members: On division.

The Speaker: I declare the motion carried.
(Bill read the third time and passed)

The Speaker: The House stands adjourned until tomorrow at 10 a.m. pursuant to Standing Order 24(1).

The Speaker: Shall I see the clock as 6:30 p.m.?

(The House adjourned at 6:30 p.m.)

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