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OFFICIAL REPORT
(HANSARD)

Tuesday, May 5, 1998

Speaker: The Honourable Gilbert Parent

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HOUSE OF COMMONS

Tuesday, May 5, 1998

The House met at 10 a.m.

Prayers

ROUTINE PROCEEDINGS

• (1005)

[*Translation*]

ENSURING ACCESS: ASSISTANCE FOR POST-SECONDARY STUDENTS

Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.): Mr. Speaker, pursuant to Standing Order 108, I have the honour to table, in both official languages, two copies of the government's response to recommendations made in the first report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, entitled *Ensuring Access: Assistance for Post-Secondary Students*.

* * *

GOVERNMENT RESPONSE TO PETITIONS

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

* * *

[*English*]

LIBRARY OF PARLIAMENT

Mr. Gurbax Singh Malhi (Bramalea—Gore—Malton, Lib.): Mr. Speaker, I have the honour to present, in both official languages, the second report of the standing joint committee on the Library of Parliament.

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EXTRADITION ACT

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.) moved for leave to introduce Bill C-40,

an act respecting extradition, to amend the Canada Evidence Act, the Criminal Code, the Immigration Act and the Mutual Legal Assistance in Criminal Matters Act, and to amend and repeal other acts in consequence.

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

* * *

PETITIONS

TAXATION

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, I am pleased to present a petition on behalf of a number of Canadians, including from my riding of Mississauga South.

The petitioners draw to the attention of the House that managing the family home and caring for preschool children is a honourable profession which has not been recognized for its value to our society.

The petitioners also concur with the national forum on health which stated that the Income Tax Act discriminates against families that choose to provide direct parental care in the home for their preschool children.

The petitioners therefore pray and call on parliament to pursue initiatives to eliminate tax discrimination against those families that choose to provide care in the home for their preschool children.

MULTILATERAL AGREEMENT ON INVESTMENT

Mr. Philip Mayfield (Cariboo—Chilcotin, Ref.): Mr. Speaker, I have two petitions. The first is signed by 75 residents of the city of Quesnel, British Columbia in the constituency of Cariboo—Chilcotin. They request that parliament impose a moratorium on ratification of the MAI until full public hearings on the proposed treaty are held across the country so that all Canadians can have an opportunity to express their opinion about it.

HEALTH

Mr. Philip Mayfield (Cariboo—Chilcotin, Ref.): Mr. Speaker, the second petition is signed by 75 residents of the city of Quesnel in the constituency of Cariboo—Chilcotin who request that parliament deny the right of any board of group to remove or confiscate natural herbal supplements until public hearings are held across the country.

Routine Proceedings

● (1010)

TAXATION

MULTILATERAL AGREEMENT ON INVESTMENT

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, despite the fact that the MAI talks have been suspended, and we hope for good, petitions continue to roll in from across the country from thousands of Canadians who are concerned about the MAI and the fact that the government still has not given up the idea of a multilateral agreement on investment similar to that which it was seeking at the OECD.

Therefore I have petitions from various provinces calling on parliament to reject the current framework of MAI negotiations and instructing the government to seek an entirely different agreement by which the world might achieve a rules based, global trading regime that protects workers, the environment and the ability of governments to act in the public interest.

The opportunity is now for the government to do this. Given that the talks have broken down, we hope the government will finally listen to the many thousands of petitioners who have been asking it to do this.

HEPATITIS C

Mr. Jim Hart (Okanagan—Coquihalla, Ref.): Mr. Speaker, I rise today pursuant to Standing Order 36 to present a petition from 525 residents of the province of British Columbia who are concerned about the hepatitis C debate that is ongoing in Canada.

These petitioners draw the attention of the House to the following. Whereas the majority of Canadians are in favour of fair compensation for all victims of tainted blood; whereas research indicates that the validity of the surrogate testing was available in 1981 as opposed to the 1986 year stated by the hon. health minister; whereas the number of infected individuals appears to have been dramatically overstated by the Minister of Health; therefore the petitioners pray and request that parliament revisit the issue of hepatitis C compensation to reflect the concerns of the citizens of Canada, to offer a fair, compassionate and humane compensation package to all who received infected blood.

Mr. Grant Hill (Macleod, Ref.): Mr. Speaker, I also have a petition which sounds like it came from the same group of individuals. Many of these petitioners are from British Columbia and they are also calling on the federal government to change its stand on hepatitis C.

These petitions are coming in vast numbers and will not stop. As the victims have said, they will not go away until the federal government changes its mind. There have been some chinks in the armour and these petitions will carry on until that takes place.

Mr. Svend J. Robinson (Burnaby—Douglas, NDP): Mr. Speaker, I have the honour to present three petitions this morning. The first petition is signed by residents of Burnaby—Douglas and other British Columbians.

It points out that the Canadian Constitution Act, 1982 guarantees freedom of conscience and religion and it urges parliament to establish peace tax legislation by passing a conscientious objection act which recognizes the right of conscientious objectors to ensure that their commitment to apply a portion of their taxes that was to be used for military purposes to instead go toward peaceful purposes such as peace education, war relief and humanitarian and environmental aid, housing and so on.

MULTILATERAL AGREEMENT ON INVESTMENT

Mr. Svend J. Robinson (Burnaby—Douglas, NDP): Mr. Speaker, the second petition is similar to that tabled by my colleague from Winnipeg—Transcona.

It calls on parliament to reject the current framework of MAI negotiations and instructs the government to seek an entirely different agreement by which the world might achieve a rules based, global trading regime that protects workers, the environment and the ability of governments to act in the public interest.

NUCLEAR WEAPONS

Mr. Svend J. Robinson (Burnaby—Douglas, NDP): The final petition, Mr. Speaker, notes that there continue to exist over 30,000 nuclear weapons on the earth and that the continuing existence of nuclear weapons poses a threat to the health and survival of human civilization in the global environment.

Therefore the petitioners urge parliament to support the immediate initiation and conclusion by the year 2000 of an international convention which will set out a binding timetable for the abolition of all nuclear weapons.

The Deputy Speaker: Perhaps I might be permitted to express the pleasure of the House at seeing the hon. member back on his feet.

MULTILATERAL AGREEMENT ON INVESTMENT

Mr. John Solomon (Regina—Lumsden—Lake Centre, NDP): Mr. Speaker, pursuant to Standing Order 36, I am pleased to present a petition on behalf of Canadians who live in Hamilton, Burlington and Toronto, Ontario and a number of other places in Ontario.

The petitioners are unhappy with the MAI negotiations, in particular with Don Johnston, the head of OECD and who is pushing this agreement on Canadians. The petitioners feel this is the wrong approach and are calling on parliament to reject the current framework of MAI negotiations. They are calling on the government to seek an entirely different agreement by which the

world might achieve a rules based, global trading regime that protects workers, the environment and the ability of governments to act in the public interest.

* * *

• (1015)

QUESTIONS PASSED AS ORDERS FOR RETURNS

Mr. Peter Adams (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, if Question No. 71 could be made an order for return, the return would be tabled immediately.

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

[Text]

Question No. 71—**Mr. John Reynolds:**

With respect to the report of the Legislative Review Advisory Group, Department of Citizenship and Immigration, released January 6, 1998, could the Minister please provide: (a) the names of all individuals, groups, associations, inside and outside of government, that were consulted in the preparation of this report; and (b) the names of the individuals, groups and associations, and their addresses, that comprised the 500 written submissions received.

(Return tabled)

[English]

Mr. Peter Adams: Mr. Speaker, I ask that the remaining questions be allowed to stand.

Mr. Mark Muisse (West Nova, PC): Mr. Speaker, I ask the government when it will call Question No. 21 which we tabled on October 22, 1997.

The parliamentary secretary tells us the government is continuing to make inquiries, but it has not yet given us an answer.

Mr. Peter Adams: Mr. Speaker, I will look seriously into the whereabouts of the response to Question No. 21.

Mr. John Cummins (Delta—South Richmond, Ref.): Mr. Speaker, on October 28, 1997 I asked Question No. 33. There seems to be a reluctance to answer the question. The question has to do with the Oak Bay Marine Group and the Sport Fishing Institute, two organizations very near and dear to the fisheries minister's heart. I was told on April 29 that the response was with the House leader's office. I was informed he had it on March 26 and on April 16 as well.

I wonder if the parliamentary secretary could look in his desk to find that response this morning.

Mr. Peter Adams: Mr. Speaker, I regret to say that I do not have the response in my desk, but again I will look into it.

Mr. Speaker, you will have noted that in the last several days we have in fact replied to a considerable number of questions.

Supply

Mr. John Cummins: Mr. Speaker, on December 2, 1997 I asked Question No. 56, which at one point I was told was with the House leader's office.

The parliamentary secretary pointed out at one point, quite inaccurately, that roughly 800 questions had been received to that point, which was a great exaggeration. He said that he had answered half of them. If he had I guess I would be finished.

On many occasions he has told me that I could expect an answer in a timely fashion. The parliamentary secretary is beginning to remind me of Bill Clinton. Clinton said that Monica Lewinski was going to—

The Deputy Speaker: That is a point of order and I think the hon. member is straying far off the point. I think the parliamentary secretary has got the point. He has indicated already that he is working on answers to the hon. member's questions and I am sure he will continue to do so.

Does the hon. parliamentary secretary wish to address this question also?

Mr. Peter Adams: Mr. Speaker, again I have noted Question No. 56 and I will make a point of consulting with the member to hear the end of the story.

The Deputy Speaker: Yes, I think that is appropriate.

Is it agreed that all remaining questions stand?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[English]

SUPPLY

ALLOTTED DAY—HEPATITIS C

Mr. Dick Proctor (Palliser, NDP) moved:

That this House urge the government to press for the invitation of representatives of the Hepatitis C Society of Canada to the upcoming meeting of federal, provincial and territorial Health Ministers in order to provide advice on how to address the financial needs of all those who contracted Hepatitis C from the federally-regulated blood system.

He said: Mr. Speaker, it is an unexpected and an unanticipated honour for me to be the lead speaker in this important debate, but an honour nonetheless. I will be sharing my time with our leader, the member for Halifax.

We in this Chamber have been at this issue now for more than a month, 39 days to be precise, and all of us on this side of the House have been trying to ensure that social justice be provided to all hepatitis C victims on this sad and tragic issue.

Supply

A week ago today we voted on a motion that would have extended some measure of justice, dignity and compassion to all who contracted hepatitis C regardless of the date they became infected.

• (1020)

The government refused and in the ensuing vote the government position was upheld narrowly. The federal, provincial and territorial ministers of health stood shoulder to shoulder behind the agreement they had made in Toronto. The agreement was that governments would compensate only some of those infected with hepatitis C through tainted blood.

The Prime Minister insisted that last week's motion to extend compassion to those on the outside looking in on the agreement be treated as a motion of confidence in the government. It worked to some extent. The government won that confidence vote by 155 to 140. It won the confidence vote in the House of Commons, but in the process it lost the confidence of the nation.

The federal Minister of Health said that the file on compensation was closed, but this file would not stay closed because this deal would not and could not survive public scrutiny. It would not stay closed because it is a deal that draws a line in the sand and says that if a person became infected with hepatitis C after January 1, 1986 they will receive compensation, but if they were infected before December 31, 1985, the governments are sorry but they are unable to extend benefits.

We have listened day after day to the Minister of Health as he has tried to justify this sordid deal. When he talked about the class action suit Canadians contrasted those words with the classless inaction they were witnessing from this government.

The most moving moment in my short tenure as a member of parliament occurred after the vote last week when victims of hepatitis C and their family members stood in the visitors' gallery to applaud opposition members for their support even though that support fell slightly short.

What governments have been trying to do for the past 39 days against tens of thousands of Canadians is not the Canadian way. When calamity or disaster strikes it is not the Canadian way to draw a line in the sand. When the flood in Quebec's Saguenay region occurred two years ago relief went out to all, not only to some who were affected. It was the same last year with the Red River flood in Manitoba. When the ice storm struck eastern Ontario and Quebec this past January provisions were made in the emergency relief program to ensure that small farmers working off the farm were also protected. That is the Canadian way.

Why did our health minister think he could get away with something so thoroughly un-Canadian as this hepatitis C deal? I

believe part of the answer lies in the current lack of resources extended to our provincial and territorial governments for the provision of health care by the federal government.

Five years after medicare was introduced at the national level, a gift from the Government of Saskatchewan introduced by Tommy Douglas and Woodrow Lloyd, the Pearson government made it attractive and saleable to the other provinces by providing 50:50 funding, 50-cent dollars. The federal government would match every 50 cents put up by the provincial and territorial governments. Today those 50-cent dollars have been whittled down to less than 13 cents.

I believe Saskatchewan is the only province that has backfilled every penny of health care money which the federal government has taken out in recent years. It has not been easy for Saskatchewan to continue with the important health funding that is necessary in an era of transition. Thanks to this government pharmaceutical costs have been going through the roof. The Saskatchewan government and other governments have been managing as best they can.

Tommy Douglas is recognized as the father of medicare in Canada. As I said a minute ago, medicare was Saskatchewan's gift to Canada. Tommy had a great way with people and with words, as those who had the privilege to know him will attest. One of his phrases goes like this: "When someone tells you that it's not the money, it's the principle, you can be almost certain it's the money". That is what we have been witnessing in the House over the past 39 days. This has not been about principle, it has been about getting away with it as cheaply as possible and not doing the right thing, not doing the Canadian thing.

• (1025)

The original deal pleased no one because the victims were not present to make their case or to counter misinformation at the negotiating table. No one knows the hepatitis C issue better than those who live with the disease. They must be at the table for the next round, as this motion indicates.

Canadians expect us to act in the best interests of the victims of this blood tragedy. Let the victims now have their say on how to address their financial needs.

We do not often have a second chance either in life or in this House. In this Chamber we tend to deal with a topic and move on. However, this is one time that Canadians, by their words and actions, have forced all governments to revisit an important issue.

We should celebrate this opportunity to do the right thing, finally, for all the victims of hepatitis C. Let us celebrate the fact that we have been given a second chance to make amends and offer compensation fully and fairly. That is the Canadian way.

We have been given a second chance to do the right thing. This file is open once again. Let us not blow it this time. We call on all members of the House of every political stripe to support this motion.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, today the New Democratic Party brings this motion before the House in a spirit of working with the health minister and his government and with their provincial and territorial counterparts to ensure the successful negotiation of a compensation package to meet the financial and health needs of all victims of hepatitis C.

A week ago today will be remembered as a low point in the history of this parliament, perhaps a low point in Canadian history. It will be remembered as the day when 155 members on the government benches, for all the wrong reasons, stood together to oppose a public policy measure that Canadians knew in their hearts as well as in their heads was the fair and proper thing to do, namely, to compensate all victims of hepatitis C.

It is clear that victims of hepatitis C had no control over the conditions that resulted in their infection, but it is also clear that the Government of Canada had regulatory control and responsibility. That responsibility remains to all victims of hepatitis C.

When last Tuesday's vote was over the federal health minister declared that the file was closed, that the matter was over and that there was nothing more to be said. However it was absolutely clear to us, to the members of the New Democratic Party caucus, indeed to all members on the opposition benches, that this file could not be closed until justice was done.

If it was not already clear to members on the government benches, it certainly was clear after they visited their ridings over the weekend and heard from ordinary Canadians the sense of outrage they felt about the violation of the very promise, the very essence of Canada's health care system, namely, dividing the victims into the deserving and the non-deserving, dividing the victims into categories of have and have not, and shutting out of our health care system those who had no ability to control the conditions that resulted in their being infected with hepatitis C. It is a health condition with which many will live for the rest of their lives and to which many will lose their lives in the months and years ahead. The fact of the matter is that it goes to the very essence of being a Canadian to ensure that people get the health care attention they need when they need it, and that means recognizing that we share a community and societal responsibility for that.

• (1030)

Today it is clear that the federal minister and the provincial and territorial ministers will meet again. We want to plead today with the health minister and his colleagues to ensure that the victims of hepatitis C have representation at the table.

Supply

They are the ones that understand the devastating effects of hepatitis C. They are the ones that understand what a toll it is taking not only on their lives but on their families. They are the ones who need to be given voice and an opportunity to ensure this is not just another round of false hope but in fact becomes an opportunity to ensure that justice is done.

Some may dwell in the days ahead on why some members of the House did the wrong thing when the opportunity was presented to them a week ago. Others may dwell on the question of what motives account for various governments changing their minds.

Let me say I think that all 301 members of the House have a responsibility, as my colleague from Saskatchewan has already said, to work together to set aside the recriminations, to set aside the imputing of motives and to ensure that justice is done on the basis of decency and compassion.

We have seen the incredible courage of hepatitis C victims over the last weeks and months. In case we need any reminder of what we are doing here, what our responsibility is and what unites us as members of the House, let me briefly quote from a letter received today from one of the spokespersons on behalf of the Hepatitis C Society. Jo-Anne Manser wrote:

I don't fear death—I know that I'll walk straight into the arms of God who loves me as His precious child. So it matters not that my Prime Minister and health ministers think so little of us now.

But, I do fear for my children who must grow up in this, so please stay strong and continue to fight for truth, justice and compassion in Canada—not only for victims of the tainted blood disaster, but for our kids.

You are in my heart and prayers always. Hopefully, one day we can all heal from this painful process and then have the courage to forgive.

That was a note written obviously with a very strong sense of compassion, not just concern about her own circumstances as a mother of young children but a sense of compassion for all families of the victims of hepatitis C. It was written not just to express appreciation for the fact that members of the House have remained in solidarity with those victims, but I choose to believe that it is a message to all 301 members of the House.

We have a responsibility now to move forward. We have a responsibility to include the victims of hepatitis C through their representatives of the Hepatitis C Society in the process of working together with the different levels of government to find a solution, a fair solution that will compensate those who through no fault of their own find that their health has been jeopardized and in far too many cases their lives foreshortened.

Let us accept that as a challenge to all members of the House. Let us see it as a reminder of why our constituents sent us to Ottawa, why they entrusted to us the responsibility to work together to find solutions to problems that Canadians face and to ensure that at the end of the day the Canada that has had compassion and caring at the very heart of our being is the Canada

Supply

that emerges from this disastrous chapter in Canadian health history.

• (1035)

I move:

That the motion before us be amended by inserting after the word "House" the word "strongly".

The Deputy Speaker: The Chair finds the amendment to be in order.

Mr. Mark Muise (West Nova, PC): Mr. Speaker, Canada internationally is seen as a country that is very compassionate and caring for its people.

When we see what happened last week in the House we question that. The victims of hepatitis C had no choice or alternative to turn to. They did not have the option of banking their own blood. Therefore they had to accept tainted blood.

It is for this reason that I stand today to say that we have what is right. We have to do the just and honourable thing. This cannot be something that involves petty politics. These are people's lives. They are parents. They are sons and daughters.

I cannot imagine why all of us do not have the same feeling. Therefore I have to support the comments made by the leader of the New Democratic Party.

Ms. Alexa McDonough: Mr. Speaker, I think all of us will remember the last few weeks on Parliament Hill when people have been forced through circumstances absolutely beyond their control to come here, in some cases in wheelchairs, in some cases on crutches, and in some cases bearing crosses symbolizing the mothers and fathers, family members and friends who lost their lives to hepatitis C.

It is absolutely clear that today we have a responsibility to resolve that no longer will the victims of hepatitis C have to get out of their sick beds, and in some cases literally leave their hospital beds, to plead for compassion and justice from their elected representatives.

Let us today use the opportunity to recognize the dedication and the diligence of people who fought to ensure that this file did not close and that the compassion of Canadians prevailed in this public policy debate. Let us resolve to ensure that their attention and energy can now be concentrated on their own health, on their own families, and on trying to live out their lives with some dignity and some decency.

Mr. Gar Knutson (Elgin—Middlesex—London, Lib.): Mr. Speaker, it is a well known fact that a number of people who enter into the health care system oftentimes quite tragically come out of

the experience much sicker, whether it is hepatitis C victims or a variety of other diseases they may pick up.

If there is no negligence and there is no legal liability, does the member think we should be moving into a system of no fault insurance or no fault compensation? If the member does not believe in a no fault compensation package, what distinguishes a group of pre-1986 hepatitis C victims from all the other people who enter into the health care system and come out, tragically, oftentimes much worse for the experience?

• (1040)

Ms. Alexa McDonough: Mr. Speaker, I have to say in all honesty it distresses me somewhat that I feel there is some back sliding here into those spurious arguments that focused on what the Minister of Health and his 154 colleagues who voted against justice last week have done over the last few weeks. This is what has been so lamentable and so tragic.

They have insisted on reducing the matter to issues of legal liability. They have insisted on saying they cannot set precedents. They need an artificial construct or a window, in this case from 1986 to 1990, during which time they can actually say the Government of Canada should have administered a test that was available and did not, and therefore they accept the responsibility and the legal liability and it is just too bad about those other victims who succumbed to hepatitis C before the test began to be administered.

First, it is simply inaccurate to say that 1986 to 1990 is some magic set of dates. The fact of the matter is that there were discussions taking place between the Government of Canada and provincial governments about introducing such a test as early as 1981 and the decision was made not to do it for all the wrong reasons, for financial reasons.

Second, let us recognize that there is a wealth of ethical capital in the country, the same ethical capital that results in Canadians saying it was nobody's fault there was an ice storm but we will compensate; it was nobody's fault that there was a flood but we will compensate.

We are talking about a system failure here and we have a responsibility to compensate people for having been infected by it.

Mr. Grant Hill (MacLeod, Ref.): Mr. Speaker, I was fascinated by the headline I saw on Saturday which said the hepatitis C victim compensation was rock solid. The headline I would put on the docket today is that the hepatitis C compensation package of the government is more like a rock slide.

There is a hopeful nature to what I am to say today. Although the issue is not resolved and is not completed, I see positive movement.

I give credit today to the victims. I have actually met some of them. I hope it would not be unfair to characterize them as a ragtag

assortment of people who are sick. The hepatitis C organization which I have come to know a bit about does not have enough money to rent space. It borrows space. It is lucky if it has enough money to afford faxes. It is borrowing computer equipment for the Internet and whatnot.

I am proud this little ragtag group—and if anyone takes that as a slam, it is not—of ill people has up to the might of the federal government, to its PR people, to its communications people, to its huge spending capabilities, and has said quietly and sincerely “This is not fair and we won’t go away until it is changed”.

For the group of cynics who says “You cannot do anything in the face of a big, powerful government”, this indicates to me that is not so. I am so proud of those individuals who would not lie down, who would not fall over, who would not just say “Because I’m sick I will accept this compensation”.

The joy of this is in a fax I received this morning from a woman in B.C. She congratulated the opposition parties for what they are doing and whatnot, but what she went on to indicate was heart rending to me. She is eligible for compensation. She is in that window as the deal stands. However, she said “I will not take anything until all the needy are properly looked after”. She also said that I could use her name and her remarks. Her name is Doris Corrigan in Surrey, B.C., who in my view is compassionate beyond belief.

• (1045)

It has also been fascinating to watch the arguments of the government systematically dismantled by these individuals. The argument that this would cause a floodgate of frivolous legal claims has been dismantled. The argument that this would cause a precedent to be set that would destroy medicare was dismantled. There is also the argument that the test was unavailable before 1986.

I practised medicine from 1970 until I came to parliament. I must admit that my memory is not always perfect but I remember the very first week I was in practice in my small community. What test did I order during that very first week in 1970? I ordered the ALT test. I ordered that test to try to find out if one of my patients had hepatitis. It was the most specific sensitive test available to us at that time. Normally a screening test would be done to look for liver damage. If liver damage was found the most specific test which was ALT would be done. I used the ALT test throughout my medical career. I used it every single time there was a patient with hepatitis and I wanted to see how serious the hepatitis was.

The minister said so plainly on TV last week that the test was not available in Canada before 1986. What he should have said and should have added to that is that the regulators decided not to use that test to screen for hepatitis C in donated blood. If he had added

Supply

that proviso, he would have been on firm ground. But to say the test was not available before 1986, I cannot use the word I would like to use to express how I feel about that, but it was wrong. It was available. It was here. I used it. Every single MD in Canada knows that.

For those physicians listening who do not know the name of the test by ALT, we call it SGPT. That is the common name of the test. It was the most specific test we had available. It was available, used here and regulators decided it was not useful for screening, which was a mistake.

This is not a negative talk at all. Because I am hopeful I wanted to say what the hepatitis C victims expect. I received a letter this week from one of my colleagues at home who said “I do not favour compensation for everyone who is not symptomatic”, in medical parlance, asymptomatic.

Here is what the hepatitis C victims want. They want the connection between hep C seropositivity connected to a transfusion to give them the opening to walk through a door into the room of compensation. They only want funds if they are sick. They have not been able to make that issue clear because they are not at the table, which is why I so strongly support my NDP colleagues who are asking for them to be at the table. They are not at the table to be able to tell the government. Who are negotiating? Class action lawyers. My colleagues in the NDP are on the right track by saying they need to be there to express what they want from compensation.

They also need to be there because they have the best numbers figures. They have gone through these. The trace back and look back figures are now coming forward, but the numbers that the government is using are inaccurate. We can look at the international experience and do some calculations and find that as well as looking at the domestic experience.

In my hopeful comments I also want to look to the future. What does the future hold for our blood system? What really went wrong in our old blood system is that there was not one single person in charge. There were experts who gave advice and whose advice was ignored for various reasons. There was no one there who could say “That decision is wrong and for safety we must go that road”. What will our new system do to prevent this? What about CJD, the human variant of mad cow disease? Would it be prevented by the new blood system? There is a big question mark here because in the new blood system again it is not one person in charge.

Who should be in charge? The federal Minister of Health should have that mantle on his shoulders. He should be able to say from all the discussions that take place “This must happen”. It is not something he can delegate to someone else. It is not something he can throw away.

Supply

• (1050)

New therapies are coming along which are so exciting to these victims. Ribavirin and interferon, a combination that has just been approved in the U.S., gives me great hope that we may be able to throw away this compensation package for those victims who are not very sick. Is this not our desire, to have these people cured rather than needing compensation? If we cannot cure them, when they have been let down by the federal regulator, surely we should look after them.

I want to pay tribute to Joey Haché. Joey is the 15-year old boy who came here on his own hook. On Monday just before the vote he said to his dad "Dad, I have hepatitis C. I want to go down there and I want to see how this works in parliament. They are voting on an important issue to me". He does not live very far from here, so down he came. He sat up in the gallery. He watched the voting. He spontaneously rose afterward and clapped for the opposition members for their stand. I had an opportunity to meet Joey after. I shook his hand and said "I think you are the bravest guy here".

Joey watched the proceedings in the House of Commons the next day and said that he did not like the way some questions were answered in the House. He wrote out his questions to the Prime Minister. He could not ask them, but who could? He brought them to me. Joey was asked if I had approached him and tried to drag him down here for partisan purposes "Did he try to use you for political purposes?" Joey with his cute little 15-year old smile said "You know, I think I am using the member for Macleod for my political purposes".

Just to set the record straight, Joey was not contacted. He spontaneously came here and said what he wanted to say with his resources.

I am very hopeful today for the victims. I want so much to be able to stop this haranguing. I want to say to the government that it has finally done the right thing, even if it had to be dragged there kicking and screaming. That is my sincere hope for the sake of the victims.

Mr. Greg Thompson (Charlotte, PC): Mr. Speaker, I thank the member for his good speech and for the work he has put into this file, as have all members on this side of the House.

One of the questions I have for him regarding yesterday's announcement from Ontario is what will fundamentally change? Obviously in this country, unfortunately and regrettably we have rich provinces and poor provinces. At the end of the day I still believe it is going to take a great deal of leadership by the federal government to put a package together that will include all victims of hepatitis C.

Many of the provinces are under financial restraint. Unless the federal government takes a leadership role in this when they get back to the table, what is going to change unless the health minister

stands up with the support of the Prime Minister and says that all victims are going to be compensated?

Mr. Grant Hill: Mr. Speaker, the member can take no small pride in the amount of work he has put into this file as well.

It would be patently unfair for one rich province to say that it will give funds and no one else would. Imagine the position a poorer province would be in if it said it would not look after these individuals when the numbers of dollars especially in relationship to the numbers of victims are not that great.

We have seen inflated figures, figures which I think are completely unfair. The numbers I have used as a comparison, another jurisdiction with four million people ended up with 732 victims who were sick enough to go for compensation. If we extrapolate that in Canada we will find that the figures are far different.

Nova Scotia, a relatively have not province, led the file on HIV. The Tory government there led the push for HIV compensation. I do not think that anybody would say that it did that because it had lots of extra funds. The province did it because it was correct, proper and right. In a sense it shamed other governments into following its lead.

• (1055)

I believe that funds will be taken from other frivolous things, such as giving money to businesses that are already successful, and put where Canadians think the funds should go. That is to those who have been unfortunately harmed because federal regulators did not do what they should have done.

Mr. Philip Mayfield (Cariboo—Chilcotin, Ref.): Mr. Speaker, I am aware that the federal Department of Health and Department of Agriculture and Agri-Food got together and established a new research facility in Winnipeg. It has been commissioned and declared safe for studying the most exotic and dangerous diseases. I believe it has a class four designation.

I want to ask the Reform health critic if he is aware of this new facility being involved in any of the research in testing for hepatitis C or any aspect of improving the well-being of hepatitis C victims. Is this research facility involved in any of this at all?

Mr. Grant Hill: Mr. Speaker, the commissioning of this new research facility has been fairly recent. It is the perfect facility to be leading the charge in this way. This facility looks after things like the ebola virus which is profoundly risky to all human life. The facility certainly could and should be involved.

I have only been in touch with one of the highest officials in the lab. I am not certain how far down the road it is with new equipment and whatnot to be conducting these experiments. This is the perfect facility to be a world leader in this area and certainly something I endorse personally. Once again, we surely want to fix

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the problem before it comes rather than fix the problem after it is there.

[*Translation*]

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, we usually say we are pleased to take part in the debate on a motion tabled by a colleague no matter which party he or she belongs to.

While I am not opposed to the motion by my colleague from the New Democratic Party, I find it difficult to speak again about a tragedy of national proportions where we have to fight to see justice done so that the victims of this tragedy are not left out in the cold.

The government has been trying to single out a number of victims for compensation in order to show compassion and to exclude other victims, who were not infected during the period agreed on. But these people were also infected and have suffered unprecedented prejudice. They are being told "It is not our fault. You must face the consequences, as we will not recognize our responsibilities".

I think it is a shame we are forced to tear each other apart in order to get those in power—this government, which is in a position to see that justice is done—to understand that these people who have lost their lives, who are in despair, have lost everything because of this terrible disease.

I would be pleased nevertheless to try once again to heighten the awareness of this government, who is in a position to make a decision by taking part in the debate on this motion my NDP colleague moved this morning.

• (1100)

For the benefit of our viewers, the motion reads as follows:

That this House urge the government to press for the invitation of representatives of the Hepatitis C Society of Canada to the upcoming meeting of federal, provincial and territorial Health Ministers in order to provide advice on how to address the financial needs of all those who contracted Hepatitis C from the federally-regulated blood system.

At the point we have reached with all that has been said and written on the compensation of the victims in recent weeks, I think a little clarity in the facts and a little compassion would be well received. These the Hepatitis C Society of Canada could provide. We are in favour of this aspect of the motion.

As for whether or not it is appropriate to compensate all victims regardless of when they were infected, I believe that our audience along with the majority of members in this House want the victims to be heard and justice to be done for them.

After four years and \$15 million, the Krever commission of inquiry into tainted blood reached the same conclusions. In his report, Justice Krever made recommendations on this, including a

recommendation that there be no-fault compensation for all victims.

Nevertheless, despite repeated demands from all sides, the present government is still refusing to give in to common sense and is stubbornly clinging to a rather dubious argument against equitable compensation.

The answer is clear, however. Should there be fair and equitable compensation for all victims who contracted hepatitis C from tainted blood, as there was for those who contracted HIV, or should there not? I believe the answer is self-evident.

Today I call upon all members of the Liberal government, who will also be having to vote on this motion this evening, to ask themselves this question and also to give some thought to what the people of their respective ridings think.

Finally, I call upon the Minister of Health to reflect seriously upon the reasons behind his government's acting this way, when the most elementary logic tells us that justice and compassion must take precedence over any other consideration, no matter how legitimate.

Unfortunately, justice and compassion are not what has guided the federal government since the start of the Krever inquiry. Need I mention all the obstacles this government has put in its way?

Briefly, if last November, we had the opportunity to read a report that managed, for once and for all, to cast light on the sad events surrounding this tragedy, it is surely not thanks to this government, which did anything but help it.

It is never too late to do the right thing, and there can be no better time than the present to remedy the past and show some good faith.

In recent days, a number of new elements have been brought into the picture. And although there have been no changes on the government side, the present situation is no longer satisfactory.

The province of Ontario announced that it was going to contribute between \$100 and \$200 million in order to compensate those who contracted hepatitis C before 1986.

The Premier of Manitoba, Gary Filmon, said he was prepared to sit down with the federal government and the provinces to review the March 27 compensation package.

British Columbia passed a resolution supporting last week's resolution by the National Assembly.

Nova Scotia's Conservative and New Democratic opposition plans to hound Russell MacLellan's minority Liberal government to urge the federal government and the provinces to negotiate a new agreement compensating all hepatitis C victims. It should be remembered that this Liberal government is a minority government. The Liberals hold 19 seats, the New Democrats 19 and the Conservatives 14. A vote of confidence on this issue could topple

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the government. Nova Scotia's throne speech is scheduled for May 21.

• (1105)

Finally, we learned this morning that a meeting would soon be held with the federal Minister of Health and his provincial counterparts, but we do not know when. A certain openness to compensating everyone can be detected, however. It remains to be seen how.

Thousands of people are excluded from the agreement because they were infected before 1986 or after 1990. This is unfair and unacceptable. In our view, the federal government must take its responsibilities and set up a special program that would be in addition to the existing agreement.

Since they took office, the Liberals have reduced the deficit primarily by passing on the costs to the provinces. Between 1994 and 2003, Quebec and the other Canadian provinces will have suffered a shortfall of \$42 billion. This accounts for 52% of the cuts, while the federal share is barely 12%. This in itself says a lot about the financial situation of the governments.

By the year 2003, a further \$30 billion in federal cuts will have been imposed on Quebecers and Canadians in health, education and social assistance. Of course, it is the provinces that will have to find ways to absorb these cuts, and they will have to take the rap, not the federal government. Meanwhile, the federal government has surpluses and, by the year 2000, there will be a surplus of \$25 billion in the employment insurance fund, which will have accumulated at the expense of the workers and the unemployed.

This is why we are calling for the establishment of a special fund, because this government has the means to compensate all hepatitis C victims. The provinces have done their share so far and, in addition, they must pay for the health care costs of all these victims.

In conclusion, the motion by the New Democratic Party would bring a little humanity and compassion to the upcoming meeting of health ministers. Let us hope that the federal government will follow up on it and recognize, after everyone else, the unfairness of a situation it alone can correct adequately.

[*English*]

Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I suppose in an environment such as this where people are trying to take the high moral ground about who is doing the best for whom it might be worthwhile for all of us to reflect on what is taking place. It is important.

Part of this national debate on blood is to note that the consumers, and we have called them the victims of hepatitis C, they have always been involved in the process. Their input remains crucial and critical to the refinement of the policy, so much so that we have turned directly to victim representatives in order to establish how that initial package of \$1.1 billion should be spent.

I am not happy about the climate but it is important to keep in mind that ministers in this government and especially the current Minister of Health have had extensive consultations with representatives of groups affected by the blood crisis, as did ministers in other jurisdictions.

The consumer perspective was an integral part of the process of negotiations and consumer representatives were appraised of developments throughout the process. Representatives of groups such as the Canadian Haemophilia Society and the Hepatitis C Society of Canada met regularly with a variety of politicians and their views were fed into the process at various stages.

The blood system is ultimately about people, altruism and equity, not federal provincial relations, not partisan politics and not political advantage. As soon as we come to realize this not only will we have a more constructive debate but we will all be better off.

• (1110)

When Canada's governments agreed to offer assistance to Canadians infected by hepatitis C through blood they were building on a base of knowledge and the considered views and inputs of many groups. Consultations are continuing and will continue as formal negotiations with victims and their representatives proceed.

I will address one of the more technical aspects of offering financial assistance so members will be able to appreciate the importance of consultations and open lines of communication with groups such as the hepatitis C society. As many members in the House are aware, governments are offering to settle litigation. An offer to do so differs therefore from the standard approaches to program development and the amount of money governments put on the table does not flow into a clearly defined program to render benefits but rather is placed before the courts as part of an effort to negotiate a settlement of legal claims arising from a specific set of factual circumstances from the past.

I draw the attention of the House to the importance of the three class actions initiated in three provinces during the 1986-1990 period. As is normal, when the courts are approached to resolve conflict, settlement is always a preferred option. The Minister of Health has been on record for quite some time about his desire to settle the litigation in an expeditious way so that plaintiffs would not be obligated to wait years to determine how the courts would rule on their particular cases.

Many Canadians are likely not familiar with the mechanism of a negotiated court approved settlement. While this way of doing things carries many complexities, it has several advantages. First, the negotiations take place under the aegis of the courts so there is an emphasis on fairness in the final determination of that settlement. Second, both sides of an issue are brought to the negotiating table to work out the details of the settlement in a way that is both transparent and accountable. Third, that flexibility is available to both sides in the determination of the specifics of a settlement package so that many aspects of what is inevitably a complex problem, which hepatitis C poses in society, can be addressed.

Negotiated court approved settlements have been used on several occasions in the past in health areas to deal with the complexities of injury from health systems. While negotiated court approved settlements are not perfect venues for addressing all social problems, in cases where the issues are difficult and there has been an adversarial context, they offer a way forward which is both fair and open. Consultation with and involvement of groups and their representatives is inherent in the process.

There has been some suggestion in society that we can substitute for court mechanisms through other processes such as mediation, arbitration, et cetera. While these alternative dispute mechanisms are gaining popularity, in the present state of affairs in the justice system most affairs are transacted using traditional mechanisms. The seriousness of the blood tragedy and the long term importance of these negotiations to the lives of those affected argues in favour of employing a well established, well understood mechanism to achieve a settlement.

Accordingly, governments have instituted negotiations with plaintiffs through the courts. One of the major advantages of this approach is that it can accommodate a variety of what are called structured settlement negotiations. This means that far from being a simple once off transfer of funds, a settlement can involve a variety of mechanisms to accommodate medical need and medical risk over time.

• (1115)

Government negotiators will be indicating a preference of ministers for an initial lump sum payment combined, and I stress that word, with variable payments over time geared to severity and disability. This is a suggestion only and plaintiffs may have different views, but it does indicate the power and potential of the structured settlement context to meet individual needs over a lifetime.

While we are in the early phases of considering what long term implications of hepatitis C from the blood issue are, during the course of these negotiations governments will be displaying their knowledge of the epidemiology, natural history, research dynamics and treatment potential associated with hepatitis C so that the best

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evidence and research can be mobilized to achieve solutions in this area for a large number of people.

At the same time the negotiations will take into account different preferences arising from different circumstances of the plaintiffs. The process is therefore very flexible and open to a very wide group of people, input and many points of view.

Another important element of the negotiated court approved settlement context is the potential that it offers to design a national solution to this issue which was initially a regional class action. Certain provinces through their class action legislation have the potential to create national classes to which all Canadian residents who qualify could subscribe.

Part of the dynamic of the negotiated court approved settlement will be to ensure that such a national class context emerges. This is not to say that individuals will lose any of their traditional rights before the courts, but rather to emphasize that class action legislation provides a potential to generate national frameworks for resolving issues of health injury.

One thing we want to do at all costs is to avoid the balkanization of approaches to an issue and issues that are fundamental as those raised by the blood tragedy. A Canadian in Newfoundland should have exactly the same rights in this area as a Canadian in British Columbia and others in between. The justice system should not be used as a vehicle to advance benefits to some at the disadvantage of others.

The courts have traditionally addressed medical injury using a particular format: pain and suffering and economic loss. This format has been engaged in the case of hepatitis C as well and is inevitable on the basis of the calculations which will be made in and around partial or total liability in this area. This does not mean that we need to be limited to this format in determining how a settlement could be structured. Indeed a structured settlement could be based on a variety of formats, including medical need over time.

The power of such an approach is that it would allow individuals in like circumstances to be treated alike and individuals in unlike circumstances to be treated differently. This would undoubtedly enhance the perceived fairness of any settlement.

Mr. Speaker, I know you want to cut me off on this but I appreciate the fact that you have been attentive so far and I thank you.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, I want to say first of all I am very encouraged particularly by the latter comments made by the Parliamentary Secretary to the Minister of Health. He talked about the importance of avoiding balkanization, avoiding a situation where the victims of hepatitis C in one area are compensated a different amount than the victims of hepatitis C in another area. I am very pleased to hear the parliamentary secretary, I assume on behalf of his colleagues, the 154 other colleagues who

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voted against really avoiding a balkanized system last week. We all have to be encouraged by that.

I do have a question though for the parliamentary secretary. I listened very carefully to his comments. He is the first intervener from the government side today on the NDP motion. Perhaps it was inadvertent but he appears to have strenuously avoided dealing directly with the motion that is before us.

• (1120)

I remind the parliamentary secretary that the motion before us is to ensure that representatives, consumers as he called them, of the Hepatitis C Society of Canada be invited to participate in the upcoming meetings of the federal, provincial and territorial health ministers to ensure that their financial and health needs are addressed.

The parliamentary secretary himself has made the point that there was consultation with the victims in earlier stages, that their views were sought. Unfortunately the government chose to ignore the views and petitions that the Krever recommendation that compensation be paid to all victims should in fact be the official position. That is why we now have a balkanized situation where some hepatitis C victims have been offered compensation and those outside the 1986 to 1990 window have not.

Would the parliamentary secretary specifically address on his own behalf and on behalf of the government as its designated speaker whether or not he and the government will support the pleadings contained in the NDP motion? Will they agree that the representatives of the Hepatitis C Society of Canada be included as participants at the table when the federal, provincial and territorial ministers of health meet to deal with fair compensation, not on a balkanized basis but on a universal basis?

Mr. Joseph Volpe: Mr. Speaker, let me first thank the leader of the NDP for acknowledging, as she heard my presentation on the matter, that the Government of Canada has been acting responsibly, reasonably and purposefully on behalf of all victims. I initially called them consumer groups but I indicated that they are sufferers, victims of hepatitis C.

I am happy to acknowledge that for once there has been a member of the opposition who has thought through the presentations of the government and has agreed that there is merit.

With respect to her question about whether I am addressing the issue presented by her motion directly, I would like her to reflect a little bit more on the first few words I used in my intervention. Specifically we have already over the course of negotiations that led to the offer which is under discussion talked with representatives of hepatitis C victims. We talked to the individuals themselves. There were consultations by the federal Minister of Health

in all cases. All of those issues were brought forward in the negotiations with the provincial and territorial health ministers.

When someone speaks through actions, does that not indicate they are acting in the same responsible fashion that the opposition members would suggest we ought to adopt? If we have kept victims, victims representatives and victims groups in the loop of consultations leading to the package under discussion, have we not already done what many would suggest we ought to do?

Mr. Greg Thompson (Charlotte, PC): Mr. Speaker, I want to thank the New Democratic Party for putting forward this motion. It is an important debate and I thank the members for their support. I believe I speak for all members on this side of the House.

The position taken by the federal government in regard to the compensation of the hepatitis C victims was certainly untenable from the start. When that package was announced it included only the victims between the years 1986 and 1990. The question was how could it establish that date. There was no reason for it. Basically it was a position that no one could defend and certainly not the government. It came up with what I call an artificial date or box of convenience. It was based on when testing was available.

• (1125)

I guess from the government's point of view if one were a lawyer it could be argued that way. That was the position the government could best defend in a court of law, that is, in any lawsuits or civil cases that may come before the courts from the victims prior to 1986. That in itself was also a very shallow argument.

As members of this side of the House have said repeatedly over the years there was a test available which was being exercised routinely in West Germany prior to 1986 and going back certainly to 1981. What is now commonly referred to as hepatitis C was routinely being tested for in that jurisdiction and many others before that time period.

The government's position is completely untenable. It leaves thousands of Canadians outside a compensation package.

An hon. member: Shame.

Mr. Greg Thompson: It is a shame. It becomes so ridiculous that for example a person infected on December 31, 1985 would be outside the package and a person lucky enough to be infected on January 1, 1986 would be in the package. From any reasonable point of view it does not make a bit of sense. That was the strategy the government decided to pursue. It was the one the government attempted to defend and it has not done a very good job of it.

Yesterday there was a move, I guess it could be called a crack in the armour. Premier Harris of Ontario announced that he is willing to put \$200 million into a compensation package for those people

outside the frame or box of convenience, the years 1986 to 1990. That is heartening for many of us but it is not the end of the debate.

The debate falls right back into the lap of the federal government because the question then becomes, can all provinces afford to do that? The answer is no they cannot. Where will it leave the poorer provinces? We do not know where it is going to leave them. Some are suggesting it is still going to leave them out in the cold so to speak because many of them cannot afford to do more.

That is why we on this side of the House have consistently stressed the importance of the federal government acting unilaterally to do the right thing. When the federal health minister meets with his counterparts the provincial ministers, we are hoping that will be addressed by the federal minister. We hope they will say "Yes, we do have to take the leadership in this".

The generosity being expressed by other provinces is important and I hope that file continues to move. I hope the other provinces can come up with something. But at the end of the day it still will be the federal minister who will have to lead on this file. I do not believe he has done that in the past number of weeks.

What I think has been happening on the government front benches is that it has been a battle between the finance minister and the health minister. I do not think any of us in this House would stand and say that the health minister of this country would actually deny compensation to victims. I think he has been a victim of internal politics within his own government. The finance minister with a big Cheshire cat grin on his face day in and day out as the health minister is besieged and attacked refuses to move, refuses to budge. That is one of the problems we see being played out on the front benches of the government.

What has changed in the equation? I do not think a heck of a lot has changed. I think the health minister has caved in to the power of the finance minister. At the end of the day there will still not be any money for innocent victims left outside the original package. I do not think that is right.

• (1130)

We are going back to square one again. What I think the government has to consider is the box it put itself in and the difficulty the health minister will have moving off some of the statements he made in this House.

Some of the things he stated are pretty outrageous. In the past, he indicated this could bankrupt the Canada health care system as we know it if compensation were extended to victims outside the original package.

I do not know how he can retract those words. I do not know how he can go into cabinet and wage a convincing fight if he still takes

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that position. I do not know what will happen when he meets with the provincial ministers if he still holds on to that point of view.

I do not think it will be particularly healthy and I do not think it is going to lead to any kind of package that we in this House could support.

What I am saying is that there may be a need for a change in the leadership of this file on the federal level. I will not go beyond that because only the Prime Minister can decide. I think the health minister is boxed into a position that will be very difficult for him to negotiate from, basically a position of weakness. I do not think that is healthy.

The motion today speaks to the inclusion of hepatitis C victims in these negotiations. I think it is only fair that that happens because I do not think these people are asking for anything other than what is reasonable and what is fair. I think their point of view has to be at the table.

The other thing that we have lost sight of in this House, which the member for Macleod spoke on, is the real number of victims left outside the package.

If members have been following this file they will find that the number is absolutely exaggerated. The health minister sat over there day in and day out telling us the victims are in excess of 40,000. He routinely mentioned 60,000 victims.

He is saying this for a reason. He wants the Canadian public to believe that the health care system would be bankrupt because of the number of victims who have yet to be compensated.

That has to be corrected. Again, I do not know how he can go back in good faith to the bargaining table and disconnect himself from some of the previous statements he made. That is one of the reasons why the victims have to be there. I think they can talk intelligently about what those real numbers might be.

In the *Globe and Mail* today, Mr. Picard is suggesting that the number could be as low as 6,000 victims, 10,000 victims or maybe 15,000 victims. We do not know. I think that is one of the things to be established from day one.

I do not think they can come up with the kind of package that means anything until there are real numbers to work around. That is why these people have to be at the negotiations, so some of the honesty in terms of numbers and what they are looking for is actually expressed at that table.

We will continue our pressure on the government, particularly on the health minister. I hope at the end of the day the Prime Minister and the Minister of Health do the right thing. I hope these victims are compensated and the real story comes out.

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Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, the discussion about a date is causing some confusion. It is not an arbitrary date. It is not a whimsical date. It is a date everybody is looking at.

We are talking about a period in which something was generally available, a mechanism was generally available and people could have done something and did not do it. It is important to understand that. We are talking about something that all interveners have suggested, that somebody else is responsible for a condition which is regrettable and tragic. Everyone acknowledges that but the moment that we recognize that the fault is inherent we have to point the finger. The finger was pointed specifically by those who have investigated the situation as starting about 1986.

• (1135)

If the member opposite wants to as well discredit other previous speakers, for example the member for Macleod who talked about tests being available in the seventies in which he as a responsible medical practitioner engaged, and he wants to refer to that as a point of reference, that is fine. Let him as well address some of the issues that flow from that.

I think it is important to underscore that this is not an untenable position. It is a position that everyone has agreed has some basis in reason and rationality. For him to engage in hindsight and the accuracy of the hindsight about tests being available, I ask him to think again about whether they were generally acceptable and whether there was action on them.

The reason the 1986 date was fixed, and it was not arbitrary, is authorities recognized that something could have been done then and was not done.

Mr. Greg Thompson: Mr. Speaker, I cannot believe what I am hearing from this parliamentary secretary. They are sticking to that line which is a complete failure. The member is talking about going back to the table and still sticking to this date, which is absolutely and totally artificial.

If that is the basis on which the government is going to go into this argument, I go right back to the point that I made previously. Nothing is going to change.

Has the government not learned anything in the last four weeks in this House? The only people who support that position are government members. If they continue that line of logic, the poor victims will gain absolutely nothing.

After four weeks in this House I would think that the parliamentary secretary to the minister would have learned something. This indicates that nothing has been accomplished in terms of the ability of government members to absorb information. On that, I rest my case.

Mr. Grant Hill (Macleod, Ref.): Mr. Speaker, I have a procedural question for the member for Charlotte. The Reform Party

treats an opposition day motion as a free vote. We give a recommendation and members will vote according to how they feel.

I wonder how Conservative members will treat this non-partisan opposition motion today. Will they treat it the same way? Will they be voting freely without whip constraint? Will they be voting with their hearts, will they be voting the wishes of their constituents?

Mr. Greg Thompson: Mr. Speaker, we will certainly vote with our hearts in the right place with regard to this motion. I hope members on the other side can do that. There were a lot of them squirming in their seats just a week ago when they had to vote to deny compensation for those innocent victims.

I hope the Prime Minister allows his people to vote with their hearts today. I am sure that if the parliamentary secretary and even the minister spoke with their hearts, and just a bit with their minds, they would have voted with us on this side of the House, as I am sure Mr. Speaker would have done as well if you were in that position.

This motion before us today is good and we have to continue debating this issue. I believe at the end of the day this House will overwhelmingly, at least on this side of the House, support that motion. I know we certainly will.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I rise today on behalf of my colleagues in the New Democratic Party caucus and all members at least on the opposition side of the House to propose a very constructive suggestion for the government.

• (1140)

We present this motion in good faith and in the spirit of co-operation with the belief that if we all work together we can make a difference. I sense the frustration that the Conservative health critic has just expressed. We are beginning to feel that same sense of frustration having listened to the parliamentary secretary's comments pertaining to this very constructive suggestion. We will try again, throughout the course of this day, to put before members of the Liberal Party the rationale, the testimony, to help them understand that the time has come to overcome this impasse, to put aside the past history on this issue, to do what is right and to act on behalf all blood injured Canadians.

We hope today marks the turning point. As my colleague from Saskatchewan said, if we have a second chance let us use it. Let us not drop the ball. We have the opportunity to make a difference today in an otherwise sorry chapter in this history of this country.

We have had five weeks of emotional, difficult debate in the House. We have had five weeks of personal testimonies on the steps of this building. We have heard heart wrenching stories from those people who are suffering from the disease of hepatitis C through no fault of their own and who are affected by this serious issue. They are looking for compassion and justice. We know we

have to end this chapter and get on with making a difference for all blood injured Canadians.

Yesterday the Minister of Health gave us a light of hope when he said he was prepared to convene a meeting, in short order, of all federal, provincial and territorial ministers of health. That was an important step. We took hope yesterday. Today we want to see that hope become a reality. We would like to see the government open the door a little further. We hope the parliamentary secretary's comments are not a reflection of this government's attitude and approach today.

Today the parliamentary secretary said a couple of very disturbing things. I hope he will rethink his statements and his position on those matters. He said that those people affected by the failure of our blood system, the victims of this tragedy, were consulted.

The reason we have made this motion today, presented this constructive suggestion to include representatives of the hepatitis C society and the hemophilia society, is they have not been consulted. They were not included in the development of the agreement that limits compensation to the period of 1986 to 1990.

Yes, there were consultations earlier on. Many months ago the Minister of Health expressed to all those affected that he was willing to listen and do the right thing. We have it in writing. We have documentation from the minister showing his concern and compassion. But we also know that five weeks ago when this decision was put on the table at the federal-provincial ministers meeting of health, they were not included. They were left out of the process. They were not in the loop.

For the record and for the benefit of the parliamentary secretary, let me read briefly from a letter dated April 20 signed by Jeremy Beauty, president of the hepatitis C society. In that letter he asked specifically for the government to consider the viewpoints of the those affected by the tainted blood scandal:

As representatives of the largest hepatitis C through transfusion group in Canada, we ask that you provide funding for independent legal representation to enable our society to access professional advice that is based on social justice and compassion, on behalf of all hepatitis C transfusion victims. This is an issue you can immediately address, and show clear good faith, through a willingness to assist us in our efforts to reach a just resolution.

• (1145)

There is a clear indication on the part of the Hepatitis C Society, which includes all victims of this tragedy and which certainly encompasses the feelings of the Hemophilia Society, that they have not been included. They need to be included. They want to be part of the discussions. We have before the House a very positive suggestion to do just that.

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Let us not forget today the contribution that members of the Hepatitis C Society and the Hemophilia Society and all blood injured Canadians have made to this parliament and to this country.

It is hard for us to imagine what they have gone through, the roller coaster ride they have been on, the ups and downs, the hurts and the hopes. Today let us not hurt those victims once again. Let us give them some hope and at least show good faith that we as members of parliament will work together to ensure that the deal is opened up, the question of compensation is re-thought and that they will be at the table.

Let us be absolutely clear that we are not trying to get political mileage out of the suggestion as the parliamentary secretary suggested. At the outset he tried to dismiss our efforts in the House and tried to cast aspersions on our intentions as trying to divide and conquer. For once in the House we have some solidarity. There is support from all quarters. We are working together to do the best thing, to do what is right. Let not the parliamentary secretary diminish those efforts. Let us instead hold up this solidarity as an example of what our democracy can be and what inroads we can make when we work together.

We hope that today the parliamentary secretary will talk with his colleagues and will check with the Minister of Health who gave a very clear indication yesterday of re-opening the file, of rethinking this entrenched, intransigent position, and of accepting full responsibility for the fact that these people were poisoned through the blood system which is clearly under federal regulation. It is that federal regulatory body that failed. It is the responsibility of the federal government to acknowledge that failure and to work co-operatively with all the provinces and territories to come up with a meaningful package that ensures that all who were affected by this disaster, by this crisis, by this tragedy are able to receive some financial assistance, some compassionate relief, some compensation for the havoc that has been wreaked upon their lives.

To conclude, all of us in the House recognize that the measure of a society—and I believe Justice Krever said this as well—is in the dignity and the respect that we confer upon the most vulnerable in our society, the most humble members among us. Let us today make the right decision. Let us hold up this parliament and this nation as a shining example, a beacon of light for compassion, concern and justice.

I wanted to indicate at the outset of my remarks that I would be sharing my time with the member for Halifax West. I understand my 10 minutes is about to lapse. However, before I pass over this opportunity I would like to make one final comment and that is that this has been a very trying time for everyone. Most of all, it has been a heart-wrenching period for those affected by this very sad chapter in the history of this country.

Supply

The onus upon all of us is to acknowledge that what we are dealing with is a failure of the federal government to ensure that proper regulations were in place to protect our blood system. That is not to say there is not a will on the part of all provinces and territories to co-operate and to work out solutions to ensure that the financial plans and programs are in place to assist everyone. It is to say that we need leadership from the federal government and, most of all, we need compassion. Let it happen today.

• (1150)

Mr. Rey D. Pagtakhan (Parliamentary Secretary to Prime Minister, Lib.): Mr. Speaker, I congratulate the member for her presentation on this issue. I would like to indicate and reiterate for the record that indeed the Minister of Health did indicate yesterday during question period that "Today's development is a new one. The ground has moved and an important partner has changed its position", referring of course to the province of Ontario, a major province of our Confederation.

I was not present for the earlier part of the debate, but I am sure we all share the point of view that this government is known for its compassion. I think the hon. member would agree that had it not been for the federal Minister of Health the issue of compensation for hepatitis C patients would not have advanced.

In 1990 I started speaking on the issue of HIV infection and certainly this has been a preoccupation of this government.

I agree this is a non-partisan issue. It is an issue that calls on good public policy and policy that is imbued with reasonableness and compassion at all times. We have to put this together. The challenge for us now is how to creatively approach this issue.

With respect to the motion before us, I certainly would agree to a consultation with and the involvement of the Hepatitis C Society of Canada. I have consulted with my constituents. Patients have called me. When I explained to them the position of the government I must say, without hesitation, that they agreed with the position the government has taken.

I assured these individuals that we have not abandoned the other patients with hepatitis C. In fact we have taken an approach of compassion for all of them, contrary to the Reform member who only alluded to the victims infected from 1981 on. When we say all, we have to speak of all.

I would like to say that I am prepared—and I cannot speak for the government—to work in a very non-partisan fashion as we approach this very delicate issue to address in a creative way the needs of patients with hepatitis C, even those who were infected before 1986. We will have to approach this in a very creative, non-partisan and careful way.

Ms. Judy Wasylycia-Leis: Mr. Speaker, I appreciate the comments from my colleague, the member for Winnipeg North—St. Paul. I want to assure him that we on this side of the House are questioning the individual positions of Liberal members. We are not questioning their ability to feel compassion or to apply the right values. What we are saying is that those values have not been translated into public policy and the decisions by this government to advance an agreement that is limited in scope, which creates two classes of victims, is not grounded on the values of compassion, concern and justice.

We have presented today a resolution that is in the spirit of non-partisanship. It is in the spirit of co-operation to encourage all players to get back to the discussion table and to include those who are most directly affected, those who live and breathe these issues day in and day out, as well as to consult with members of the Hepatitis C Society, the Hemophilia Society and all blood injured Canadians to get advice on how the financial needs of all blood injured Canadians can be achieved. That is the right thing to do.

Mr. Grant Hill (MacLeod, Ref.): Mr. Speaker, my question is similar to that posed by my Conservative colleague. This is an NDP motion and I presume the NDP would be supportive of this motion. However, if there were a dissident, if someone decided not to, would they be forced to vote against their conscience on this issue or would this be a free vote for the NDP?

Ms. Judy Wasylycia-Leis: Mr. Speaker, I want to put all of this into context. We are all united on this motion today and we have been unwavering in our support throughout the past five weeks for a compensation package that includes all blood injured Canadians.

• (1155)

Our support goes back to September 1996 when my leader and other members of my caucus agreed to support members of the Hepatitis C Society of Canada in their petitions to the government for full and fair compensation. Our position has always been clear on this. We will not change our position. We will stand united with one voice because we believe it is the right thing to do.

Mr. Gordon Earle (Halifax West, NDP): Mr. Speaker, I am very honoured to rise to speak on our motion. I will read the motion again because it is very important to understand exactly what we are debating and exactly what this motion is asking. It reads:

That this House strongly urge the government to press for the invitation of representatives of the Hepatitis C Society of Canada to the upcoming meeting of federal, provincial and territorial Health Ministers in order to provide advice on how to address the financial needs of all those who contracted Hepatitis C from the federally-regulated blood system.

While I am honoured to speak to this motion, at the same time I am somewhat saddened. I am saddened that we in this day and age, we in this country of Canada, we in this House of Commons have come to the point where we have to debate something which we

would expect would be a normal thing to do for those who have compassion and caring. It is sad we have to debate something that should automatically follow, fairness to our fellow human beings.

Before I entered politics, when I was approached to become a politician, I had to think long and hard about it. I shared with so many Canadians a cynicism about the political process and what we can really do within that process. I received wise counsel from my wife, my children and people close to me. They said "We need people like you in politics. We need people who care about other people. We need people who will not sacrifice or compromise their values. We need people who will not put money or themselves first, but who will put others first".

The more I thought about that the more I realized it is important that if we feel we have something to contribute to society we should move forward. We should put that forth in such a way that politics will not change us, but that we may have a changing effect upon politics. That is the reason I chose to enter politics. Since then I have constantly said to people that if they ever see me changing from the kind of person I am, to remind me so that I may always remember from whence I came and the primary purpose for being here, which is to serve others.

There are two principles that seem to be working at odds in the issue of hepatitis C: the principle of economics versus the principle of compassion and caring for others. The principle of economics is ruled by the head. We figure out how many dollars we have, we think about our bank accounts and we concentrate on that bottom line in our budgets. But the principle of caring for other people is ruled by the heart. It comes from the heart.

It is very important on this issue that we allow our hearts to rule our heads instead of the other way around. We have heard arguments in this House in which the rule of economics has become the bottom line. We have heard that we cannot afford to compensate all victims, yet we know that the auditor general has found a \$2.5 billion surplus. So we can rule that out right away. We need not be concerned with the economics. We should now be looking at doing what is right. We should be looking at what our hearts tell us as we deal with this issue.

It is important for us to remember that we are indeed building the future for our children. We are making history today. We are setting a stage that generations down the road will look back upon. They will look at us and judge us by what we have done with respect to this issue. We want to build a future that our children can be proud of.

• (1200)

Our motion calls for an invitation. There may be a lot of argument today about the cost and about setting precedents, but our

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motion calls primarily for one thing. We are asking that the victims, through their representatives, have an invitation to the table so that they may be there to address the issue and be part of a decision that will certainly impact upon their lives.

The motion emphasizes and underlines the need for communication, the idea of people having a say in decisions that affect them. We see far too often today that one of the problems of our society is that we do not communicate with people about the decisions that affect their lives.

We see it with respect to young people and the decisions we make around scholarships, the millennium fund and so forth. Quite often decisions are made without input from those who are to be affected by these decisions. We see it with respect to our aboriginal peoples. Decisions are being made at tables and first ministers conferences when the aboriginal people are excluded from those meetings. We see it so often in many aspects of our lives. We see decisions being made about programs that affect fishermen and people who are struggling to find a way to earn income but they are not invited to the table.

Today we are emphasizing the importance of communication on a very important issue. We are saying those victims should be invited to the table so they may have a say in this matter.

Halifax West constituents care about this issue. Many of them have approached me and asked my stand on the issue. They have expressed full support. They feel that the victims should be compensated and compensated fairly.

Two things have struck me since I have come to the House of Commons, two things that kind of stand out for me, two things I find hard to get used to because they do not seem to balance one with the other.

The first is how we approach question period. I have spoken about this matter before. When we are doing the nation's business quite often it is very confrontational but also quite often very disrespectful. We do not respect the opinions of other people. We do not listen properly. We are constantly yelling while people are trying to talk and express their views. That bothers me. I hope it will continue to bother me because the minute it stops bothering me is when I have started to let politics change me rather than bring the change to politics I hope to bring to politics.

Another thing that impresses me favourably is that we open each session of the House with a prayer. The Speaker says a prayer. I am not sure how many people listen to the words of that prayer, but it asks for God's guidance as we do our deliberations on the nation's business. The stark contrast is how we then proceed to move into question period and everything that takes place there seems to fly in the face of the prayer that has been said in terms of what we hope to do in the House.

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We need to think in terms of the heart. That is very applicable to the issue we are dealing with. We need to think in terms of the prayer when we open each session.

I pray that as we deal with this issue all members of the House may give thought to doing what is right in the eyes of their Creator, in the eyes of the God who put us on this earth to serve Him and to serve our fellow man, so that we may let our hearts rule as we deal with this issue.

The money element is not that terribly important. For example, when I first started to work many years ago I worked as a welfare officer. I was responsible for assessing applications from single parent families, from the disabled, from many people in circumstances beyond their control.

I was told on the first day on the job "When you go out to do an application, make sure you never, ever give any one of your clients money out of your own pocket because you will be setting a precedent". We have heard that word quite often during this debate.

Armed with my rules and regulations I went out on my first case. The first case I had was one young lady who came to the door with three children, a baby in her arms and two children clinging on to her legs. She looked at me and said "Mr. Earle, can you lend me some money because I don't have any money to buy milk to feed my baby. I can't feed the children".

• (1205)

She took me to show me her cupboards and her cupboards were bare. Her refrigerator was bare. I looked at this woman, at the baby crying in her arms and at her hungry children standing there, and right away the first rule went out the window. I reached into my back pocket and gave the woman some money. As I walked away from her home I thought I may never see that money again, but the feeling I got in my heart far outweighed any concerns I had about losing the money.

The reassuring part was that about a month later I received a phone call in my office from this woman. She wanted me to come and visit her. I went to visit her and the very first thing she did as I walked through the door was to repay the money she had borrowed to get food for her family.

The money will take care of itself. We have to let the heart rule in this matter.

Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, I compliment the member opposite on a very emotional and passionate intervention. I remind him that people on this side of the House are no less sensitive or compassionate. As I said in my earlier intervention, we let our actions speak as loudly as our words.

We have in the past through the Minister of Health engaged all victims of this terrible tragedy in consultations. We have kept them involved and have considered all their needs. They were brought to the table, which led to the package that has received nationwide attention over the course of the last month and a half.

I may be a little unfair here and I will do a mea culpa if I am. The member and the member who preceded him wanted to draw attention to the fact that all of us share a particular responsibility. His colleague, the member who preceded him, was very forceful in indicating that the federal authority bears full responsibility for the tragedy. I know members on the opposite side of the House want to reflect on the way the blood system worked.

Yes, there is a federal regulator. The provinces, as they know, are directly responsible for administering the health care system. The Red Cross at the time was responsible for co-ordinating and delivering the blood system. Together they had a responsibility to the public for the safety of the system.

I know members on both sides of the House when they quote Krever will remember what he said in the interim report, that what Canadians wanted was a system that was accountable, transparent and, above all, safe.

When we are talking about responsibility I know members on the other side want everyone to remember that this is a shared responsibility and words like fully do not enter into the conversation, into the dialogue, and should not be part of the rhetoric.

What should be part of the debate is the important steps taken by the federal authority starting from the interim report of Krever to move immediately and forcefully on all aspects of the report that related to the federal responsibility to ensure that we have at the very beginning confidence in a blood supply that was to be as safe as any other in the world. We started doing that a couple of years ago and have continued on that basis. That should be a priority.

We should also ensure that the accountability is transparent and that everybody understands where it comes from. I know members on the other side, even when they are prone to rhetoric in the House, which I imagine is the proper place for it, will not want to forget where the lines of responsibilities lay and will lie.

• (1210)

Mr. Gordon Earle: Mr. Speaker, I thank the hon. member for his comments. I certainly wish to assure him that my remarks are more than rhetoric. My remarks come from the heart, as I am sure his do.

I also take comfort from his remarks where he indicated that the government had involved the victims up to this point. If that is the case, it certainly lends support to the fact that he will see fit to support our motion. The motion simply calls for a further involve-

ment of the victims by bringing them together at the table so they can have a say in their future.

Also the motion is very clear with respect to the fact that the meeting involve federal, provincial and territorial health ministers. It will involve all parties as well. I thank the hon. member for his comments. I certainly urge him to support the motion because it will further underscore what he said about the involvement of the victims.

[*Translation*]

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, before beginning my speech, I would like to indicate that I will be sharing my time with the hon. member for Waterloo—Wellington.

On behalf of the government, I wish to inform the House that it is our intention to support the motion introduced today by the party of the hon. member for Halifax.

[*English*]

Had I worded the motion myself perhaps I would have written it a little differently in the sense that I think I would have preferred wording which would have suggested that the representatives of the Hepatitis C Society of Canada be invited to a consultation or meeting immediately prior to the ministers' meeting in order to leave no ambiguity that the ministers may want to meet among themselves. I think that is understood in the motion although it is not quite clear.

The provincial ministers in any case would want it that way. However the motion is that we urge the government to press. It is not definitive in any case. In that regard we are prepared to support the motion in question.

[*Translation*]

I would like to say a few words about the excellent work done so far by the hon. Minister of Health.

My colleague, the Minister of Health, has worked tirelessly on this issue and I can say that it is because of his efforts that there is an offer today for Canada's hepatitis C victims.

I would like to offer him my full support and tell him that he has my personal support, as well as that of all my colleagues, I am sure, for the excellent work he has done to date.

[*English*]

We know of the very caring nature of the Minister of Health and how he fought very hard for the package offered to the victims of hepatitis C. We know a consensus was achieved which the minister supported and defended on the floor of the House of Commons.

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It is a spirit of solidarity when ministers of health of different political stripes arrive at a consensus. I am not saying what position he personally took to arrive at that consensus but that does not matter in a sense. It is like a cabinet decision in the sense that once the consensus was achieved he defended it. He did it valiantly. He did it brilliantly. He did a fantastic job.

We have a situation before us today, notwithstanding the commitments repeated several times over, where some people are now gravitating away from that consensus.

• (1215)

Such is the case. Ontario has decided to do something outside the consensus established and announced it in a press release yesterday under the name of the premier of the province.

That consensus has been breached but not by the federal government. To a degree it has been breached or at least it is not the same as what it was before.

Therefore the Minister of Health indicated that he is willing to have a meeting with his counterparts at the provincial level and that meeting presumably will take place in the not too distant future. He indicated his willingness to meet with representatives of the Hepatitis C Society of Canada.

[*Translation*]

I should add that the Minister of Health told me that he met with representatives of the hepatitis C victims group on a dozen or so occasions. This in itself shows the very strong commitment by the Minister of Health to helping these individuals.

In recent days, we have had many questions in the House from members across the way. In some instances, we were told to cut health spending at the same time as we were told to come up with more money. This is typical of the Reform Party members. They demand that the government cut transfer payments to the provinces, including those for health, slash aboriginal benefits, and so on, all the while claiming to be the defenders of the less fortunate. The Canadian people do not believe a word of it.

[*English*]

On the other hand, we had messages that were certainly contradictory when it is known that the provincial and federal arms of some of the other political parties were giving messages that were different.

Be that as it may, the members of the House have asked a number of questions on the floor of the House, as is their right. I do not deny that. I have been in opposition long enough to know that it was my right to ask questions when I was there. I think I exercised it on a few occasions, if I can put it that way.

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Today that is no longer the issue before us. The issue before us is different. It is one of identifying whether, as I raised moments ago, the consensus that existed and that was supported by all ministers still exists.

In one case, we know there is some deviation. Now that consensus is no longer the same, is there a need for a meeting of ministers? It is our opinion that this would certainly serve a very useful purpose.

When such a meeting is held should the Hepatitis C Society of Canada be invited? Our position is yes, but we think the meeting would have to be held somewhat separately from the one that would follow.

All ministers would have to arrive at a new consensus, if there is a new consensus. I have no way of prejudging the result. Nevertheless, reading the motion in the broad sense as I think I am doing, giving the benefit of how it could be read, then we are prepared to support the motion in the name of the hon. member for Halifax.

[*Translation*]

I will wrap up, because I know there are several members wishing to speak today to this issue, which is a very important one for all of us. There is not a single parliamentarian, I believe, who does not have hepatitis C victims in his or her riding, just as there are none without cancer or AIDS victims among those they represent.

• (1220)

We all have constituents living with very difficult medical conditions, and suffering as a result of those conditions. Naturally, we all sympathize, and wish to come to their assistance to the extent that finances permit and to the extent that the necessary money is available.

In the meantime, I am pleased to repeat what I said earlier, which is that the government intends to vote in favour of today's motion, in the hope that the discussions between the Minister of Health and his provincial counterparts will be very productive and that the meeting will take place in the near future.

[*English*]

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, on behalf of the NDP which moved the motion we are debating today, we welcome the government's support for the motion. We think this contributes to the progress we have been trying to make in the last few days on this issue by pressing yesterday for the minister to have a meeting, given the new circumstances, getting that commitment from the minister late yesterday afternoon so that we could then proceed to have a different motion before the House today from the one we had planned. Earlier we had intended a motion calling on the government to have such a meeting.

We received the commitment that there would be such a meeting and then we went on to move a motion to help influence the nature and hopefully the outcome of that meeting by moving this motion that the representatives of the hepatitis C society be invited to any upcoming meeting.

I think the government House leader has interpreted the motion correctly. It certainly does not mean to preclude in any way that the federal, provincial and territorial ministers of health cannot meet on their own in the final analysis to determine whatever consensus we hope there will be for compensating all the victims of hepatitis C. It is very important that they do meet with the representatives of the hepatitis C society in that context so that the victims have a direct opportunity to put their case before the people who will be deciding any future arrangements for compensation.

I am sure that one of the people most happy about this in the House of Commons today is the Parliamentary Secretary to Minister of Health because he will be saved any further embarrassment of having to stand in his place hour after hour avoiding answering questions as to how the government was going to respond to this motion. I am sure he is greatly relieved and he will be able to sort of untwist himself from the various positions that he managed to take.

Hon. Don Boudria: Mr. Speaker, let me start by congratulating the parliamentary secretary for all his hard work not only today in the House of Commons but every day and for the interest he has in the health of Canadians, on informing himself about all the issues involving health, on answering questions in the House, on his faithful attendance in the House of Commons, on his work generally here and in committees and even throughout the country as he assists the Minister of Health. He has done a superb job. I extend my congratulations to him as well.

I thank the hon. member for Winnipeg—Transcona for clarifying the intention of his motion. I think that is helpful. I am sure everyone duly noted the context in which the motion was made. This will certainly assist the ministers of health.

We have to recognize one thing, however, even on the passage of this motion. This would urge the government to press for this invitation and it is certainly our intention to do so once the motion is passed. But it does not say that the premiers would agree to it. That is a different matter. They will have to answer for themselves in that regard.

• (1225)

We intend to follow up and do that which is in the motion, with the clarifying element that was brought to our attention by the hon. member for Winnipeg—Transcona.

Mr. Grant Hill (MacLeod, Ref.): Mr. Speaker, the parliamentary secretary did give an interesting speech this morning which was

not down the government line. In fact, it was somewhat negative on this motion.

I wonder if we could ask for unanimous support of the House for the parliamentary secretary to come back now and give a second speech where he can support the motion. He certainly did in the first one.

Hon. Don Boudria: Mr. Speaker, I had previously thought this was a serious issue. On our side of the House we still consider it a serious issue. I hope other members consider it a serious issue. Unfortunately it appears that one member does not.

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Mr. Speaker, I rise in the House today to speak in favour of the motion presented.

On March 27, 1998 the federal government, the provincial governments and the territorial governments announced financial acceptance and assistance to people infected with hepatitis C during the 1986 to 1990 period. Yesterday the Government of Ontario offered compensation for pre-1986 individuals and is exploring possible legal avenues to require the federal government to meet the responsibility for its share of the total hepatitis C costs.

The provinces, territories and the Red Cross were the operators of the blood system in the 1980s. The provinces and territories are also responsible for the operation of their health insurance plans and the delivery of health care services. The federal government is the regulator of the blood system. This role has recently been confirmed and clarified by Justice Krever in his final report. In addition, the federal government has taken a leadership role in rebuilding what was clearly a flawed system by acting to ensure the emergence of new forms of governance in this area and new forms of risk management.

In addition, far from abandoning its responsibilities in the area of blood and blood system management, the federal government has taken a leadership role in negotiating the emergence of a new blood system with a new governance structure. As part of this effort, the federal government felt a responsibility to turn its attention to the issues of the past. Following the release of the final report of the Krever commission, it took upon itself the role of leading the settlement of hepatitis C claims in the 1986 to 1990 period.

In doing so it moved to accelerate the settlement of claims from victims for this period and to smooth the transition for the new blood system. This government has been consistent, forward thinking and diligent in its efforts both to help victims and to reassure Canadians about the future of the blood system.

In redesigning the system and in dealing with the issue of hepatitis C, the government has had the benefit of many conversations with consumer groups and others. There has been extensive consumer involvement in both processes. The Minister of Health has met on many occasions with representatives of groups such as

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the Canadian Haemophilia Society and the Hepatitis C Society of Canada. These consultations have been a source of many new ideas. Their importance has been recognized in the decision to involve consumer groups in the negotiated court approved settlement process announced on March 27. As a government we will continue to do so in the interests of all Canadians.

I want to speak about the New Zealand experience. New Zealand has a no fault accident compensation scheme. It came into force in April 1994 and the relevant act was amended in 1982 and again in 1992. Originally the scheme compensated for all injuries resulting from any accident without any regard to fault, including medical misadventure. While original the no fault scheme was relatively generous, in 1992 it was changed. Amendments were introduced to exclude hepatitis C infections from the list of compensation events because it did not meet the standards established for medical accident or something that was severe within a period of mishap and therefore rare.

• (1230)

In the same year changes in program administration led to lump sum awards being replaced by an independence allowance for non-financial losses of up to \$38 Canadian per week tax free.

The New Zealand Hemophilia Society obtained an extension for hepatitis C claims until June 1995 but as of that date New Zealand's no fault scheme no longer covers hepatitis C infections.

I draw the attention of the House to the independence allowance cited above, in particular the \$38 per week. This is not a large amount of money. No fault schemes like this one strike a balance between the range of conditions that can be factored into the scheme and the affordability of it. In the evolution of New Zealand's scheme awards, though they cover a range of conditions they became small and common types of mishaps with gradual onset and chronic impacts like hepatitis C and have therefore as a result disappeared from that scheme. We should perhaps take this history of New Zealand into account.

Equity requires inclusiveness and inclusiveness limits affordability unless benefit levels are driven down to very low levels as in New Zealand's case.

When equity is put aside and the focus is only on the specifics of a particular diagnosis, there is capacity to contemplate higher level awards as in the case of Ireland. Sooner or later a scheme that runs on these grounds will face the challenge of its own internal inconsistencies, and there will be a tendency to drive out certain specific high cost conditions by redefining the basis on which the no fault scheme applies.

At the end of the day, unless policy and program are carefully designed, one is left with a no fault scheme that applies to severe and rare conditions and is characterized by benefit levels that are

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small marginal add-ons to income. We need to note that is certainly most important.

While Justice Krever documented these various scenarios in some detail, his report contains little analysis of the incentive structures around the world with both for cause and no fault schemes.

Canada like most other countries has much more experience with for cause schemes than with no fault schemes. While there are many calls to reform the justice system, the details of tort law are sufficiently worked out that courts can render justice when cause and effect are well defined.

The federal government and its partners in the March 27 announcement placed relevance on just these processes to render justice in a very sensitive area. As to no fault, there are serious and important issues of equity that will have to be addressed in this area before a sustainable scheme can even be possible. Doing no fault on the fly is a recipe for disaster, I would suggest, especially in the medical area.

Even in New Zealand where it gave no fault a sustained effort, the problems have been numerous and the administrative difficulties immense over the years.

If Canada is to proceed down the no fault route it must be on the basis of a sustained debate about the merits of no fault in many areas and a careful analysis of the many implications that no fault carries. We will not head up the blind alley New Zealand has travelled, at least I would hope not.

Today in New Zealand commentators are pointing ironically to Canada as an example of how things could have been done differently on hepatitis C. Canada's leadership has been recognized abroad.

One of the most important parts of the national debate about blood has been the involvement of consumers in the process. Their input remains critical to the refinement of our policy. Ministers in this government, especially the Minister of Health, had extensive consultations with representatives of groups affected by the blood crisis, as did ministers in other jurisdictions.

The consumer perspective was an integral part of the process of negotiation and consumer representatives were apprised of developments throughout the process. Representatives of groups such as the Canadian Hemophilia Society and the Hepatitis C Society of Canada met regularly with a variety of politicians and their views were fed into the process at various points. This will continue. It will be an integral part of the process and I support that.

The blood system is ultimately about people, altruism and equity, not federal-provincial relations, not partisan politics, not

political advantage. As soon as we come to realize this we will all be better off.

• (1235)

Mr. Reed Elley (Nanaimo—Cowichan, Ref.): Mr. Speaker, I would like to inform the Chair that I will be sharing my time with the hon. Leader of the Opposition.

I rise today to speak in support of the NDP motion before us. I must say I am very glad to hear government members will be allowed to support this motion. It is about time the Liberal government did something positive for all hepatitis C victims.

For the Canadians who contracted hep C from tainted blood and are now sick or dying what I say in the House are merely words, and as they will say they are not looking for words but actions.

I cannot possibly convey in the few short minutes I have here the pain, the suffering and the humiliation these victims have had to endure over the past some 20 years. However I will read into the record a letter that speaks volumes, far more than anything I could say. It is a letter from a victim's perspective. This gentleman lives in my riding. I met with him over the weekend. I have had conversations and correspondence with him before that. His name is Floyd Hubbard. He wrote the following to me on Saturday:

I contracted hepatitis C through heart surgery in 1983. I've been on Interferon for 7 months, which has caused me to have a heart attack. My enzymes went down, but I've never been so sick in my life. There were days when I thought I would die and days when I wished I would.

This is the medical treatment you (Liberals) say you'll help us get. Well I for one don't want it again. I had 15 years on vitamins and minerals and herbs, plus a changed diet.

If I had to choose treatment I would choose a naturopath, a masseuse, or to go swimming in a steam bath. In other words, natural healing now if you're going to help us get this. That is better than Interferon, the only treatment for Hep-C.

The other day I asked my doctor if I could get him to fill out a form for my disability income tax credit. He didn't think I was entitled to it. I had to beg. Do you know how this feels? Today it takes me hours to shower and dress. I know I'll probably need a wheelchair soon as I am going downhill fast. I was a capable husband. Now I'm so sick my wife and I sleep in separate beds. No wonder there's so many marriage breakdowns. I was also a good father. Now my children and grandchildren are afraid they'll give me their colds and viruses. I hardly ever see them. This is a disease of loneliness, shame and isolation.

I had a good paying job, a 12-acre farm and a business. It's all gone as a result of this disease. What do I have left? Not even my pride, you (Liberals) took that away on Terrible Tuesday when I watched the democratic vote that took place with the Liberals. We are led to believe we all have one vote; you, Mr. Prime Minister, took mine away from me. I couldn't believe I live in Canada, "Glorious and Free".

Mr. Hubbard is more than just one of thousands of Canadians who contracted the hep C virus through no fault of their own. He has been victimized twice, first by a federally regulated agency that allowed poison blood to be pumped into his veins, and second by

an uncaring and cruel government which refuses to accept responsibility for compensation.

This past Friday and Saturday I probably went through one of the most difficult times in my short life as a parliamentarian. I met with about two dozen other people who have been infected with this disease in a couple of meetings in my riding. It was very difficult to sit and listen to what they have gone through and to realize how they felt about what happened on this day of shame last Tuesday in the House. The common theme in all of their talk is the hope that they would not be forgotten.

• (1240)

They said “Let us into the discussion. Let us sit around the table with people who are making decisions concerning the well-being of our lives. Let this not just be a deal that is struck by politicians. Let us in”. They said “Give us a compensation package for all. If it is not for all then it should not be for any”.

Even people within the 1986 to 1990 window were telling me that they would not accept the compensation package unless it was given to all victims of the tainted blood scandal. Then they said something else important that has not been injected into this debate heretofore. They said “Compensation should be on the basis of wellness. It should not just be a lump sum that is simply given to people who have hep C and then forget about us”.

Right across Canada, as in my riding of Nanaimo—Cowichan, there are many others in the same boat. It has become to many of them an abandoned boat void of government compassion. All this time we have seen Liberal members across the way hiding behind a rock of intransigence, failing to recognize that they need to do the right thing.

Let us not dwell on this rock of cruelty. The events of the last few days show us that perhaps the rock hard Liberal defence of stubbornness and stupidity is finally cracking. With the provinces slowly coming on board, the last line of government rationale is turning out to be papier maché instead of rock solid reasoning.

Though it appears government resolve in the matter is waning there are still signs that Liberal backbenchers are not permitted to think for themselves in this matter.

Let us take for instance what happened at the health committee this morning. A few weeks back I requested through the clerk of the committee that health committee MPs, a non-partisan group of representative MPs from all parties, meet in order to invite the health minister to appear. I want to personally extend my thanks to the NDP member for Winnipeg North Centre and the Reform members for Macleod and Wanuskewin in signing on to the initiative.

It was my belief that the meeting would have allowed for better questioning of the health minister concerning the hep C compensa-

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tion issue, that perhaps we could finally get to the bottom of why this window is so narrow.

What happened at the meeting this morning? Did we get our answers? No. We got a repeat of last Tuesday's vote, only worse because not only are Liberals denying compensation for those outside the timeframe but now it seems they are unwilling to let the minister come to the committee to answer questions.

In effect, Liberal members decided to hide behind a rock of silence. When it came down to the vote it was once again the solidarity of the opposition against the solidarity of government members, and the chairman had to cast the deciding vote because there was a tie.

I am glad to hear that the members of the Liberal Party are to support the motion. I am glad they have all been consulted on the matter ahead of time and that indeed they will all individually give the motion their support. That will be quite a change from the day of shame last Tuesday.

Beyond that the party across the way really needs to examine its commitment to accountability. That is the bottom line issue. Indeed, how can they look their constituents in the eye and say to them they represent their point of view in parliament?

In closing, I will be voting in support of the NDP motion. In this regard my actions in the matter will speak far louder than words. It is time to do the right thing and to vote to help all victims of hepatitis C contracted through the tainted blood scandal. Prove to Canadians that we are truly caring for them and that the Liberals across the way are truly the custodians of health care and not the undertakers for those left out of the government's compensation package.

• (1245)

Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, it is already foreseen how the opposition will vote on every motion and how the government will vote on every motion. That is fine.

A couple of comments made by the member opposite deserve some attention. For the member to suggest that committees somehow work in a fashion that is counterproductive just because other members on the committee do not see it his way does an injustice to what happens in this place. This morning in committee, committee members reinforced the primacy of this place and the importance of the accountability that ministers and the executive of government have to all members of parliament in this place.

Over the course of the last six weeks we have seen member after member pose question after question to the Minister of Health in particular and the government in general not only on health issues relating to the government's broader policies but also general and specific government policies. For any member in this House to suggest that is not a transparent and an accountable way of keeping

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members of the executive responsible to this House is to do a disservice to this House and to the committees themselves.

For committee members to vote as they see fit on a motion, whether it is properly put, properly worded, whether or not it has merit has no bearing on what happens in this place other than the committee draws its authority from this House. The member would be well placed to recognize that. Perhaps he should withdraw the kinds of statements that cast aspersions on his colleagues in committee.

Mr. Reed Elley: Mr. Speaker, I am very glad for the hon. member's diatribe on the committee structure. Unfortunately, the very reason the motion had to be made in committee was that we on this side of the House did not feel we were getting the answers. We look upon the committee structure as the court of last resort for us so that we can finally get answers. I reiterate that once again it was the Liberal majority up against the opposition, and the Liberals stonewalled it.

Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, one thing is certain. The new position of the Government of Canada is not a position it took willingly and freely. It is a position the government has been shamed into.

I have been listening very closely to the parliamentary secretary and other members from the government side. I listened very carefully to what the Minister of Health had to say yesterday following the decision of the Premier of Ontario.

I have yet to hear the minister or the Government of Canada accept the principle that all innocent victims of hepatitis C ought to be compensated. I would like to ask the hon. member whether I am correct in stating that the government has yet to accept that principle.

The Minister of Health is now saying that he is prepared to attend a meeting of health ministers. It seems to me that a prerequisite of having any credibility whatsoever in attending such a meeting is the admission, the understanding or the acceptance of the principle that all victims should be compensated, that all victims should have access to a compensation package.

Mr. Reed Elley: Mr. Speaker, I thank my hon. colleague for the question. This is exactly why we wanted to open this question up at committee.

We wanted to get the minister in to ask him these hard questions. We wanted to ask why there is this narrow window of 1986 to 1990 when Justice Krever and other authorities on the subject have told us that hepatitis C was in the blood system prior to 1986. In 1981 Dr. William Moore of the Red Cross laboratories told his own officials that he was concerned about hepatitis being in the blood supply. He said "Here is a test that has been used in other countries. Use it". They denied him that. It was not used.

• (1250)

The government cannot get away from the fact that the Minister of Health is the custodian of the country's health care system. He is the top regulator. The minister has to take responsibility for it. Health ministers in those days could have taken responsibility for it, put a stop to it and we would not have this tragedy today. That is where the liability lies. They are not accepting it.

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, I rise to support the motion before the House and to add my voice in urging other hon. members to do likewise.

For weeks the issue of securing fair compensation for all the victims of tainted blood has been front and centre in the House. The health minister and the Prime Minister presented legal, financial and accounting arguments against expanding the compensation package, but weightier arguments based on the concepts of fairness, compassion and morality have also been presented with many of them being provided by the victims themselves. These arguments led to expanding the compensation package for victims of tainted blood. We on this side of the House are pleased to finally see some small movement in this direction by the government.

The principal objective of the official opposition in this whole exercise, and it is reflected in the NDP motion before the House, is simply to get fair compensation for all those who contracted hepatitis C as a result of defects in the federally regulated blood system. The objective is not to drag the government down and thereby score political points. The objective is to simply do the right, fair and compassionate thing for the victims of this tainted blood tragedy.

Daniel Johnson, the former Liberal leader in Quebec, is to be commended for his initiative in raising this issue in a new way in the Quebec legislature. Premier Harris of Ontario is to be particularly commended for his leadership in this matter. Not only has Premier Harris declared that the compensation package should be renegotiated but he has also agreed to bring more money to the table.

We feel therefore that the time has come for the federal government, in particular the Prime Minister himself, to start showing some real leadership on this issue and to drive it to a fair and compassionate resolution. In our opinion the exercise of this leadership involves three things.

First it involves the Prime Minister himself convening a national federal-provincial meeting in order to resolve this injustice. We agree that the victims of tainted blood themselves should have input to this meeting, which is the thrust of the motion before us. We also believe that this meeting should be convened by the Prime

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Minister because the federal health minister has lost all credibility on this issue. To coin a phrase, he has hit rock bottom.

Second, federal leadership on this matter should involve directing the Minister of Finance, who has been strangely silent throughout all of this, to develop a plan for financing the federal portion of an expanded compensation package by reallocating funds within the existing federal budget.

Third, in order for the federal-provincial meeting alluded to by this resolution to be successful, the federal government must clearly and publicly abandon three arguments which the health minister and the Prime Minister have been using over the past few months to fight any expansion of the compensation package. These arguments need to be identified and abandoned now because if the government continues to maintain and advocate them, the federal-provincial meeting envisioned by this resolution will not be successful. Let me be specific.

First, the Prime Minister must fully and frankly abandon the argument that there was no test available prior to 1986 to detect hepatitis C in the blood supply. This is a false argument.

Justice Krever said clearly that such tests were available. My colleague has already referred to Dr. Moore of the Canadian Red Cross national reference laboratory proposing a test to help screen donors for non-A and non-B hepatitis as early as May 1981 and the New York Blood Centre was testing for hepatitis C in 1982. The government must acknowledge that its 1986 line in the sand was drawn there primarily for political reasons which are simply not acceptable to the Canadian people.

• (1255)

Second, the government must abandon the argument that compensating all victims of hepatitis C who contracted the disease through tainted blood will somehow open the floodgates to compensate everyone and anyone who becomes ill for whatever reason. This too is a fallacious argument.

No one is asking the government to compensate everyone who becomes ill regardless of the circumstances or the causes. What we are requesting is that the government compensate people who became ill as a result of proven government negligence, negligence established as a result of a thorough, objective, scientific and judicial inquiry by the Krever commission.

Third, the government must abandon the argument that somehow compensating all victims who contracted hepatitis C from tainted blood will be fiscally irresponsible. The official opposition finds this argument both hypocritical and false.

It is hypocritical coming from Liberals who normally have no hesitancy about spending public money on anything, particularly

when it is other people's money. It is also false because there is a way to increase the federal compensation for victims of tainted blood in a fiscally responsible manner. There is a way to increase the federal compensation for victims of tainted blood without increasing total federal spending, or taxation, or unbalancing the budget.

The finance minister should be directed to find the money, not through any spending or taxation increases but by reallocating resources within the existing spending limits. Possible sources of funding include the \$7 billion in savings proposed by Reform to the finance committee during the budget, debate and the finance minister's so-called \$3 billion contingency fund.

In other words, the federal government should approach the funding of this expanded compensation package in exactly the same way that a Canadian family faced with an unanticipated family crisis would face the problem. If the family had no additional sources of revenue, the only way to cope with a crisis like this would be to reallocate funds, to take money from some other purpose and apply it to dealing with the crisis.

This is precisely what the federal government should do in this case. If it needs help in applying the novel concept of fiscal responsibility within existing spending limits to this situation, the official opposition would be more than happy to offer that help.

In conclusion, I want to pay tribute to all the victims of hepatitis C who have persisted in presenting their case. They have persisted in the face of intransigence from the leader of our country, and the Minister of Health who is supposed to be the guardian of the health care system, and the intransigence of the government itself. These people are persistent despite their illness and lack of resources.

This resolution before us today acknowledges their persistence and gives them standing at the federal-provincial meeting. May I suggest that the greatest tribute we can pay to these people is not through resolutions, through speeches or through press releases but by simply doing the right thing. In this case doing the right thing involves providing just and compassionate compensation for the effects which this terrible tragedy has had, is having and will continue to have on their lives and on their families.

Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, no one in this House has anything against acting to do the right thing. I want to remind the Leader of the Opposition about what the right thing and the responsible thing is and what this government has done.

Over the course of the last almost five years that he has been in this House, the Leader of the Opposition has had the opportunity to press the last government and the current government to act on this issue. I remind him and other members in this place that his voice was remarkably silent. Notwithstanding his silence, the Govern-

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ment of Canada through its health ministers acted swiftly on the recommendations of Krever.

• (1300)

Indeed, the current Minister of Health moved that his colleagues at the provincial and territorial levels recognize the ongoing issue needed to have their energies for a quick resolution.

But he suggested it be done within the environment of parameters that all can accept, and the Leader of the Opposition says we have to do this on the basis of some fault or guilt we can find and it has to be done through an appropriate system, à la Krever.

I wonder if the Leader of the Opposition is aware that what he is telling all Canadians is that the judicial process which has worked in this country for so many decades is the exact process he is suggesting we use, and that he is not talking about compassion, he is talking about justice. Will he decide for once to tell us exactly whether he is talking about compassion or whether he is talking about justice and fairness?

Mr. Preston Manning: Mr. Speaker, the hon. member has a pretty short memory, or perhaps we should say a selective memory.

He might recall that during the period the Krever commission was carrying on it was the government that attempted to stonewall that commission. It particularly endeavoured to prevent that commission from getting cabinet documents that might have implicated Liberal cabinet ministers.

The period Krever was talking about, 1981 when the test was available, was when there was a Liberal government in power. I suggest the official opposition has pressed this point during the Krever inquiry. It was the government that resisted our inquiries.

In our view the government has not done the right thing in response to the member's question and no amount of apologizing after the fact, no amount of legal gobbledegook from either the minister or other members, no amount of spinning the story, no amount of trying to now appear to be on the side of the premiers when the government a week ago was castigating them in this very House as being opportunistic, callous and cynical; no amount of that type of thing will remove from the government's record the fact that it acted in this case not with compassion and not with justice but it acted in precisely the opposite fashion.

Mr. Rey D. Pagtakhan (Parliamentary Secretary to Prime Minister, Lib.): Mr. Speaker, I would like to ask the Leader of the Opposition a very simple question. Out of respect for his position as Leader of the Opposition of Her Royal Majesty and at the same time out of humility, can the Leader of the Opposition acknowledge

once and for all and say the right thing, that it was this Minister of Health who advanced this issue of compensation for the victims of hepatitis C in Canada by convening the ministers of health across the country to the table?

Mr. Preston Manning: Mr. Speaker, to set the member straight on that question, it was the victims of hepatitis C themselves who advanced the case. They did a far more effective job of it, far earlier than any politician on either side of the House.

It was Justice Krever who advanced this case to the point where it simply could not be ignored by the government or stuffed under the table.

The role that has been played by the Minister of Health in this issue has been that of a lawyer arguing the government's side of the case, not of a health minister whose primary concern is the health of Canadians.

There were arguments on one side of the issue. There were arguments on the other side of the issue. The health minister, this lawyer in health minister's clothing, took the arguments on one side of the issue and consistently presented them in this House until he was knocked off that position by the provinces, the victims and the official opposition.

Mr. John Nunziata: Mr. Speaker, I ask unanimous consent to extend the time to ask the Leader of the Opposition a question. I notice that a good number of members were rising to ask the Leader of the Opposition questions and I would ask that the time be extended.

• (1305)

The Acting Speaker (Mr. McClelland): Is there unanimous consent?

Some hon. members: No.

Mr. Ted McWhinney (Parliamentary Secretary to Minister of Foreign Affairs, Lib.): Mr. Speaker, I will be sharing my time with the hon. member for Halton.

May I thank the hon. member for Palliser for introducing a constructive and helpful motion in a non-adversarial spirit. I think the ultimate solutions to this issue will come in a spirit of co-operation that will include all members of the House. I will have something to say on the content of the resolution shortly, but let me simply say in historical retrospect a good deal of present problems stem from the way in which this issue was first handled.

I have consistently in the past as an expert witness on constitutional affairs before numbers of federal parliamentary commissions and others argued against the use, even the abusive use, of

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royal commissions of inquiry on issues that properly can be handled by parliament and should be handled by parliament.

It is the Mackenzie King ploy which is peculiar to Canada among all the common law countries that if you have a difficult problem you postpone the decision by setting up a royal commission, knowing that it will take a long time. This is I think one of the problems. When the Mulroney government made the decision to go to a royal commission I think it had enough facts to make a decision at that time. All the social problems were known and I think it could have been handled.

Instead we, in a very delayed way, handled in a forum not conducive to broader community solutions a problem that could have been handled otherwise. As the United States supreme court has said, only limited aspects of social and community problems are seen through the narrow windows of litigation and legal processes. I think this has been one of the problems in dealing with the hepatitis C crisis.

It is, however, one of the interesting paradoxes that the gentleman whose name has been so often cited on both sides of the House, with the impression in my mind that very few members have consulted his report and those who have may have been lost for the large continuing truths in the thicket of information that goes through so many volumes, is somewhat opposed to legalistic solutions.

He was a student of our greatest torts and delicts lawyers and Dean Cecil Wright of the University of Toronto. Wright's basic solution for problems of this sort was to take it away from lawyers, take it away from legal processes, get into the larger area of community compensation in relation to social problems.

It is interesting that the first direct application of that thinking was in automobile insurance, take it away from the torts lawyers. You get a different aspect and a different approach. Horace Krever who was my colleague for four or five years has essentially reflected that approach.

A very perceptive editorial in the *Globe and Mail* today makes this comment, that he does come out in a way with a non-legal solution. He looks at the issue and wants a solution that sees a problem as a community problem, not a one shot solution as such, but what do you do with people whose lives have been potentially shattered and in certain cases actually shattered. Is it not part of the community problem solving approach, the social security network, to be able to handle medical emergencies that arise, that have arisen in the past and that will surely arise again in the future in this period of new patent medicines so suddenly without full tests? Is it not better to handle it in that larger context?

I think the answer to that is yes, it is better handled in that context. I rather regret that the Mulroney government did not 10 or 12 years ago bring the parliamentary standing committee on health into the act.

• (1310)

The health committee in this parliament is one of our best committees. We know its members work hard, are dedicated and do not travel much. They do their work, and why not in this particular context.

One of the problems, however, in the interpretation of the Krever commission report as it has emerged has been to confine and fetter the solutions into the context of a lawyer's package, a financial legal settlement. When the issues are before the courts, a great deal of this goes toward lawyer fees. However, even outside the context of a legal settlement by lawyers before the courts, I think some questions are relevant.

It is generally assumed, by the way, that somebody is liable in this case. I am not sure as a lawyer whether this is true other than the Red Cross, but I think this is the approach that distorts a solution along the broader lines I have suggested.

The arbitrary figure that has emerged of \$60,000 per person is apparently, on the statistical evidence, unnecessary in a third of the cases, somewhat arbitrary in another third but totally inadequate, clearly, in at least a third of the cases we have been seeing. It will not meet more than a fraction of the burden, the disruption and destruction of the total life picture.

I think what we are looking for is a solution within the existing social security network. People on this side of the House take great pride in it but we can recognize also the contribution from a provincial political leader of the hon. member for Palliser's party, the contribution made to a comprehensive social security network which not only includes health, medicare and pharmacare but family and disability insurance. The basis for a proper solution is available within the existing governmental services.

I think the motion from the hon. member for Palliser is constructive because in a certain way I do not think we have really heard what the hepatitis C victims really want in this particular issue. We have been told that this is the solution asked for but I would have rather thought that we would get a more nuanced approach such as I have suggested if they were consulted.

Bringing the representatives into the health ministers' meeting is not for the federal government alone to make the decision. However, I am sure the other governments would agree that bringing them in is a way to enlightenment of how the problem is viewed and to producing a compensation that is not going to be lawyers' compensation but may go well beyond that in the sense that it is really making sure the victims can live out their lives decently with their families and dependants. We can bring it to a solution in this particular way.

I look forward to the meeting taking place on this basis and to the responses made in that context.

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Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, it seems that a prerequisite of the government's having any credibility whatsoever in attending a conference of health ministers is that the government has to accept the principle that all individuals who contracted hepatitis C as a result of the blood system should be compensated and should have access to compensation.

I would like to ask the member if he agrees now, in light of the fact that his minister has agreed to attend a meeting, that all victims ought to be compensated.

Mr. Ted McWhinney: Mr. Speaker, I appreciate the question from the hon. member. The problem here I think is the meaning of the term compensation. I spent a good deal of my time making the distinction between a lawyer's one shot compensation and a compensation within the larger community, social security network. This would cover not merely victims of hepatitis C but all victims of unattended, unexpected medical disasters. We have had them before with thalidomide and we are going to get them again in the future.

In that context, I believe the minister would be in agreement with him.

• (1315)

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Mr. Speaker, I listened with great interest to the member from Vancouver Quadra, the Parliamentary Secretary to the Minister of Foreign Affairs. He made some very thoughtful and insightful comments and observations.

I wonder if he could answer this question. I was particularly interested in his comment that the solution is in the existing social security network. I wonder if he could go on and elaborate more about that in terms of what we as a government and indeed all Canadians should be looking for with respect to the solution being, in part, in the social security network.

Mr. Ted McWhinney: Mr. Speaker, I thank the hon. member for that very thoughtful question.

It has always seemed to me that the solution is not limited to medical treatment, or hospitalization, or pharmacare, or in-house treatment, which I would regard as necessary parts of the package. When I spoke of the larger social security network I meant members of victims' families and their dependants. Their lifestyle is dramatically changed, just as it is for those who have contracted the disease. The fear is there.

We are getting into the area of human resources. Part of a comprehensive solution must involve the ministry of Human Resources Development. It must involve an expanded and an accelerated view of disability pensions. It might involve an ombudsman being appointed to accelerate these cases and to get them through.

We need that sort of comprehensiveness. It is in the social security network. It may need extra shortfall funds in particular cases. It certainly is not going to get into the \$3 billion expenditure that some people feared when the original announcements were made.

If we can get into that larger perspective we have a better solution than what has emerged so far in the debates in the House.

Mr. Julian Reed (Parliamentary Secretary to Minister for International Trade, Lib.): Mr. Speaker, this debate is taking place in the light of a change of mind or a change of heart by the province of Ontario. According to news reports it has changed its mind three times in the last four or five days.

I would caution all members of this House that the changing of the mind of one province does not an agreement make. The NDP Government of British Columbia has been steadfast in refusing to budge on this issue. At this date we do not know what the chairman of the committee of ministers, the minister of health for Saskatchewan, is going to say in response to that change of mind by the province of Ontario.

Our minister, in response to Ontario's change, has agreed to meet once again. There are some very good reasons for that. The fact is that the decision which was brought to this House was the decision of 13 provincial and territorial governments. That message has got to be made very clearly. When our Minister of Health was standing to defend that decision, he defended an agreement of 13 territorial and provincial governments.

During the last five weeks there has been a disease in this House. It is a disease called political opportunism. That disease has some symptoms that are clear. The first one is selective memory loss. You forget part of the story and only tell half the story, and that becomes the case. The second symptom is failure to recognize where responsibility really lies. The third is, in many cases, a complete reversal of party policies in order to exploit this tragedy.

I can tell you, Mr. Speaker, that had it not been for the Minister of Health this issue would never have reached the table. The previous—

• (1320)

Mr. Dick Harris (Prince George—Bulkley Valley, Ref.): Mr. Speaker, I rise on a point of order. While the Liberal member opposite was delivering his speech he made an accusatory statement against the Reform Party in which he said that we were exploiting the victims of hepatitis C—

The Deputy Speaker: I think the hon. member is engaging in debate. I did not hear the hon. member make any reference to any particular party.

My recollection is that he was referring to the debate in the House in general. I did not hear an accusation and I certainly suggest the hon. member is raising a point of debate.

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Mr. Julian Reed: I am sorry my hon. friend feels so sensitive about it.

Mr. Dick Harris: When you lie you really take offence to it.

The Deputy Speaker: The hon. member for Prince George—Bulkley Valley knows that he should be prudent in his choice of words. I know he is not making an accusation, but I invite him to think about his comments and avoid that kind of comment in the House.

Mr. Julian Reed: Mr. Speaker, I have been called worse by better.

I point out that my minister brought this issue to the table when the previous government wanted to cover it up. It did not want him to do anything because it knew it would be contentious.

At first the provinces and territories would not engage in a dialogue on any kind of compensation. Finally the minister got them together and they agreed on the package that he came back to the House with, which he has defended.

I would suggest that the Minister of Health who has been castigated in this place for the last five weeks is a hero for doing that. He is a hero for taking a position of leadership that previous governments would not take.

The selective memory loss of the opposition is simply a refusal to acknowledge that there were other governments involved in the agreement. There were 13 provinces and territories involved in those decisions. When governments began to hang the minister out to dry, starting with the premier of the province of Quebec and spreading from there, it was—I wonder why I stop speaking when the hon. member interjects. I really should keep going.

Mr. John Solomon: I would be lost for words defending Rock too.

Mr. Julian Reed: I will never be lost for words defending someone who has shown the courage that the minister has shown over the last five weeks defending the government against the disease of political opportunism.

I spoke about the reversal of policy. The Reform Party must bear the brunt of responsibility for its reversal of policy. The Reform Party uses this issue to try to look good on health care because it knows that the Reform approach to Canada's health care system is not popular. It is strange to see the Reform Party suddenly talking about compassion when the sum total of its policy over the years has been anything but compassion.

Where was the compassion when the Reform Party said it would cut \$3.5 billion from social assistance programs? Where was the compassion when it said it would cut \$3 billion from old age

security and \$5 billion from the employment insurance program? Where was the compassion when it said it would cut \$3 billion from equalization payments to Quebec, Saskatchewan and Manitoba? Where was the compassion when it said it would dismantle the Canada pension plan and eliminate benefits for both disabled and pregnant women on maternity leave? I point out that the maintenance of the Canada pension plan—

The Deputy Speaker: The hon. member should be careful if he is rising on a point of order. I think I heard words that were quite unparliamentary from him. Maybe he is raising a point of order about his own comments. I invite him to be very careful in his choice of language.

• (1325)

Mr. Ken Epp: Mr. Speaker, I appreciate your warning and your advice. I will follow that advice, but I want the record to show that I find it very offensive for this member to put out the words that he is putting out which are so far from the truth they cannot be accepted.

The Deputy Speaker: I am sorry, but I think the hon. member is engaging in debate. The hon. parliamentary secretary is stating his view. I know members may disagree with the view, but I think it is a matter of debate and not a point of order.

Mr. Julian Reed: Mr. Speaker, I would point out that the maintenance of the Canada pension plan will be one of the means by which people who are too ill to work, who are totally incapacitated, will be assisted. The Canada pension plan is there for those people. As modest as it is, it is there for those people at any age.

The Reform Party wanted to dismantle the Canada pension plan. We all know that. Today the Canada pension plan is there for those victims of hepatitis C who have lost their ability to work. It is there as a backstop for all of them. Reformers wanted to do away with it.

We will be voting for the NDP motion this afternoon. We support it. The vote is certainly free, as far as I am concerned, because I am perfectly content to vote for the motion.

I hope and pray there is a change taking place in the minds of the provincial and territorial governments. The responsibility rests with them to get together and to come to some decisions that will allow us to move forward on this issue.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, first of all let me say to the member who has just spoken that we appreciate further indication of Liberal support for our motion today.

I want to raise with the member his comments about the concerns many on this side of the House have raised about the health minister and his actions over the past five weeks.

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I want the member to know that we are not singling out the health minister's actions over the past five weeks as shameful. We have said shame on all members who voted against a policy last week calling for fair and full compensation. We have said shame on government policy that actually set up a two tier system of benefits for hepatitis C victims.

We have said shame on a government that has failed to recognize responsibility for regulatory failure, as happened in the past when it came to thalidomide and HIV.

I would like to ask the member if he and his colleagues are now prepared to take Justice Krever's recommendation seriously and take to the next federal, provincial and territorial ministers' meeting a proposal whereby they accept full responsibility for the failure of the blood system and look at the option presented by Justice Krever in terms of no fault insurance.

Mr. Julian Reed: Mr. Speaker, as the hon. member knows the blood system and the processing of blood was in the hands of the provinces and the Red Cross. There was responsibility there.

In order to come to a successful conclusion on this issue every province and territory had to be included. They are part of the answer and their unanimity is absolutely necessary.

I share the feeling of concern for all victims. There is not a member of this House who does not.

• (1330)

The fact is if we are going to come to some successful agreement and conclusion on it, it has to involve not just the federal government by itself but also all of the provinces and territories. Quite frankly in this case there is no other choice.

Mr. Dick Harris (Prince George—Bulkley Valley, Ref.): Mr. Speaker, it is quite a chore to sit and listen to the hon. member across deliver, and I am trying to think of the word for it but I guess it was a diatribe on how the Liberal government and particularly his hero the Minister of Health were the ones that were the leaders in getting compensation for the hep C victims.

The member forgot that the Minister of Health only obtained compensation for half of them. What about the other half? That has been the question in this House for the last two or three weeks. What about the ones that were so conveniently forgotten by this disgraced Liberal health minister and his colleagues? We watched the Minister of Health sink deeper and deeper into the pit of disgrace and we wondered whether he would have the courage to show his head again.

Just the other day when the provincial governments were talking about how they wanted to take a second look at the forgotten hep C victims, the Minister of Health and the Prime Minister had the audacity to condemn the provincial health ministers for the

compassion they were showing to the forgotten hep C victims. That was disgraceful. The Minister of Health had the gall to label their compassion as the lowest form of cynicism. The actions by the Minister of Health and the Liberal Party toward these hep C victims is, in a word, reprehensible. They should be ashamed of themselves.

Mr. Julian Reed: Mr. Speaker, we have just seen an example of the disease of selective memory.

About three minutes ago I finished an exchange with a member of the NDP and pointed out that there were 13 governments involved, the provinces and territories. The Reform Party would dearly love to load all the responsibility on to a minister who courageously got the provinces and the territories together to work out some sort of agreement. They came to an agreement and the minister defended that agreement.

There have been some changes made in the minds of some of the provinces. That has opened a window of opportunity.

The Deputy Speaker: Resuming debate. The hon. member for Surrey Central.

Mr. Gurmant Grewal: Mr. Speaker, I heard the speech from the member from the other side. He was talking about where the compassion was. He was asking a question of the official opposition during his speech. I would like to ask the hon. member—

The Deputy Speaker: You are on debate.

Mr. Gurmant Grewal: Mr. Speaker, no, I am not on a speech. I would like to ask a question of the hon. member.

The Deputy Speaker: I am sorry, the time for questions and comments has expired. We are at the point of resuming debate.

Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, I assume I have 20 minutes to speak, if I could just confirm that.

An hon. member: As long as you are not sharing your time with another member of your party.

Mr. John Nunziata: I do not have another independent member to share it with so I will use the 20 minutes.

Mr. Speaker, I think it is time for a reality check. The previous Liberal speaker was accusing opposition parties of a reversal of policy. Mr. Speaker, I do not want to use the words hypocrite or hypocrisy because I know it might offend your parliamentary sensibilities, but we are talking about a party that has mastered the art of reversing its policies.

• (1335)

All I need mention is the GST. It was a party that fought against the GST and a party that embraced it once it came to power. It was a party that fought against free trade and then embraced it once it

came to power. Now it is a party that claimed the file was closed and barely 24 hours after making that assertion, all of a sudden the file is open. When one speaks of a reversal of policy and when one is making that statement from the government benches, one ought to be looking in the mirror.

The member went on to refer to the health minister as his hero. I am sure he ought to be aware of the phrase worshipping false idols. He said he was courageous and had it not been for the Minister of Health, there would not have been any compensation whatsoever, suggesting that the provincial health ministers had to be browbeaten into accepting the fact that \$1.1 billion ought to be put on the table.

The reality is that the Government of Canada through the health minister recognized legal liability. What the Minister of Health was agreeing to was not compassionate compensation; he was agreeing to damages. He was accepting liability. That was the major thrust of his submissions in the House week after week. He was saying that there was liability, culpability between 1986 and 1990 and for that reason he was making available damages or money.

To suggest that it was the Minister of Health who led the way to provide compensation is pure nonsense. He was simply recognizing that in a court of law the Government of Canada would have been found grossly negligent if not criminally negligent as a result of the tainted blood system.

I think it is time the Liberal backbenchers stopped regurgitating the talking points that have been provided to them by the Prime Minister's office and started using their own judgment and intelligence in making their arguments.

The fact is that the right and just thing would have been to compensate or to provide compensation, to make it available to all those innocent victims who suffered as a result of tainted blood.

The member refers to a reversal of policy. I would suggest that the spectacle we saw last week was a reversal of principle of the Liberal Party of Canada. It is a party that has prided itself over the years as the party of justice, a party of fair play, a party of equity, a party that goes to bat for the disabled, the disadvantaged in our society, a party that goes to bat for the unemployed, goes to bat for the sick. What we saw last week was a party that abandoned the sick and the dying in this country.

Had it not been for the premier of the province of Ontario, had it not been for Mike Harris, the file would still be closed. Now the government and its members want to take credit for the fact that compensation will inevitably be made available to all who suffered as a result of the tainted blood system in this country.

To this moment I have yet to hear a government member or the minister admit or accept the principle that all victims ought to be

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compensated. We are still hearing this notion of culpability and fault. They still have not accepted the fact that what is right and just is to make compensation available to all victims.

It seems to me if the government has any credibility at all it must accept as a prerequisite into walking into that meeting the principle that all victims ought to be compensated, that a compensation package should be made available for all victims. Unless and until the discredited Minister of Health or the discredited Prime Minister make that admission, the exercise they are about to embark upon will be nothing but a farce.

● (1340)

All the arguments put forward by the government and the health minister as a basis for their position are now suspect. How can the government pretend to have any credibility whatsoever? After weeks and weeks of questioning, the minister has maintained that if compensation were available to all innocent victims it would bankrupt the health system in Canada. They either believe it or they do not. Yesterday they seemed to be embracing the opening made by the premier of Ontario. In effect Premier Harris was saying that all victims ought to be compensated. All of a sudden they have abandoned the argument that the health care system will be bankrupt as a result.

The government and the health minister put forward another major argument, that if they compensate hepatitis C victims it would open the floodgates to all other individuals who become sick as a result of the health care system. Once again that argument has been totally abandoned. It seems that their credibility has been abandoned as well.

It is critical that the meeting which is about to take place be an open meeting so Canadians can hear and see the arguments being put forward by the Government of Canada and the governments of each of the provinces and the territories. For 10 men and women to lock themselves in the privacy of a room is undemocratic. There is no accountability. That meeting of health ministers ought to be open in order to ensure there is integrity to the process. Canadians want to be able to see and hear the arguments being put forward by the federal health minister and the provincial health ministers.

It seems that the motion put forward by the NDP will carry this afternoon and that the Hepatitis C Society of Canada will be present. Not only should the Hepatitis C Society of Canada be permitted to attend the meeting, but all Canadians should have an opportunity to see what goes on at the meeting.

With respect to the level of compensation, I would hope this government is not about to take away something that has already been provided to the victims between 1986 and 1990 in order to compensate those who contracted hepatitis C before 1986. To this day we do not know how the arbitrary figure of \$1.1 billion was

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arrived at. That dollar amount is on the table. We do not know whether that amount is too generous or whether it is not enough. We do not know the arguments that led to the figure of \$1.1 billion.

If we accept the position of the Government of Canada that there are an additional 40,000 to 60,000 victims who contracted hepatitis C prior to 1986, it seems that the entire package has to be improved threefold in order for it to be just and fair using the same principles or arguments that were used in coming up with the \$1.1 billion figure. If instead of 20,000 victims we now have 60,000 victims, then the compensation package ought to be \$3.3 billion to be shared. The lion's share ought to be borne by the Government of Canada because it was clearly the most responsible and the most negligent with respect to this matter.

I hope when question period begins in a few minutes that the Minister of Health will agree that the figure that ought to be the starting point for negotiation ought to be \$3.3 billion. Anything less than that will result in compensation dollars being taken away from those victims between 1986 and 1990. If they accept the principle that all victims should be treated equally, it seems to me that should be the starting point.

• (1345)

I have another submission to make. In listening to provincial premiers, provincial health ministers, the Prime Minister and the Minister of Health, it is almost as if there were two different sets of taxpayers in the country, provincial taxpayers and federal taxpayers. There is only one taxpayer that pays both to the federal government and to the provincial government. Canadian taxpayers have said in overwhelming numbers that they support fair and just compensation to all victims.

Instead of fighting interprovincial turf battles between the federal and provincial governments, surely both the federal and provincial governments ought to keep in mind that there is only one taxpayer and that taxpayers are prepared to compensate victims just as they were prepared, and rightly so, to compensate victims of the floods in Manitoba and the ice storms in Quebec and Ontario.

That is the Canadian way. It is the right, just and compassionate thing to do. It was not based on any negligence or any potential lawsuits with the Government of Canada named as a defendant. It is because as Canadians we have earned an international reputation of being a compassionate people. For that reason we send billions of dollars in foreign aid overseas to help others in the world who are destitute and hungry. It is the right thing to do and the Canadian thing to do.

The Liberal government was prepared to abandon its fellow Canadians, Canadians who are suffering terribly as a result of being

poisoned by the blood system, Canadians who through no fault of their own will lead very difficult lives.

Let us put the matter in context. I do not believe Canadians have yet to comprehend the magnitude of this tragedy. Not only are we talking about tens of thousands of our fellow Canadians. The numbers range up to 60,000. We are also dealing with their families and the devastation that this has caused to their loved ones, mothers, fathers, sisters, brothers, aunts and uncles. When we think of the magnitude of the tragedy, one in five will die as a result of being poisoned by the system.

Hundreds of young Canadian children with leukemia went into hospitals and had their leukemia cured, only to find that they were poisoned by the blood system. Their lives were put at risk because of a blood system that they trusted.

This is a matter to be dealt with by the first ministers, the Prime Minister, the premiers and the leaders of the territories. This is an issue that is grave enough to be determined. In terms of the health ministers, beginning with the Minister of Health in Ottawa and their credibility, Canadians do not trust them. They do not believe them in terms of the positions they have taken, the arguments they have put forward and the rhetoric they have used.

This file ought to be taken over by the Prime Minister and the premiers to show the same leadership that Mike Harris has shown in Ontario, a man who is often vilified by Liberals opposite as a man lacking in compassion and understanding for disadvantaged people in society. If only the Prime Minister and the Liberals opposite could show half the compassion and understanding that premier showed just a few days ago.

I would conclude by saying that this meeting is about to take place. It ought to be an open meeting so that we can see and hear firsthand the arguments being put forward by various levels of government. As a starting point the participants at this meeting have to agree that the compensation package on the table ought to be tripled to ensure the same level of compensation is available to all innocent victims.

• (1350)

Mr. Mike Scott (Skeena, Ref.): Mr. Speaker, I have a question for my hon. friend. It seems to me the Prime Minister has made two remarkable decisions in the last few weeks. One was a remarkably callous decision based on legal doublespeak, and false legal doublespeak at that, not to compensate all hepatitis C victims but only the ones after 1986. The second was a remarkably stubborn decision. He was unable to admit that he was wrong in the decision on compensation, forcing his Liberal caucus to vote against their will in many cases against the Reform motion last week, to the extent that Gordon Gibson, who once worked in Mr. Trudeau's office and who is a long time Liberal, in his editorial this week

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spoke about the Prime Minister and his entourage and encapsulated them in one sentence: "Little men, mean horizons. But by God, they're in charge".

Does my hon. friend not agree that what has happened is that the Liberals are now forced to wear this stinking carcass of this terrible decision? They want to avoid the smell. They are trying to get away from it. Does he not agree that what is going on now is an exercise in damage control?

Mr. John Nunziata: Mr. Speaker, regardless of what has happened and what may happen, one thing appears to be certain. Either as a result of being shamed into making the right decision or as a result of certain provincial governments recognizing that they were wrong at the outset, I believe we are on the path to a right and just decision with respect to this matter.

A number of other concerns have been raised as a result of this issue. In the 14 years I have been in parliament no other issue has torn members apart as this issue.

It ought not to have been a confidence vote. That is quite clear. It was not a vote of confidence. No one ever believed it to be a vote of confidence. It was deemed to be a vote of confidence, only as a mechanism to coerce Liberal backbenchers into supporting the motion. Could we imagine for a moment that, had the Reform motion carried, the Prime Minister would have walked down to visit the governor general to dissolve parliament? They would have gone into an election campaign and the theme would have been "We have abandoned the sick and the dying. The country is strong. Vote for us".

That is pure nonsense and everyone in the House knows it. I hope that one of the other results of this debate is an accelerated push for parliamentary reform and more free votes in the House so that all members of parliament, especially when it comes to matters of conscience, are free to vote their conscience and not forced into toeing the party line.

Mr. Ken Epp (Elk Island, Ref.): Mr. Speaker, I listened with close attention to the hon. member's speech. There is one thing though that I would like to ask him about.

There is in fact, as far as I can tell, no evidence of how many real victims there are in this hepatitis C case. We have numbers all the way from 6,000 to 60,000. The government will choose to use the higher number to try to build an argument against it because of high cost.

The numbers may in fact be a lot lower. I was wondering whether the hon. member would care to comment on this point. Perhaps, instead of talking about absolute numbers in terms of how much budgetary money should be available, we should simply set a principle that all should be treated equally and then find out how many there actually are.

Mr. John Nunziata: I suspect the government deliberately exaggerated the numbers to bolster its argument that the health care system would be bankrupt.

In conversation with Jeremy Beaty, head of the Hepatitis C Society of Canada, he too agrees that the numbers have been exaggerated. He believes the total number could be as low as 25,000 to 30,000 Canadians.

• (1355)

It seems to me the government has not been forthright. The government has not been honest with regard to the numbers because it simply wanted to, as I indicated, bolster its argument.

Having made the argument now that 60,000 people were infected by the blood system, it seems to me that the level of compensation should be based on that number. They came up with the figure of \$1.1 billion and presumably the health minister agreed that was a fair amount. I do not know how they picked that amount, not knowing the exact numbers and how they assessed every case.

As a lawyer, the Minister of Health ought to know that each case might in fact be treated differently in a court of law, depending on the extent of injury or harm caused to the individual. We know that hepatitis C will affect people in different ways. We know a certain percentage will die. Others will lead relatively normal lives. Fatigue may set in, extreme fatigue.

A court when considering these matters and in setting the quantum of damages will determine the extent to which the individuals have been harmed as the result of negligence.

Mr. Greg Thompson (Charlotte, PC): Mr. Speaker, I want to ask the member what moral and intellectual leadership the present Minister of Health can bring to the table if and when the health ministers meet. I think they have some positions which are completely untenable. He has made some outrageous statements in the House, for example stating that the package could not be reopened because if it was it would bankrupt our treasuries. In other words it would jeopardize health care in the country because we simply could not afford that package.

Given that point of view, and the minister continues to support that point of view, what could constructively happen out of the meeting that is planned for the health ministers in the near future?

Mr. John Nunziata: Mr. Speaker, I submit that it would be very difficult for the health minister to have any credibility whatsoever in attending these meetings.

He has stated that the file is closed. He has repeated day after day the arguments that the floodgates would open and that it would bankrupt the health care system in the country. How could he conceivably attend a meeting of first ministers and have any

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credibility whatsoever after having stated those positions not only in the House of Commons but across the country?

If there is to be any integrity to the process that is about to take place, first the process should be open so that all Canadians can see what is happening and, second, the current health minister ought not to be a participant at those hearings.

The Speaker: As it is almost 2 p.m. we will now proceed to Statements by Members.

STATEMENTS BY MEMBERS

[English]

JUDGE LEE GRAYSON

Mr. John Maloney (Erie—Lincoln, Lib.): Mr. Speaker, Hamilton Niagara citizenship court judge, Lee Grayson, who has had a tremendous positive impact on the Niagara community, completed her term of office in 1997.

Judge Grayson approached her duties relating to new Canadians with the same high degree of interest and enthusiasm as our new citizens expressed in their new home. In countless ceremonies she presided over she welcomed each new Canadian with a degree of honesty and sincerity that came from her love of her work.

Judge Grayson has talked with hundreds of new Canadians about Canada, their place in our great country and how they can contribute to our society.

Having attended several ceremonies as a federal representative, I have seen firsthand that this fine individual is a compassionate and dedicated Canadian who has served her country with competence and with pride. She has greeted our new citizens with the warmth and friendship they deserve.

I also enjoyed the reaffirmation of citizenship ceremonies she will conduct from time to time for all Canadians, especially on July 1, Canada Day. The public record will show that she was one of the best.

On behalf of myself, my staff and Erie—Lincoln residents I wish Judge Lee Grayson every success in her future challenges.

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MERCHANT NAVY VETERANS

Mr. Peter Goldring (Edmonton East, Ref.): Mr. Speaker, Canada's Merchant Navy of World War II suffered losses many times more than the other three services at war.

• (1400)

They braved the enemy's sea
To supply Allied war need.

Cold lonely duty, constant targets of an unseen foe
No buglers to hail the oncoming enemy blow.

Simply, the sudden shudder of a ship as torpedoes explode
Is the only notice of impending doom for the lucky.
Lucky because being alive, there is still hope
For others, the shudder ushers death.

When the war did end, all were veterans but them.
Fifty years have slipped by, yet they still question why
They are not veterans in life, but will be in death.

The world owes a great debt to Canada's Merchant Navy.

Best we not forget.

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[Translation]

MAJOR JUNIOR HOCKEY

Mr. Guy St-Julien (Abitibi, Lib.): Mr. Speaker, in 1976, Jean-Claude Babain, Robert "Bob" Meunier, Jean Duplessis, Yvon Rioux and myself applied to the Quebec major junior hockey league for a franchise for Val-d'Or.

The dinosaurs of the league kept on turning us down, from 1976 to 1992, but we finally got our franchise in 1992, and in 1993 were officially admitted to the Quebec major junior hockey league.

Today, thanks to their courage and determination, Les Foreurs de Val-d'Or are the new Quebec and eastern Canadian major junior hockey league champions.

After only five years of existence, Les Foreurs de Val-d'Or will be representing eastern Canada at the Memorial Cup junior hockey series to be held in Spokane, Washington.

Hats off to the volunteers and the directors of Les Foreurs de Val-d'Or, their fans, and the people of Abitibi. The efforts of these young players have brought them to an extraordinary victory.

They all deserve our congratulations.

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[English]

ELIZABETH FRY WEEK

Ms. Jean Augustine (Etobicoke—Lakeshore, Lib.): Mr. Speaker, May 4 to 10 is national Elizabeth Fry week. The purpose of national Elizabeth Fry week is to promote public awareness and education regarding the circumstances of women involved in the criminal justice system.

This year's theme focuses on alternatives to incarceration. Across Canada Elizabeth Fry societies have organized public events in their communities to encourage all Canadians to examine productive and responsible alternatives to costly incarceration.

The incarceration of women has great consequences not only on the women themselves but on their children, their families and on society as a whole.

I urge my colleagues to join with the society to bring greater public awareness to this issue.

* * *

ABORIGINAL AFFAIRS

Mrs. Nancy Karetak-Lindell (Nunavut, Lib.): Mr. Speaker, yesterday the \$350 million community based healing strategy, announced in “Gathering Strength: Canada’s Aboriginal Action Plan”, was formally launched by the Minister of Indian Affairs and Northern Development and the federal interlocutor for Metis and non-status Indians. The foundation is a non-profit organization that will be set up and run by aboriginal people to work with those who tolerated abuse in the residential school system.

The next few years will be an important time for teamwork between both the federal government and community groups. As the member of parliament for Nunavut, I ask for co-operation for all concerned as we take these important first steps in recovering the past so that we may move successfully into the future.

This is our chance to truly create the new partnership the federal government promised in its response to the RCAP.

I also take this opportunity to wish the chair of the foundation, Mr. George Erasmus, and other members like Inuit Tapirisat of Canada every success as they begin to implement this important initiative.

* * *

FAMILIES

Mrs. Diane Ablonczy (Calgary—Nose Hill, Ref.): Mr. Speaker, as elected representatives, all of us in this House are aware of the increasing stress on our families. This stress takes many forms.

Families are stretched to the limit worrying about their jobs or in some cases worrying about trying to find a job. They are worrying about caring for their families, their children, sometimes aged parents and looking after their homes. Many have money problems. Some are deeply in debt. All of them are stretched to the limit.

It is because this government has an insatiable appetite for more and more revenue from hardworking Canadians.

Reform has proposed a solution to this stress on families. It is to increase significantly the basic personal exemption, the spousal exemption, to index again to inflation the earnings of Canadians and the tax levels of Canadians so that they will not be eaten away by stealth taxes. Also, to extend the—

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• (1405)

The Speaker: The hon. member for Barrie—Simcoe—Bradford.

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YOUTH

Ms. Aileen Carroll (Barrie—Simcoe—Bradford, Lib.): Mr. Speaker, it is a privilege to address the House on the importance of youth week, a celebration to which we should give the highest priority as Canadians.

We must invest in our young people if our society is to prosper. The best investment we can make as a government and as a society is in learning.

The Government of Canada believes that we must not only build a country on opportunity, jobs and growth but we must make sure we are building a society where every Canadian has equal access to those opportunities.

That is why the government introduced the youth opportunity employment strategy which helps Canada’s young people make the transition from school to work, to getting that first job.

The important question of access was also behind the Prime Minister’s announcement last fall of the Canadian Millennium Scholarship Foundation.

Through these measures, we are ensuring that Canada’s young people have the opportunities to benefit from the great opportunity facing Canada—

The Speaker: The hon. member for Repentigny.

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[*Translation*]

ASBESTOS INDUSTRY

Mr. Benoît Sauvageau (Repentigny, BQ): Mr. Speaker, on April 22, the plenary session of the Council of Europe adopted the highly regrettable recommendation that asbestos be banned.

Canada did not do enough to convince the European parliamentarians that chrysotile asbestos can be used in a controlled manner. Canadian parliamentarians were, in fact, absent when the report was adopted on January 7, 1998 at the commission on social affairs, the family and health.

It is important that energetic efforts continue in order to allay the fears of the European parliamentarians concerning asbestos. This fibre, which is responsible for the economic health of an entire region of Quebec, is completely safe when used in accordance with the appropriate rules.

It is high time for the Canadian government to finally shoulder its responsibilities by filing an official complaint with the WTO.

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[English]

EMERGENCY PREPAREDNESS

Mrs. Rose-Marie Ur (Lambton—Kent—Middlesex, Lib.): Mr. Speaker, as this is emergency preparedness week, it is a perfect opportunity for Canadians nationwide to increase awareness and to learn best how to plan and prepare for the risks they may face in their community.

Recent history has shown us that disasters can happen to anyone, anywhere, any time, the ice storm being the latest example.

I am pleased to note the presence in the gallery today of the provincial and territorial winners of the 1997 emergency preparedness week drawing contest.

Over 1,000 students across Canada between the ages of 9 and 13 entered the drawing contest. The students were asked to illustrate what they perceived as the dangers in their community.

I know my colleagues join me in congratulating and commending these young Canadians for their excellent work. They set an example for us all.

* * *

CANADIAN HOCKEY TEAMS

Mr. Grant McNally (Dewdney—Alouette, Ref.): Mr. Speaker, our Canadian NHL teams face economic disadvantages when competing with American teams because their cities and states give them huge subsidies, allowing them to pay huge salaries to the league's biggest stars. There is certainly no disadvantage on the ice. Oh, how the mighty have fallen.

Contracts, tax breaks and subsidies are a problem for our teams but those are superseded by grit, determination and heart, demonstrated by our teams in the first round of the playoffs. There were countless heroes but none more important than the fans who provided the enthusiasm and passion driving our teams to play as champions and upset the American titans.

On behalf of the official opposition and all Canadians I want to congratulate the Edmonton Oilers, the Montreal Canadiens and the Ottawa Senators. As these David and Goliath battles proceed, Reform will even be rooting for that team called the Senators.

* * *

MENTAL HEALTH

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, May 4 to 10 is Canadian mental health week, during which a number of special events will be held to promote public awareness and education about mental health.

One of these events involves two young Canadian women who are challenging the waters of Ontario this summer by canoe.

Erin McKnight of Mississauga and Marie Roberts from Kingston have teamed up to paddle for mental health. On April 25 they launched their trip from Lachine, Quebec, and made their way along the St. Lawrence, arriving in Ottawa on May 1. Their voyage will reach The Pas, Manitoba and on to Hudson's Bay in August and next spring they will continue on to Tuktoyaktuk, Northwest Territories on the Beaufort Sea.

Both Erin and Marie are here with us today in the gallery. On behalf of all hon. members, permit me to extend our sincere congratulations and best wishes for a safe and successful voyage to promote mental health awareness.

• (1410)

The are a tribute to Canada's youth and we salute them for their important health initiative.

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[Translation]

MILLENNIUM SCHOLARSHIPS

Mrs. Christiane Gagnon (Québec, BQ): Mr. Speaker, the millennium scholarship fund is a flagrant example of the federal government's obsessive attempts to interfere in areas of provincial jurisdiction.

In 1953, the Liberal Prime Minister, Louis Saint-Laurent, tried to subsidize Canadian universities. Quebec blocked the proposal and, in 1957, got the support of Pierre Elliott Trudeau.

In 1964, Lester B. Pearson proposed offering loans to students and paying the interest. Jean Lesage was opposed, because the repayment of interest became a sort of direct federal subsidy of education.

The third try was by the current government. After cutting \$3 billion from education in Quebec, the Liberals are creating a private foundation to serve their purposes.

This time around, Quebecers with a single voice are demanding the federal government return the amount in question so the Government of Quebec can manage it according to its priorities.

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[English]

FRESH WATER

Mr. Nelson Riis (Kamloops, NDP): Mr. Speaker, the Ontario government has recently indicated that it supports a private company's application to sell Ontario fresh water for export to Asia.

This is the beginning of a host of private entrepreneurs applying to export and sell fresh Canadian water in bulk. They view water as a commodity to be exported just like oil or timber.

Fresh water is different. It is the nation's lifeblood. It is part of life itself. Proponents of bulk water exports view Canada as having a fresh water surplus. This is simply not so. Water plays a crucial role in our nation's ecosystems and is there for a reason. It is not a surplus commodity to be sold to the highest bidder.

NAFTA poses a threat to our ability to stop this sale. A good first step would be for Canada's Minister for International Trade to say simply no to any future bulk sale of Canada's fresh water.

* * *

[Translation]

THE LATE ROBERT DE COSTER

Ms. Raymonde Folco (Laval West, Lib.): Mr. Speaker, we were sad to learn of the death April 30 of Robert De Coster, following a long illness.

Mr. De Coster was a high ranking and respected official in the Quebec public service in the 1960s. Among other things, he was the deputy minister of industry and trade in the 1970s and responsible for setting up the Quebec Régie des rentes and the Régie de l'assurance-automobile.

More recently, Mr. De Coster had the job of analyzing the work of the Montreal urban community police and of Urgences santé as a consequence of the tragic events at the École Polytechnique in Montreal. He served as chairman of Sidbec-Dosco and honorary chairman of the board of the Laval University hospital.

An accountant by training, he also served as vice-president of the Caisse de dépôt et placement and he will leave his mark in the annals of Quebec public administration.

We extend our condolences to his family, his relatives and his friends.

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[English]

FINANCE

Mr. Scott Brison (Kings—Hants, PC): Mr. Speaker, last week the auditor general released his latest report on the government's financial statements and the finance minister and this government received a failing grade from the auditor general for the third year in a row.

Why? Because for the last three years the finance minister has cooked the books by retroactively allocating funds from the previous fiscal year to pay for upcoming spending programs. First

Oral Questions

came the HST buyout, then the innovation foundation and now the millennium scholarship foundation.

What is the reason for this shoddy bookkeeping? To keep Canadians from seeing a surplus.

The fact is the finance minister is afraid to show Canadians a surplus and afraid to show his own government members a surplus. He is conveniently delaying this debate of what to do with the surplus when he should be giving Canadians what they deserve now, fair compensation for all hepatitis C victims and a millennium tax break now, in 1998.

* * *

[Translation]

CANADIAN UNITY

Mrs. Sue Barnes (London West, Lib.): Mr. Speaker, in 1867, the two linguistic communities, the anglophones and the franco-phones, decided to unite to form a confederation whose existence is now firmly established and must continue to exist.

Other communities also made an essential contribution to our development and helped Canada become what it is today, that is a country which is the envy of the world.

Canadian unity is our strength and our pride. It is also a guarantee of stability and of a better future for all Canadians.

As a member representing an anglophone riding in the heart of southwestern Ontario, I want to say that my Canada includes Quebec.

ORAL QUESTION PERIOD

• (1415)

[English]

HEPATITIS C

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, yesterday, under pressure from the premiers, the health minister finally started to change his position toward the victims of hepatitis C. After weeks of belligerence and excuses the minister has finally started to sound a bit conciliatory. But he still did not answer one critical question, so I would like to put that question to the Prime Minister.

Does the Prime Minister now agree that all those who contracted hepatitis C through government negligence should be compensated?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, when the hon. member talks about negligence that is where the responsibility lies. The provincial ministers and the federal minis-

Oral Questions

ters chose the date of January 1986 because, according to scientific data, it was at that time that the government of the day could have started to do more.

If the question is in relation to responsibility, that was exactly what the package was all about. What the Leader of the Opposition is talking about are those victims who were infected when there was no legal responsibility for any of the governments.

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, the Prime Minister is still a big part of a problem. Federal-provincial negotiations on this subject are going to get nowhere unless the Prime Minister accepts this principle. The principle is that all victims of hepatitis C who contracted that disease through government negligence should be compensated.

Can we get a straight answer from the Prime Minister? Does he or does he not accept that principle?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the Leader of the Opposition talks about negligence. This is when you come to the conclusion that it started in 1986. Before that, if he claims there was negligence, that is fine. Let us find out when the negligence occurred. According to what we know at this time, and in the view of all the ministers around the table at the time of the agreement, negligence started in 1986.

Mr. Preston Manning (Leader of the Opposition, Ref.): Mr. Speaker, we have had a whole judicial inquiry into this and Justice Krever answered this question by saying that there was a way to detect this disease in the blood supply as early as 1981 and that these people became ill because of government negligence.

The victims, the premiers, the Prime Minister's own backbenchers are asking him to accept this principle. I ask him one more time, does he accept the principle that all the victims of hepatitis C who contracted it through government negligence should be compensated?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, if the Leader of the Opposition can establish clearly when negligence started, he knows that we would take responsibility. We said that we were responsible from 1986 because we could have tested for the hepatitis C virus at that time. But the government of the day did not use the tests that were available in 1986. Apparently before 1986 there was no negligence because there was no way for the government to find out.

Mr. Grant Hill (MacLeod, Ref.): Mr. Speaker, this sounds like some kind of courtroom argument. This is the way the government has taken this from day one.

This question is not that tough for the Prime Minister. It is not tough at all. I think we will ask it until he answers it directly. Does he agree with the principle, yes or no, that all victims of hepatitis C from tainted blood should be compensated? That is the question. Yes or no?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, I think that the critic should talk to his leader, because the leader was asking us about negligence. We said that when there is negligence there is responsibility. All the governments have agreed that negligence started in 1986, not before that.

Mr. Grant Hill (MacLeod, Ref.): Mr. Speaker, I do not think any of them have read the Krever report. The minister himself said there were four volumes and there are only three. In the Krever report it says that the screening test was available to Canadian regulators as early as 1981. What did they do with it? They ignored the test.

I will ask again, does the Prime Minister agree with the principle that every one of these victims who got hepatitis C from tainted blood should be compensated, yes or no?

• (1420)

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, the hon. member is not sticking to his own position. He is now saying that fault began in 1981, so compensation should start then. In essence he is agreeing with us, he is just drawing the line at a different place. The member is saying that only after 1981 victims should be compensated. What about victims before 1981? Is the hon. member suggesting a two tier system for victims?

The member is caught in the falsity of his own arguments.

[Translation]

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, over the last four years, federal transfer payments have been cut by 35% and frozen at \$12.5 billion, and this does not take into account the additional \$1.6 billion cost of paying for the treatment of hepatitis C victims.

Will the Prime Minister admit that no additional amount has been proposed to help share the costs of caring for hepatitis C victims, costs that the provinces will have to shoulder alone, and that the government is a bit quick to wash its hands of the matter?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the federal government's responsibility with respect to transfer payments to the provinces is that programs for health, university and welfare are funded through the annual payments sent to them by the federal government.

When the member says that the provinces are footing the whole bill, this is not the case, because the federal government is paying a very large portion of this amount through transfer payments we make to them for this purpose, in addition to equalization payments.

Mr. Michel Gauthier (Roberval, BQ): Mr. Speaker, hepatitis C is a very special problem that requires a special solution.

Oral Questions

The costs of compensation were shared because there is a shared responsibility. When it comes to care, the provinces are on their own.

Is the federal government not also responsible for sharing the costs of providing health care to hepatitis C victims? The federal government is getting off with a bill for only 30% of the costs.

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, health care for those suffering from this blood problem has been in existence for a long time. From the time they were infected, these people have been receiving treatment from the provincial governments, and in all cases the federal government is paying its traditional share, as I explained earlier.

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, according to Justice Krever, Ottawa bears the bulk of the responsibility in the hepatitis C affair.

The federal government has the necessary funds for righting this wrong, because it has cut transfer payments to the provinces and is, when it comes down to it, footing only 30% of the bill.

How can the federal government continue to play this cat and mouse game with the provinces, when it is largely responsible for the problem, has the means to solve it, and is being called upon to do so by almost everyone?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, first of all, as the Prime Minister has said, through the transfer payments we share in the costs of the health care system.

Second, and a very important point, the hon. member needs to keep in mind that Justice Krever recommended that a victim compensation system be set up by the provinces.

Mrs. Pauline Picard (Drummond, BQ): Mr. Speaker, while the Liberal MPs are looking for ways to spend the unexpected \$4 billion surplus, is it not obscene that the Minister of Health wants to add to the provinces' burden, when they are having a hard time maintaining the quality of health care, precisely because of federal cuts?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, as the Prime Minister has already said, every year we transfer \$12.5 billion to the provinces, Quebec included, and one of the things this is for is the health care system.

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, it is encouraging to see that the ministers of health will sit down with representatives of the victims of hepatitis C.

It is also encouraging to see that the provinces will contribute to the compensation of all the victims. However, to ensure that all the governments take part, the next move is up to the federal government.

Is the government prepared to assume the lion's share of the compensation of those excluded?

• (1425)

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, as we have said, we had a very firm agreement with the provinces, which we honoured.

At least one province has decided to break the agreement and so we will have to sit down again to see what sort of consensus we can reach, because, for a health system to work in Canada, the same services must be available to all citizens in all provinces.

[*English*]

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, the upcoming health ministers' meetings with hepatitis C victims will only be a success if the federal government is prepared to put more money on the table. Otherwise we will have two classes of victims and an unacceptable Balkanization of compensation, as the Parliamentary Secretary to the Minister of Health admitted earlier today in debate.

Is the Prime Minister now prepared to put new cash on the table to extend fair compensation to all victims of hepatitis C?

Right Hon. Jean Chrétien (Saint-Maurice, Lib.): Mr. Speaker, we will stick with the provinces. The leader of the Reform Party introduced a notion of responsibility when he talked about negligence. Did negligence start in 1986 or in 1981? What about the victims before that? That would be a third category.

It is very important for the ministers to meet as soon as possible. I think there will be a meeting next week to look at all aspects. In order to have a good system in Canada we have to work to find a consensus between the provincial governments and the federal government. It is exactly what happened with the accord we have—

Mr. Greg Thompson (Charlotte, PC): Mr. Speaker, given the outrageous and extreme positions taken by the health minister—and I guess we know what those are—unless he is willing to swallow himself whole, what moral and intellectual leadership can the minister possibly bring to the table when he convenes with the health ministers from across this country to re-examine the hepatitis C issue?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I guess the best way of responding to that kind of question is to remind the member and the opposition parties that had it not been for this government, under the leadership of the Prime Minister, there would not be a single victim with compensation of any kind.

[*Translation*]

Ms. Diane St-Jacques (Shefford, PC): Mr. Speaker, the Minister of Health said yesterday in an interview, and I quote "We must now consider what is in the public interest". I wonder whose interest he was considering last week. We do appreciate, however, that he is prepared to take part in a special meeting with the provinces.

Oral Questions

A number of provinces have in fact promised to ensure that the compensation program is open to all victims of hepatitis C.

Could the minister in turn confirm that he will be attending the meeting with the commitment of the federal government to settle once and for all the fate of all the victims?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I intend to meet my counterparts to discover if the various governments can reach a consensus. We had one.

Yesterday, Ontario shifted. It changed position. It is now vital that the governments look for a new consensus, which is the aim of the upcoming meeting.

[English]

Miss Deborah Grey (Edmonton North, Ref.): Mr. Speaker, for a solid month now this health minister has dismissed the claims of hep C victims as trivial.

It became clear that ordinary Canadians from coast to coast were not buying the government's excuses and the provincial governments right now are reconsidering. They are very concerned about it.

I ask the Prime Minister today, is this file closed or not?

Right Hon. Jean Chrétien (Saint-Maurice, Lib.): Mr. Speaker, we have made a deal with the provincial governments. Last Friday they all said they were sticking to the deal.

All the ministers were on the phone with the minister of health of Saskatchewan. After that, through a press release, the minister from Ontario said she was not speaking on behalf of the province because the premier of Ontario pulled the rug from under her. That is one provincial government that decided it would not respect the deal. That is why we are calling another meeting to develop a new consensus.

Miss Deborah Grey (Edmonton North, Ref.): Mr. Speaker, the provincial government in Ontario offered a couple hundred million dollars. I think that is pretty substantial.

The health minister has said that abandoning victims was the right thing to do. He felt that for a solid month. He put every single obstacle imaginable in front of these victims. As recently as last night the health minister said "the file was closed, honest to God" it was closed. He closed his mind, he closed his heart and the victims know it. They do not trust him.

• (1430)

Will the Prime Minister today close the file on this health minister once and for all?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, they can ask questions today because it was our Minister of Health who advocated finding a solution. The minister of health for Ontario did not want to do anything. Reform wants to cut all social

programs but they are bleeding hearts on this one. Only 10% of Canadians think the Reform Party members are doing this because they are compassionate but 75% of Canadians think they are doing it for politics only.

* * *

[Translation]

MILLENNIUM BUG

Mrs. Francine Lalonde (Mercier, BQ): Mr. Speaker, my question is for the President of the Treasury Board.

The Treasury Board recently published the Braiter-Westcott report on the conditions to be met in order to deal with the so-called millennium bug. According to senior officials, there will have to be a considerable reduction in legislative and regulatory initiatives between now and the year 2000 if readiness is to be achieved.

Are we to understand that, according to this report, the government should go into neutral so it can deal with the millennium bug and that there will be no more major legislation between now and the year 2000?

Hon. Marcel Massé (President of the Treasury Board and Minister responsible for Infrastructure, Lib.): Mr. Speaker, my hon. colleague mentions an important problem, and we have given thought to how the government can most thoroughly ensure that the millennium bug will be properly dealt with.

We have warned departments to be careful not to add new electronic systems relying on year 2000 information so as to ensure that the system is not overloaded.

This is just a precaution so that we can ensure that the millennium bug has been properly dealt with.

The Speaker: The hon. member for Mercier.

Mrs. Francine Lalonde (Mercier, BQ): Mr. Speaker, the report says, however, and I quote "[Contemplated] legislative, regulatory or administrative changes should be examined for their impact on solving the Year 2000 problem prior to proceeding".

Will the minister level with us and admit that government priorities between now and the turn of the century will be driven not by poverty, unemployment or health, but by the millennium bug, if the government wants to be ready in time?

Hon. Marcel Massé (President of the Treasury Board and Minister responsible for Infrastructure, Lib.): Mr. Speaker, it is normal for a government to have to face a great variety of difficulties. One of these difficulties, and there is no denying its magnitude, is the millennium bug.

The Treasury Board is ensuring that too onerous a burden of administrative pre-requirements is not being introduced, because it is important that we deal with the millennium bug. There is no

doubt that our legislative agenda will continue to include the government's priorities.

* * *

[English]

HEPATITIS C

Mr. Reed Elley (Nanaimo—Cowichan, Ref.): Mr. Speaker, I would really like to know to whom the Prime Minister has been talking. I do not think it has been hepatitis C victims. The Prime Minister has not been clear. Either he is for full compensation or he is not. Either he will commit funding or he will not. Enough excuses. Enough hiding from the victims. Enough insulting the provinces. What exactly does the Prime Minister believe in today?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the hon. member should have prepared his question on the day of this question period rather than the day before. At this moment everybody knows that the Minister of Health has asked to meet with all the ministers of health of Canada next week. In terms of money, we have put \$800 million on the table while the provincial governments have put only \$300 million on the table.

Mr. Reed Elley (Nanaimo—Cowichan, Ref.): Mr. Speaker, the Prime Minister seems able to spend money on polls to tell us the truth but he does not seem to want to tell us what money he has for victims. Is this file open to compensation for all hep C victims or not?

• (1435)

Right Hon. Jean Chrétien (Prime Minister, Lib.): The member should consult with his own leader. His leader wants to pay them when there was negligence so we will have to find out when the negligence started.

* * *

[Translation]

ASSISTANCE TO ICE STORM VICTIMS

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, we have learned that there are no more funds in the federal program to assist maple syrup producers restore their operations following the ice storm. This will force the closure of a number of work sites and the layoff of 300 workers.

However, three weeks ago, the Minister of Human Resources Development announced an additional \$5 million to help victims, which we have yet to see.

Will the Minister of Human Resources Development confirm this information and tell us where he put the extra \$5 million, whose whereabouts remain a secret?

Oral Questions

Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.): Mr. Speaker, I thank the member for Saint-Hyacinthe—Bagot for giving me another opportunity to tell this House how quickly we acted in response to the ice storm.

By January 20, we had announced \$40 million in addition to employment insurance and an extra \$5 million. The other \$5 million was used to set up regular teams across the area affected in Quebec, while \$5 million was used to buy equipment so others could do their job properly. And we have heard nothing but favourable comments from the people of Saint-Hyacinthe.

Mr. Yvan Loubier (Saint-Hyacinthe—Bagot, BQ): Mr. Speaker, my impression is that we were not in the same place on the weekend, because no one has seen any sign of the additional \$5 million.

I would ask the minister what he will do with the 250 maple syrup producers who have been promised help until November to clean up their maple operations, who are facing the fact no money is left and who are being left to their own devices?

Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.): Mr. Speaker, I have to interpret the words of the member for Saint-Hyacinthe as thanks for the \$45 million already spent, particularly in his riding.

I think our department and our government provided a lot of help to the maple syrup producers who were affected. I made a quick trip to the region. The people there are quite happy.

The other \$5 million was to go for equipment and to provide easier access for workers not eligible for employment insurance. If the member for Saint-Hyacinthe did not understand that, then he has not yet grasped how the system works.

* * *

[English]

TAXATION

Mr. Eric Lowther (Calgary Centre, Ref.): Mr. Speaker, my question is for the finance minister. Recently in *Canadian Business* magazine there is a report which points out that this finance minister continues to discriminate against single income two parent families. They pay 20% more in taxes. They have 6% less they can contribute to their RRSP. There is no recognition of the value of their parental care.

Why will the minister not stop his discriminatory practices to these Canadian families?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, surely the hon. member knows that there is a spousal credit already built into the system. There are benefits provided through the income tax system for families where only one parent is working.

Oral Questions

At the same time, my colleague the Minister of Human Resources Development put a second \$850 million into the child tax benefit. The purpose of that is to help those families with low incomes and children at home.

Mr. Eric Lowther (Calgary Centre, Ref.): Mr. Speaker, in the last budget we saw a 35% increase go to those who choose institutionalized child care and nothing to stay at home parents.

I ask the minister, and it is the same as my question before. Why will he not answer and why will he not treat these Canadian families fairly?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, I just have. What I basically said to the hon. member was that in the same budget he is referring to, the child tax benefit was doubled. Another \$850 million is going directly to families with low incomes and children. That is the kind of thing we are going to continue to do.

* * *

[Translation]

ASSISTANCE TO ICE STORM VICTIMS

Mr. Antoine Dubé (Lévis, BQ): Mr. Speaker, with much fanfare, the Secretary of State for Economic Development for the Regions of Quebec announced a \$100 million program to assist businesses affected by last January's ice storm.

Since the program terminates on June 30, could the minister make a commitment to provide a weekly report from now on, indicating which companies have benefited from the program and what amounts they received?

Hon. Martin Cauchon (Secretary of State (Economic Development Agency of Canada for the Regions of Quebec), Lib.): Mr. Speaker, I can understand the frustration of the official opposition, when the Government of Quebec has refused to work with the Government of Canada to help small and medium size businesses.

If the Bloc Québécois were following the program, it would know that, when I made a presentation before the Standing Committee on Industry, I had the opportunity to provide a rather detailed progress report on the program.

• (1440)

It would also know that, at the time of that presentation before the committee, we also announced a loosening up of the criteria in order to include professionals.

This good news is proof that the government is attuned to the public and wishes to serve its interests.

[English]

NORTH AMERICAN FREE TRADE AGREEMENT

Mr. Roger Gallaway (Sarnia—Lambton, Lib.): Mr. Speaker, skilled workers such as electricians tell us that Americans are entering the country as technical experts under NAFTA and are in fact doing their work. Can the Minister of Citizenship and Immigration tell us what her department is doing to try to stop such abuses and keep jobs in Canada for Canadians?

Hon. Lucienne Robillard (Minister of Citizenship and Immigration, Lib.): Mr. Speaker, NAFTA permits certain business persons from Canada, United States and Mexico to have access to each country to conduct some types of activity and under specific conditions. If a person does not respect these conditions, the immigration department is able to take some enforcement action. I would encourage any member who is aware of a situation like that to refer it to my department.

* * *

TAXATION

Mr. Garry Breitkreuz (Yorkton—Melville, Ref.): Mr. Speaker, the finance minister is intentionally twisting our questions.

We are asking about single income families, not low income families. In the finance minister's recent budget he increased the child care credit by \$2,000. However it does not allow parents who stay at home to take care of their children to claim this credit. When is this grossly unfair system of taxation going to change?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, first of all I did answer the question in terms of the spousal credit which of course is available to single income families. The real problem is why would I ever think the Reform Party would have any interest in asking a question about low income families?

Mr. Garry Breitkreuz (Yorkton—Melville, Ref.): Mr. Speaker, let me try again.

The minister is in charge of this nation's finances. He is in charge and he can change it but his last budget is discriminatory and he has increased that discrimination by 35%.

Research shows that his tax policies are harmful to families. I will ask the question again. When is he going to change his mind and change the tax act to treat all families equally and fairly?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, does the hon. member think that the 83% of Canadians, those earning below \$50,000 who had their income tax reduced, are not Canadian families? The 400,000 Canadians struck from the tax rolls, are they not Canadian families? The volume of residential building permits increased in March, up 12%. Are they not houses

that are being built for families? Mortgage rates are down. Does that not benefit families? Everything this government does has benefited Canadian families. That is why there is so much optimism.

* * *

BANKS

Hon. Lorne Nystrom (Qu'Appelle, NDP): Mr. Speaker, my question is also for the Minister of Finance. Today in the *Globe and Mail* the minister finally recognized what we have been telling him for months when he stated concern that bank mergers would hurt jobs, small communities and small business in this country.

Meanwhile, while the minister fiddles, thousands of bank employees are fearing for their jobs and bank presidents are making millions on their stock options. In light of that, will the minister finally lay down his fiddle, do the right thing and stop these mergers right here and now?

• (1445)

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, what does the hon. member have against a parliamentary hearing so that Canadians can participate in the discussion? What does the hon. member have against waiting for the MacKay task force, the most fundamental and comprehensive report that has ever been done?

What the hon. member is asking for is no public debate, no enlightenment and no giving to Canadians an opportunity to pronounce on the most important financial resectoring in the country. What they simply want to do is envelope themselves in the cocoon they have been in since the 1930s.

Hon. Lorne Nystrom (Qu'Appelle, NDP): Mr. Speaker, I will take the minister up on his offer.

Last week, less than a month after mergers were announced by banks in the United States, the banking committee of Congress started public hearings quickly. Meanwhile in this country the minister is hiding behind an unelected task force that has no mandate to look into these specific mergers or the 30,000 jobs that are to be lost.

In light of that, will the minister at least agree to an immediate all party committee hearing on the issue, or will he continue to play off the public interest against his own leadership ambitions?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, if there is any political party that needs the MacKay task force it will obviously be the NDP for these public hearings.

Oral Questions

I would like to take advantage of the hon. member's question to thank the Liberal Party caucus task force, all of whom are elected, all of whom have gone across the country and have met with all segments of society.

There is no doubt that when the debate takes place in the months of September, October and November, Liberal Party members of parliament will be the best prepared of any in the House.

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MERCHANT NAVY VETERANS

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, the men and women of the merchant navy who risked their lives supplying our troops on the frontline during World War II held a rally in front of the Peace Tower today. They were protesting the inequalities and benefits that have existed between them and other veterans for the last 50-plus years.

I wrote to the Minister of Veterans Affairs giving him a list of the 40 inequalities. What I would like to know today is whether he address these inequalities and when these veterans can expect to see corrective legislation to make them equal with all the other vets in Canada.

Hon. Fred Mifflin (Minister of Veterans Affairs and Secretary of State (Atlantic Canada Opportunities Agency), Lib.): Mr. Speaker, as the hon. member and I believe the House know, the current merchant navy legislation was passed in 1992. With the passage of the legislation it extended to merchant navy veterans all the same rights and benefits as those in uniform enjoy.

Finally, they were recognized for the tremendous key contribution they made to the freedom and peace that we enjoy today and that I celebrated with them in Halifax this past weekend.

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, I know that is the standard answer from the minister, but all he has to do is ask those veterans, look at the list of 40 inequalities, the list that I gave to him, and address them.

I want to raise the issue of money with the minister. Bill C-84, the legislation that was to make merchant veterans equal with the other veterans, originally had a budget of \$100 million. It was lowered to \$88 million. According to the Merchant Navy Association it estimates only \$7 million to \$8 million were spent.

Will the minister tell the House if he is able to account for the rest of the money. If not, why not and where did it go?

Hon. Fred Mifflin (Minister of Veterans Affairs and Secretary of State (Atlantic Canada Opportunities Agency), Lib.): Mr. Speaker, I remind the hon. member and the House that three members of the Liberal Party caused this initiative to be taken, joined later by a member of the NDP.

Oral Questions

If she wants to know where the money went, why does she not ask her own people who were forming the government of the day.

* * *

TRANSPORT

Mr. David Iftody (Provencher, Lib.): Mr. Speaker, my question is for the Minister of Transport.

Rail line transportation remains an integral feature of agriculture in western Canada. What is the minister doing to ensure that abandonment of rail lines or the transfer of short line operators will serve the interests of all parties in western Canada?

Hon. David M. Collette (Minister of Transport, Lib.): Mr. Speaker, there is no doubt that this is a burning issue in western Canada, especially among farm groups. For that reason the government has decided to provide facilitation services between community groups and the railways so that short lines are being used for purposes grain farmers would like them used to haul those commodities.

• (1450)

We think this will result in a more equitable situation for all farmers in western Canada. The government is pleased to do its part in helping this along.

* * *

TAXATION

Mr. Gerry Ritz (Battlefords—Lloydminster, Ref.): Mr. Speaker, a constituent named Julie Hubbard has written to me to describe her situation. Julie is a single working mother of two. She has a total income of just over \$20,000, placing her well below the poverty line.

The tax code forces her to add her child tax benefit money and the GST credit to her gross income. Now she finds herself owing another \$186 to Revenue Canada.

With tax codes like this, will the finance minister acknowledge that his tax code is creating child poverty, not solving it?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, in the last budget 400,000 Canadians were taken off the tax rolls. The person who was just referred to will have received a substantial decrease in her income taxes. At the same time, if she chooses to go back to school she will find a \$3,000 government grant which will help her to do so.

In fact we have brought in a balanced approach precisely to help people like the young women to whom he referred.

[Translation]

YOUNG OFFENDERS

Mr. Michel Bellehumeur (Berthier—Montcalm, BQ): Mr. Speaker, because of its approach to young offenders, the federal government is clearly in favour of incarceration, according to the federal Deputy Minister of Justice.

Does the minister agree with her deputy minister that, if the Government of Quebec wants to withdraw its fair share of funds intended for young offenders, it must change its approach and favour incarceration, because, according to the deputy minister, funds are granted only on this basis?

[English]

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I have made it very plain in the House over many weeks that we in the government do not take a simplistic approach to youth crime. We want to renew the entire youth justice system. That involves not only the protection of society but crime prevention, rehabilitation and reintegration of young offenders.

* * *

THE BUDGET

Ms. Libby Davies (Vancouver East, NDP): Mr. Speaker, my question is for the Minister of Finance.

The average student debt has doubled to a record \$25,000 since the Liberals came to power. Who benefits from these huge debts? The banks.

Very deep in the budget legislation is a clause giving banks a bigger say in who gets a student loan. The Liberals are making banks the gatekeepers of our children's future and that is wrong.

Will the minister reverse the privatization of student loans and ensure that education is a public trust rather than a revenue generator for the big banks?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, I am delighted to take this occasion to remind the House about seven measures which were in the budget in terms of student debt.

I want to thank the Prime Minister for the millennium scholarship foundation and the \$3,000 a year for over 100,000 Canadian students. In the same budget there is a \$3,000 grant to single parents who want to go back to school. In the same budget there is a 17% tax credit for those who have student debts. In the same budget there is a series of measures to allow for either reduction in debt, forgiveness of interest or a reduction in principal.

In fact I would like—

The Speaker: The hon. member for South Shore.

FISHERIES

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, the government has yet to announce a post-TAGS program. It still has not informed the House on an active licence buyback program to reduce effort and retire senior fishers.

Will the minister inform the House of the proposals before the special cabinet committee? Thousands of families are waiting his reply.

Hon. Pierre S. Pettigrew (Minister of Human Resources Development, Lib.): Mr. Speaker, I can inform the member and every member in the House that we are working very hard on the post-TAGS environment.

We have done a lot of consultation through the Harrigan report. We have done evaluations of the TAGS program. We are determined to do the best we can for the individuals and the communities.

We will be working in partnership with the provinces in coming weeks and months to make sure that individuals can meet the post-TAGS environment in the best possible way.

* * *

FOREIGN AFFAIRS

Ms. Colleen Baumier (Brampton West—Mississauga, Lib.): Mr. Speaker, my question is for the Minister of Foreign Affairs.

Canadians support the government's initiative to stop the illicit traffic of small arms. In fact Canadian NGOs met today to call for more action.

• (1455)

Will the minister take up this issue of trade in small arms at the G-8 meeting in London next week?

Hon. Lloyd Axworthy (Minister of Foreign Affairs, Lib.): Mr. Speaker, I am very pleased to tell the House that in fact it was a Canadian issue that had the question of small arms trafficking put on the agenda of the G-8 meeting and the foreign ministers meeting.

We are looking particularly at the question of a code of conduct that could be established which would govern the use of weapons and the illicit trafficking as it now represents one of the most oppressive threats to civil peace around the world. We hope at the G-8 meeting we can get the agreement of those leaders to pursue the matter in a very positive way.

Oral Questions

JUSTICE

Mr. Paul Forseth (New Westminster—Coquitlam—Burnaby, Ref.): Mr. Speaker, after that staged fluff question permitted from the government backbench I have a real accountability question.

It has been 736 days since the victims bill of rights disappeared into the black hole of a committee. It has been 329 days since the justice minister promised to reform the Young Offenders Act. A timely fashion is not 736 days for victims and 329 for young offenders.

When will the justice minister exercise some leadership in cabinet and actually do something instead of lecturing us about how complicated these things are?

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, let me reassure the hon. member that we will be tabling the government's response to the standing committee report very soon.

Let me say, as it relates to victims, the Standing Committee on Justice and Human Rights is in fact holding a national forum in June. I have written to the committee. I have asked it to consider some of the ideas I have in relation to victims. I look forward to hearing what members of the opposition have to say on this important issue.

* * *

[Translation]

ASBESTOS INDUSTRY

Mr. Benoît Sauvageau (Repentigny, BQ): Mr. Speaker, my question is for the Minister for International Trade.

On the subject of asbestos, the government is delaying lodging a complaint against France before the WTO. However, in less than a week, two new meetings with the French government have produced nothing.

When will the government finally admit it is high time it officially lodged a complaint before the WTO in the matter of asbestos?

[English]

Hon. Sergio Marchi (Minister for International Trade, Lib.): Mr. Speaker, with respect to the asbestos file the government has always had the possibility and option of a WTO file on the table. We also said, which has been concurred by many stakeholders from the province of Quebec, that we wanted to pursue the matter with elements of the French government.

We had the visit last month of Professor Got who will be submitting a report hopefully based on science. Yesterday and today we had the minister of state for health, Professor Kouchner who is meeting with our Prime Minister and our ministers.

We are doing everything we can in order to facilitate—

The Speaker: The hon. member for Winnipeg-Transcona.

*Points of Order***THE ENVIRONMENT**

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, my question is for the Minister of Foreign Affairs. The minister expressed concern yesterday about the issuing of an environmental permit by the Government of Ontario to a firm called Nova for the export of water to Asia.

Could the minister, having now had more time to consider the matter, tell the House what the government intends to do to prevent this precedent setting export of Canadian water?

Hon. Lloyd Axworthy (Minister of Foreign Affairs, Lib.): Mr. Speaker, I was in contact this morning with the minister of the environment in the Government of Ontario. We talked about the various options. They will be in Ottawa tomorrow to meet directly with me about the matter. At that time we will take what we hope will be a joint action to deal with this issue.

* * *

TAXATION

Mr. Gerald Keddy (South Shore, PC): Mr. Speaker, Canadian private woodlot owners need to be able to amortize profit to accommodate sustainable forest management. Is the minister willing to change forestry taxation and capital gains regulations to ensure continued and sustainable fibre production on Canadian private woodlots?

Hon. Paul Martin (Minister of Finance, Lib.): Mr. Speaker, the answer to that question has not changed since I responded to his colleague about a month ago. The fact is that woodlot owners who are in normal business have all the rights of normal business people and can obviously take those kinds of deductions and amortizations provided they are in business.

* * *

● (1500)

IMMIGRATION

Mr. Deepak Obhrai (Calgary East, Ref.): Mr. Speaker, a couple of new immigrants came to my office last week. They are highly respected physicians. They were invited by this government to come to practise medicine in Canada but lo and behold, the professional organizations have refused to allow them to work.

My question is for the minister of immigration. Why is the government misleading immigrants? Why promise and not deliver?

[Translation]

Hon. Lucienne Robillard (Minister of Citizenship and Immigration, Lib.): Mr. Speaker, clearly, when we meet people abroad who want to immigrate here, we are very specific about our laws and about legislation governing access to the professions within each of the provinces.

That said, I would hope that now, with the federal-provincial committee on access to the professions, we will make progress in this area and will give more immigrants opportunity to practice certain professions in Canada in the near future.

* * *

[English]

POINTS OF ORDER

STANDING COMMITTEE ON HEALTH

Mr. Keith Martin (Esquimalt—Juan de Fuca, Ref.): Mr. Speaker, I rise today on a point of order with regard to an incident that occurred today at the Standing Committee on Health.

The standing committee adopted a motion restricting members from introducing motions in the official language of choice contrary to the rules of this House and the Official Languages Act. While I voluntarily agreed to submit a motion with the committee in both languages, I am concerned with the committee formalizing this as a requirement in its procedures.

● (1505)

Standing Order 65 outlines the procedure for moving motions. It states:

All motions shall be in writing. . . before being debated or put from the Chair. . . it shall be read in English and in French by the Speaker, if he or she be familiar with both languages; if not, the Speaker shall read the motion in one language and direct the Clerk of the Table to read it in the other—

Standing Order 116 states that in a standing committee the standing orders shall apply. Standing Order 116 lists some exceptions such as the election of the Speaker, seconding of motions and times of speaking. However moving motions in the official language of choice is not an exception. Moving motions in either official language is a right granted to members by the authority of this House and by law.

Subsection 4(1) of the Official Languages Act reads as follows:

English and French are the official languages of Parliament, and everyone has the right to use either of those languages in any debates and other proceedings of Parliament.

This subsection defines the rights of members of parliament to speak and submit documents in their language of choice in parliamentary proceedings.

Points of Order

The Commissioner of Official Languages in his report to parliament in 1996 recommended that “the Speaker of the House advise committee chairs, referring particularly to subsection 4(1) of the Official Languages Act, that language should not be an obstacle to members of Parliament in the performance of their duties”.

Mr. Speaker, I would like to remind you of two important rulings with regard to committees and the standing orders of the House. 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.

In closing, the committee by adopting a procedure restricting members from introducing a motion in the official language of their choice has established a procedure which goes beyond the powers conferred upon it by the House. This committee is in breach of the standing orders and the law.

Mr. Randy White (Langley—Abbotsford, Ref.): Mr. Speaker, I would like to comment on a similar complaint that was referred to the Commissioner of Official Languages in February 1996 on this issue.

In that case a joint chairman of the Standing Committee on Official Languages refused to accept a motion that was introduced in English only. The chair based his ruling on a resolution adopted by the committee requiring documents distributed to committee members be in both languages. The member complaining argued that this should not apply to motions. The Commissioner of Official Languages studied this case and concluded:

—the joint chair explained her decision solely on the basis that the motions were submitted in only one language. . .the joint chair referred only to the unilingual nature of the text submitted by the complainant.

We find that by citing language as the only reason for not considering the complainant's motions, the joint chair's decision limited the complainant's right to perform his parliamentary duties in his own language and consequently was contrary to subsection 4(1) of the act.

It is my understanding that this very thing happened today in the Standing Committee on Health. The committee made a decision that limited a member's right to perform his parliamentary duties in his own language. The Commissioner of Official Languages established members rights under the law. I want to ensure that members rights are also protected under the law of parliament.

• (1510)

I would argue that this grievance may go beyond a simple point of order and may very well be a breach of the member's parliamentary privilege in the House.

Mr. Speaker, I would urge you to do as the Commissioner of Official Languages has done and lay down the law to all committee

chairmen on this issue in the House. Language should not be an obstacle to members of parliament in the performance of their duties. They should have the right to speak, the right to submit their documents in the language of their choice in parliamentary proceedings.

[*Translation*]

Mr. Stéphane Bergeron (Verchères, BQ): Mr. Speaker, I have listened attentively to the arguments presented by my colleagues in the Reform Party and I must say that they seem to be right, at first glance. Language must indeed not be an obstacle to performing one's duties as a parliamentarian. Language must never constitute an obstacle.

That said, however, certain practices have been established in certain committees and, according to what I have been told, the Standing Committee on Health has adopted a procedure which requires motions to be tabled a minimum of 48 hours in advance, precisely in order for them to be presented to the committee members in both official languages.

My understanding of the facts is, therefore, the following: MPs who are on the membership of this committee are not in any way limited in their ability to perform their duties within the committee, because they may submit a motion in their language of choice. They merely need to do so in sufficient time to enable all members of the committee to also perform their duties within the committee in a fully informed manner, by having the motion to be examined available to them in their language.

Once again, I respectfully submit that my interpretation is that the rights of MPs on this committee have not in any way been restricted by the procedure adopted by the committee, since any MP on the committee may indeed present a motion in his or her language of choice, but must do so in sufficient time to enable all members of the committee to also perform their duties within the committee in a fully informed manner, by having the motion to be examined available to them in their language also.

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I would simply like to make what I think is an important point.

The House leader of the official opposition tells us that the presentation of documents from a third party should be handled in the same way as a motion from a member. I think that there have traditionally been differences in the way the two are handled.

I recognize the point made by the hon. member for Esquimalt—Juan de Fuca, who said earlier that he wanted to present a motion in the language of his choice. That is his own very particular issue. But I do not think it is the same as presenting briefs from witnesses. If I draw a comparison with the House of Commons, a parliamentarian may present a motion in the language of his choice but,

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when he tables a document, the House equivalent of a brief, he may of course only do so if it is in both languages.

My preliminary observation, therefore, is that the two situations are different. One is regularly permitted in the House, and the other is not. The Chair might perhaps wish to apply the practice in the House to parliamentary committees. That is what I wished to add.

[English]

Mr. Chuck Strahl (Fraser Valley, Ref.): Mr. Speaker, just to clarify. Looking at the House leader's notes, he specifically talked about the decision of the official languages commissioner talking specifically about motions. I believe the House leader on the government side is correct.

• (1515)

There is a difference between the submission of documents, which I would not argue about when there is adequate time to prepare them and to have them translated, and what we are dealing with today, which is the ability to place a motion. A motion comes during the give and take of debate which is what we are specifically referring to today. Specifically what the official languages commissioner was referring to is the ability to put forward motions. I would not disagree with documents and so on, but because motions are usually given verbally, if you are unilingual you have no choice but to deliver the motion in either French or English, in the language you are accustomed to.

The Speaker: First, we are talking about motions, not briefs. Generally speaking, we would like the committees to solve their own problems.

Second, it goes without saying that members of this House are free to operate in either of the official languages.

I wish to apprise myself of a little more information on this subject before I make a decision. I will do that and then come back to the House with a decision on this matter.

ORAL QUESTIONS

Mr. John Solomon (Regina—Lumsden—Lake Centre, NDP): Mr. Speaker, my point of order relates to a response the Prime Minister gave in question period today to a question from the Reform Party. In his response the Prime Minister referred to a poll which showed that 75% of Canadians thought the Reform Party was acting out of partisan motives rather than compassion.

I would ask the Prime Minister to table the document from which he was quoting those specific poll results. Mr. Speaker, as you know, ministers who quote from documents are obligated to table them for public consumption.

The Speaker: I did not hear the Prime Minister say that he was quoting from a particular document. I do not know where he got the information. Perhaps we can look at the blues. This statement could have been just a point of debate, as opposed to a specific document. I did not hear the Right Hon. Prime Minister refer to a document.

An hon. member: Mr. Speaker, then what did he quote from?

The Speaker: I do not want to get into a debate.

Mr. Jim Hart (Okanagan—Coquihalla, Ref.): Mr. Speaker, I am sure you will find that the standing orders state that if a minister responds to a question by using a document, that document should be tabled in the House. The Prime Minister did refer to a document, a poll, and we request that the poll be tabled in the House of Commons.

The Speaker: I will refer to the blues, but I do not recall the Right Hon. Prime Minister referring to or quoting from a specific document. He made a statement which was in the course of debate. I do not know where he got the information, but there were no documents—

An hon. member: He made it up.

The Speaker: I did not say that. I will review the blues and the tapes, but I do not recall him reading from a document in the course of question period.

GOVERNMENT ORDERS

[English]

SUPPLY

ALLOTTED DAY—HEPATITIS C

The House resumed consideration of the motion and of the amendment.

Mr. Grant McNally (Dewdney—Alouette, Ref.): Mr. Speaker, I listened with great interest to my colleague's speech just before question period. I know he was a member of the Liberal government at one point. He has a great insight into the dealings and happenings in caucus. Could he elaborate in the short time he has on what he thinks the answer would be to the hep C situation we find ourselves in and the government not compensating all victims?

• (1520)

Mr. John Nunziata: Mr. Speaker, as the hon. member knows, it would be inappropriate to talk about what happens in caucus. However, in view of the fact that I am no longer in that caucus, I would be more than happy to suggest what took place. This is information that is filtered out to the media and others.

Certainly there were members who were led to believe that the compensation package would be extended to all those who contracted hepatitis C as a result of the blood system. On that basis

they voted with the government. They toed the party line and did as they were told. However, much to their chagrin, 24 hours later the Minister of Health declared that the file was closed. Yesterday he declared, honest to God, the file is closed. What an awful, callous, cold-hearted way of dealing with innocent victims who are sick and dying.

Mr. Clifford Lincoln (Lac-Saint-Louis, Lib.): Mr. Speaker, I would like to share my time with my colleague from Wentworth—Burlington.

I rise to speak to the motion put forward by the member for Palliser which invites representatives from the Hepatitis C Society of Canada to the upcoming meeting of federal, provincial and territorial ministers of health regarding the question of compensation for victims of tainted blood.

Beyond the debates and the motions there exists a fundamental reality, which is for us all to find solutions, solutions which are sustainable, which are just and fair, and which take into account all the circumstances and constraints of the particular case.

Beyond the arguments on this issue, which have gone on now for many days, and beyond the debates, we must look positively at the latest developments which offer a real possibility of a new consensus emerging which might rally not only the governments involved, provincial, territorial and federal, but especially the people who are members of the Hepatitis C Society of Canada.

[*Translation*]

From my volunteer involvement over a number of years with the developmentally disabled, I have gained a strong belief that the very cornerstone of any community, of society as a whole, is the volunteer movement, for they know better than anyone else everything there is to know about their own cause, the cause of the people they represent, the needy, the disabled or hepatitis C victims.

Looking at society as a whole, the volunteer groups, whether involved with health, with the environment or with culture, are its very backbone.

[*English*]

This is why this motion is of the utmost importance. Of course it is easy for us to play the role of partisans, to blame this person and that person, and to have very strong partisan debates on an issue which involves people and victims.

This motion gives us an opportunity to look above and beyond, to rally around the possibility that a consensus might emerge which might provide solutions and broaden the existing consensus. In that sense we must look positively at the approach of the premier of Ontario who, in reversing his previous stance, has decided to put up

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to \$200 million into the fund. That in itself has provoked the idea of a new meeting of the federal, provincial and territorial ministers.

• (1525)

In that sense we think the motion put forward by the member for Palliser is extremely important in that it will enable the representatives of the Hepatitis C Society of Canada to be an integral part of any debate and discussion which might lead to further consensus.

That is why we on this side of the House accept this motion. We find it to be constructive and beneficial to all. We will be happy to support it and to vote for it because it is in the light of this motion that the people involved will have a chance to say their peace, will have a chance to be part of a new consensus which we hope will lead to a solution which will be beneficial to all victims involved in this issue.

Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, I have listened very carefully to the debate today and to question period and I have yet to hear from any government member or from the minister whether they accept the fact that all those who contracted hepatitis C because of the blood system will be compensated.

If that is not the position of the Government of Canada, and it seems to me that it ought to be a prerequisite to attending any meeting of ministers, then why is it attending the meeting? Why is the Minister of Health agreeing to go to the meeting? Does he intend to go to the meeting with cap in hand?

Mike Harris, the premier of the province of Ontario, was challenged to put up or shut up. He put up, up to \$200 million. I suppose it is now up to the Prime Minister to put up or shut up. How much more money is the Government of Canada prepared to put into the package?

It keeps boasting about the \$800 million that it has already put into the package. We all know the reason the federal government agreed to pony up \$800 million. It is not because of a sense of compassion for the victims, it is because of legal liability. That was very clear listening to the Minister of Health, given his Bay Street background. He was not writing the cheque because of compassion, he was writing the cheque because he knew that if the money was not put on the table the courts would have found in favour of the plaintiffs and the government would have been required to put up the money.

Would the hon. member, for whom I have considerable respect, agree that the time has come to accept the principle that all those who contracted hepatitis C because of the blood system, through no fault of their own, ought to be compensated?

Mr. Clifford Lincoln: Mr. Speaker, I think the Prime Minister and the Minister of Health have made the position of the government extremely clear.

Supply

They have said that a new development has occurred. A provincial premier has changed the whole nature of the previous agreement by saying now that his province, Ontario, a large province, is prepared to contribute as much as \$200 million toward seeking a new solution.

The Minister of Health has confirmed that since this has happened a new reality has emerged which will lead to a new meeting of the ministers of health to look at a different consensus. If a broader consensus emerges, especially in the light of the motion from the member for Palliser, which includes representatives from the Hepatitis C Society of Canada, all the better.

• (1530)

It seems to me that the idea is to have this meeting and have a new discussion. The very fact of the meeting opens up the possibility of a positive approach from all parties that will go there with open minds, eyes and ears. If a broader consensus emerges, all the better for all of us.

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, it has been brought to my attention today that there are victims who became infected after 1990 as well. The government has said yes to those between 1986 and 1990. It was not until today that I was informed from Ontario that there are those infected after 1990.

Prior to 1986 no one in Canada was allowed to bank their blood for their use. They had no option at all. They had to take what the government gave them.

I pray the government is going to look after all victims prior to 1986 and after 1990. I pray that is going to be addressed. Is that correct?

Mr. Clifford Lincoln: Mr. Speaker, I will repeat what I said before. The government is looking at this motion today in a very positive way. The fact that the federal Minister of Health has suggested a meeting of the ministers to look for a new consensus in light of the development in Ontario bodes well for the future. The future will tell.

Mr. John Bryden (Wentworth—Burlington, Lib.): Mr. Speaker, I am pleased to speak after the interim leader of the Conservative party. My remarks will address some of the concerns she raised.

I read a letter that appeared in the *Globe and Mail* last Saturday which is relevant to this debate. The headline is "Why the hepatitis C decision is correct":

Those who continue to argue for financial compensation for those who acquired hepatitis C through blood transfusions prior to 1986 are advocating government

compensation for what was at that time a known but unpreventable risk. This is without precedent and could lead to endless requests for compensation from individuals who have experienced a wide variety of adverse effects of medical treatments for which there were no risk free alternatives.

The fact is that prior to 1986, the risk of post-transfusion non-A, non-B hepatitis was well established, but there was no way to reduce that risk.

Screening for hepatitis B had been in place since the early 1970s, but post-transfusion hepatitis continued to occur. This entity was called non-A, non-B hepatitis until 1989 when hepatitis C was first described.

This part of the letter is especially important:

In 1986 the United States and some European countries introduced surrogate testing of donated blood, whereby blood was tested for antibody to hepatitis B core antigen. Donated blood with the presence of antibody to hepatitis B core antigen was not used. We now know that the use of surrogate tests would have prevented 70 per cent of cases of transfusional hepatitis C. It is for this reason that the federal and provincial governments are offering financial compensation for those infected from blood products between 1986 and 1990.

We must not lose sight of the fact that blood transfusion is often a life saving treatment and that many of those who acquired hepatitis C from transfusions prior to 1986 are alive today only because they received this blood. Furthermore, the majority of individuals with chronic hepatitis C are asymptomatic and over two-thirds will never develop serious liver disease.

Public policy must be based on sound underlying principles. Compensation for preventable harm is a given, but financial compensation from the public purse for a known but unpreventable complication of medical treatment for one particular illness sets a dangerous precedent.

We must not allow our genuine concern for those who acquired hepatitis C from blood transfusions to obscure rational public policy.

• (1535)

This letter was signed by Stephen D. Shafran, MD, division of infectious diseases, department of medicine, University of Alberta.

There are a number of things that deserve our attention in this letter, not the least of them being that Dr. Shafran points out that between 1986 and 1990 there was good reason why the government should be held accountable. It did not apply a screening process that was in use in the United States and in Europe. After 1990 obviously it applied it.

It is very interesting that the Leader of the Opposition today starts talking in question period about compensating for negligence. Until now the debate has been about compensating all victims regardless of government negligence, all victims who got hepatitis C from the blood supply regardless of whether the screening test was in place or whether it could have been in place.

I think we are all quite agreed that compensation would be proper as long as there is recognized liability on the part of the government. If that recognized liability goes back to 1981 and it is agreed that it should go back to 1981 then it would be appropriate to compensate those people.

Supply

However, I suggest that regardless of the meeting that is going to occur a little later this week it may be very difficult to argue that blood supply officials were negligent if they did not introduce a screening process not in use in the United States or in Europe until 1986.

In other words, there is the dilemma. Is a medical agency negligent if it does not introduce a test as soon as it is available anywhere in the world? I suggest there may be a problem there.

The interim leader of the Conservative Party expressed concern about the people who acquired hepatitis C after 1990. As she can see from this letter clearly, even with the test in place, it was not 100% successful. Thirty per cent of the people who took blood products from the blood supply system, even after the test was in place, acquired hepatitis C.

There was a risk that existed and that risk was not as a result of negligence on the part of any government official. The question then becomes is it then good public policy to award a cash payout. It is not compensation if there is no negligence. Is it good public policy to award a cash payout to anyone who gets sick as a result of some form of medical treatment?

A very dangerous precedent is in the process of being set if we decide to compensate those after 1990. I note that the Leader of the Opposition did not suggest that. He has changed his tune.

He has recognized that negligence is the only justifiable reason for compensation. He has avoided the whole issue of post-1990 sufferers of hepatitis C.

If we give money to people who become injured as a result of an unpreventable risk in the health system, where will it end? Hospitals now have the occurrence of super bugs. Despite every effort on the part of hospitals, occasionally patients come into the hospital and get sick by infections that are basically hard to detect and difficult to control.

What if a surgeon who is expert in his field, who is extremely competent and who has all the support imaginable, slips and a person gets injured, sick or even dies as a result of a non-negligence occurrence in the hospital?

We are in danger of setting a very dangerous precedent. The letter I read is from a person who is not a politician but an expert in the field of medicine and certainly should be accepted for knowing what he is talking about.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I listened carefully to the hon. member's comments and I have some concerns and questions. I am very concerned that we are engaging in false debate on the issue of compensation for all victims. I would hope that on a day like today we could put to rest this notion that we are setting a dangerous precedent.

• (1540)

I call on the member to clearly distinguish between medical mishap and regulatory failure as is the case with hepatitis C and was the case with thalidomide and HIV for which the federal government took responsibility. We are simply asking the government to do what is right and just and required under law.

It is very important for the member to acknowledge that we are not talking about a test that was suddenly being used in 1986 or only available in 1986. Justice Krever is very clear about this test, surrogate test, the ALT test, being available well before 1986. He mentions in his report that in 1982 the New York Blood Centre began routine ALT testing of all donations. The head of the New York blood program actually said it is the only thing we have to identify donors who are at high risk of transmitting this type of disease.

The evidence is clear. Testing was available. It was a question of our regulatory authority, the federal minister and the department, applying the law and ensuring that a test was put in place. They failed to do so, thereby putting the health and lives of many Canadians at risk.

Is the member now prepared to look at the evidence at hand and recognize that it is a false argument to refer to the period of 1986 to 1990 as the period of liability and to look at the negligence of the federal government for this whole issue because of the failure to carry out its responsibilities?

Mr. John Bryden: Mr. Speaker, the member obviously agrees entirely with the letter and my comments because she concurs that this is an issue of mishap. If a mishap is deemed to have occurred even prior to 1986 then compensation is in order. However, there is considerable debate, as we see from the letter writer, whether an agency—

Ms. Judy Wasylycia-Leis: Mr. Speaker, I rise on a point of order. The member is clearly misrepresenting what I had just said.

The Acting Speaker (Mr. McClelland): With respect, that is not a point of order but a point of debate.

Mr. John Bryden: Mr. Speaker, I think the member was concerned that my reply was so excellent that she felt she had to interrupt it because she did not have a rebuttal.

There is considerable debate about whether an agency can be held as committing a mishap or having been negligent if a process appears in the medical community at a certain time and that agency does not implement it until other countries got involved.

There is no doubt that after 1986 we should have done it. Before 1986 there is a doubt and if it is deemed by the appropriate authorities that a mishap has occurred before 1986, I think compensation is 100% in order.

Supply

What about after 1990 as raised by the interim leader of the Conservative Party? Is she proposing that because there is no mishap after 1990 there should be no cash payout for any of those who acquired hepatitis C after 1990 and 30% of those who received the blood transfusions and were exposed to hepatitis C did acquire it?

Mr. Mike Scott (Skeena, Ref.): Mr. Speaker, the hon. member for Wentworth—Burlington will know that I have a fair bit of respect for him and for his work as a member of parliament.

When Canadians go to a hospital and receive medical treatment they put a lot of faith and trust in the system, and the system failed them. It is clear the system failed as early as 1981. The blood system failed Canadians. I have not had the misfortune of having to be operated on and in need of a blood transfusion. I would be horrified to think that might have happened to me or to somebody in my family.

Does the hon. member not agree that the blood system really let Canadians down and they ought to be compensated going back to when that happened in 1981?

• (1545)

Mr. John Bryden: Mr. Speaker, it is simply between a mishap due to negligence or a mishap due to an act of God if you will. If negligence can be proven prior to 1986 there is no doubt that compensation is in order.

I submit to the hon. member that what we want to avoid is the type of situation which occurs in the United States where people sue a doctor or a hospital regardless of negligence. As soon as the mishap occurs a lawsuit occurs. We do not want that to happen in our system. After all, our system cannot be risk free. If we go to the hospital for any cure, we are going to run a certain amount of risk.

Hon. Lorne Nystrom (Qu'Appelle, NDP): Mr. Speaker, I want to say a few words on this and share my time with a member from New Brunswick, if I may.

I am pleased to see the government announce earlier today that it would be supporting this opposition day motion. Indeed it is rare in the House of Commons to have the government stand up and vote in favour of a motion of an opposition party.

I am pleased we made some progress and that the government wants to at least bring to the table the representatives of the Hepatitis C Society when the minister meets with his provincial counterparts later on this week. I maintain that is a step in a positive direction.

We all remember last week after the vote took place in the House the minister went out and faced the television cameras. He looked the camera lens in the eye and he said "The file is closed". Thanks to the Canadian people, the file is not closed. The file is open and I think we are going to see several changes made in the original

position of the federal minister and his provincial counterparts. That is a good thing.

I want to applaud public reaction, public pressure and public opinion for forcing the government to reopen the file. It shows that the democratic system can work when there is concerted public pressure and public opinion. When there is people power it can force a majority government to reopen the file and do something one day it said it was not going to do the previous week. That is a very good and positive thing about how this institution sometimes can work on behalf of ordinary people.

The logjam was broken when the premier of Ontario, Mike Harris, announced yesterday that his government would compensate all sufferers of hepatitis C in terms of the provincial amount of that compensation.

It is very important that we do not have two tiers of settlements and two tiers of health care in this country. It is important that the federal minister take the leadership now, reopen the package and make sure that all people who suffer from hepatitis C are compensated in a fair, compassionate and just way.

That should be done for a number of reasons. First of all the Canadian people have asked that we do it. They have shown compassion. There are past precedents for doing this.

[*Translation*]

The situation in the Saguenay—Lac-Saint-Jean two years ago comes to mind. There was a great flood in this part of the province of Quebec. The federal government provided support for the people of Lac-Saint-Jean. The same was true in the case of the people of southern Manitoba. I refer to the Red River, which flooded last year as well.

The same was true for last January's ice storm, in which the provinces of Quebec, New Brunswick and Ontario, and the Ottawa region in particular, were hard hit. The federal government was compassionate and provided assistance to the disaster victims, as it has done on a number of occasions in this country.

[*English*]

There was also the compensation for the victims of thalidomide and victims of HIV. The thalidomide case took a long time before it wound through the courts, but again there was compensation for all the victims.

What I am saying here is that once again we have had a regulatory failure and the federal government should be willing to take the leadership in making sure that there is fair compensation.

I want to make one other point before I sit down and I think it is the most important one of all. The federal government has the obligation to provide the lion's share of the compensation. I say that for a couple of reasons.

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There have been massive cutbacks in social programs in terms of cutbacks from the federal government to the provinces in the last few years. Last year there was a cutback of \$6.5 billion in transfers from the federal government to the provinces. That cutback is in effect this year and next year, \$6.5 billion each and every year. That is less money for the provinces for health care and education and welfare programs that would have been there had it not been for the Minister of Finance cutting back in a cold and callous way in his budget a year or so ago.

• (1550)

Because of that the federal government has an obligation to fund the lion's share. I am sure the hon. member from Mississauga would agree with that, to fund the lion's share of the compensation for hepatitis C victims.

Because of these cutbacks, the federal government has a surplus of several billion dollars this year. The federal government can afford to compensate the victims of hepatitis C. It has that surplus because it has been cutting back in transfers to the provinces, cutting back in Saskatchewan, Manitoba, the Atlantic provinces, Quebec, all the provinces. I maintain the government has an obligation to provide the funding for the compensation of the other victims.

[*Translation*]

I agree with the Government of Quebec, which said so last week. As did British Columbia and Ontario, before it changed its position and decided to compensate the victims in its own province.

[*English*]

The money is there for the victims of hepatitis C and the federal government should lead the way.

In terms of funding, when medicare first became a reality in this country in 1967, there was an agreement that the federal government would fund 50% of the cost of health care in this country, 50 cents on the dollar. What is it today? Today the federal government pays not 50 cents on the dollar, but 13 cents on the dollar. It has gone from 50 cents on the dollar to 13. That is a shameful record for the Liberal Party of Canada that once prided itself as being progressive and compassionate and forward thinking.

In fact the father of the current Minister of Finance was the Minister of Health back in the 1960s when national medicare became a reality in this country after the provincial leadership of the CCF in Saskatchewan with Tommy Douglas and Premier Woodrow Lloyd.

I say that is a shameful record and it is no wonder the member from Mississauga is now hanging his head in shame over that legacy of the Liberal Party. The Liberals are much more conservative than Brian Mulroney and the Tories and the hon. member for

Mississauga knows that. That is why he is hanging his head in shame. He does not dare get to his feet and respond to an argument of that sort because the figures speak for themselves: 1967, 50 cents on the dollar; 1997, 30 years later, 13 cents on the dollar. Mulroney would not have even dreamed of doing that, and that is exactly the legacy the Liberal Party has left Canadians.

If the sufferers of hepatitis C want to see who the culprits are, they should look in the eyeballs of the Minister of Finance, the Prime Minister and the Minister of Health. Those are the people who refuse to provide adequate funding to people who are suffering from a disease through no fault of their own, suffering from a disease because of the fault of regulators who allowed contaminated blood to go out into the system.

Mr. Speaker, I make that appeal through you to the minister and the government across the way, that they start once again adequately funding the health care system in this country. What a better place to start than to pay the lion's share, the overwhelming share of the cost to compensate these victims who are suffering from a disease through no fault of their own.

Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, does the hon. member agree that this meeting of the health ministers that is about to take place ought to take place in a public fashion as opposed to the health ministers getting together behind closed doors? Does he not agree that Canadians and in particular victims of hepatitis C have a right to see who is showing true leadership, who in fact has genuine compassion when it comes to assisting those that are sick and disabled?

I am pleased that it appears the motion put forward by his colleague will carry later on this afternoon. It appears that the Liberal government will be supporting the motion. Would the hon. member go one step further and agree that the meeting should be open to the media so that all Canadians can see exactly what is happening?

Can the hon. member explain how in the first place \$1.1 billion was put on the table? What mathematical calculation was used? How was \$1.1 billion arrived at? Is it simply that amount divided by 22,000 or can he explain? Is there any explanation as to how that amount was arrived at in the first place?

• (1555)

Hon. Lorne Nystrom: Mr. Speaker, I think the answer to the second question is that there was a lot of guesswork in coming to the \$1.1 billion. I do not think they know for sure how many victims they are going to compensate with that \$1.1 billion.

The member knows the federal government is to pay \$800 million of that and the provinces \$300 million of that, and that division came of course because of negotiations. But the \$1.1 billion is just a guess, I assume, from what I have heard and may or

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may not be accurate. Indeed that money will now have to be increased to compensate all victims.

I also want to comment on the first part of what the member said. I am pleased the House is going to support the motion today. I think the House should also be saying to the ministers of health, let us televise those hearings. Let us have those hearings in public. We did that in some of the constitutional process which led to Charlottetown, the member may recall.

There is no reason the hearings cannot be televised. The victims of hepatitis C could see exactly where every minister stands, where every province stands, where the federal government stands. Just as important, the Canadian people could see the response of their governments. Let us negotiate in public. Let us have a transparent process. Let us open up the democratic process in this country so we have more accountability and more visibility.

I would certainly favour any motion anyone puts to that effect in the House.

Ms. Judy Wasylcia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I would like to thank my colleague the member for Qu'Appelle for his very important comments on this issue.

In particular he clarified our position in light of the comments by the previous Liberal speaker, the member for Wentworth—Burlington, who has tried to blur the lines on this issue and to engage in false debate.

I am pleased the member for Qu'Appelle was clear about the fact that we are talking about federal regulatory failure for which this government has absolute responsibility, and medical mishap for which we have other processes in place to respond. I appreciate the fact that he clarified that in our estimation blood injury as we are dealing with now is an injury arising from dereliction of duty of a very specific and unique nature pertaining very much to the federal government's role as regulator.

I want to ask the member if it is not the case that the Food and Drugs Act was set up to provide minute to minute control of emergency health hazards. Is it not the case that the federal government as regulator was and is the only body, the only organization in the blood system that could single-handedly cause a safety feature like the hepatitis C testing to be implemented in response to the very serious issues we are dealing with?

Hon. Lorne Nystrom: Mr. Speaker, the answer is yes. The buck stops where the buck stops. According to the law in this country it stops with the federal regulators. I think the member for Winnipeg North Centre has summed it up very well.

[*Translation*]

Ms. Angela Vautour (Beauséjour—Petitcodiac, NDP): Mr. Speaker, I am pleased to rise to address this topic today.

As a new member of Parliament, I learn something new every day. Some days are very sad, when we see how the government treats people afflicted with hepatitis C.

I never thought that we would be debating for days and months simply to bring justice to people across the country who are sick. We really have to ask ourselves where this country is at. We cannot always say we are proud of our country, because so long as we have governments like this one, there will be days we are ashamed of what it does.

• (1600)

As a member, I am embarrassed to admit my association with the House. Canadians often do not make a distinction and lump us all together. But I think it important today to clear that up and try to explain to those listening who the people are that are prepared to make this country's citizens suffer. Obviously we are talking about the Liberals. They are the ones who have made things difficult and are refusing to recognize that there are indeed people who are very ill and that some have even died.

They refuse to accept that they have a responsibility. Yet clearly they do. That is why we are introducing another motion today to continue debate on this topic, in an attempt to obtain justice.

Often, those watching us on television wonder, during the debate, what the topic is. For their benefit, I am going to read the motion:

That this House urge the government to press for the invitation of representatives of the Hepatitis C Society of Canada to the upcoming meeting of federal, provincial and territorial Health Ministers in order to provide advice on how to address the financial needs of all those who contracted Hepatitis C from the federally regulated blood system.

I think that the important thing to remember is that it was federally regulated. This means that the government has a very great responsibility in this matter. We are facing a crisis today. It is a crisis for those who are ill, for families who have lost loved ones, for children who are suffering. We are here, in good health, debating on their behalf, but imagine the situation in which they find themselves today.

Why are we introducing this motion today? Because the initial agreement satisfied no one. The victims were not at the bargaining table to present their arguments and set the record straight. Nobody knows better than those living with hepatitis C what the illness is like. Even those of us taking part in the debate today to obtain justice for them cannot put ourselves in their shoes. We can only imagine what it is like, but it is very difficult.

As we saw this week, some provinces—Quebec, Ontario, British Columbia and even Manitoba—found their heart at one point. We must remember that, at one point, neither the provinces nor the federal government had a heart. They had only wallets. They had

lost their hearts and were not looking beyond their billfolds. At some point it is time to put away the wallet and see that justice is done.

That is the problem in this country at the moment. The federal government often has heart when issues concern the country's multimillionaires and the banks. In such cases, the Minister of Finance has a heart, which goes out to the major corporations. I think it is time the Minister of Finance put his two feet flat on the ground and began to think about reality and the type of country he is creating today. He is building a country we are not proud of, and it is time he stopped. It is time the people in this country—it is the voters who will do it—put a stop to current policies, whereby the rich get richer and the poor get poorer.

We are in opposition and we are doing the best we can. We have not done too badly in the past month, either. If we look how far we have come in this matter, we may be proud of ourselves. However, a number of Liberals must surely be hanging their heads pretty low, especially those who were elected on principles of defending the public and working on behalf of the poor. These same people support the government one vote at a time. Then they try to convince us that they voted according to their conscience. It frightens me even more when I hear them say they voted according to their conscience.

• (1605)

Last week, I brought some students down with me, and when they saw what was going on last week, when the government forced all its MPs to vote the same way, they said that the one thing they had learned during the week was that there is no democracy in this country. It is sad to see 16 or 17 year olds with such an attitude.

What is even sadder is that they are right to think this way. The federal government is the main regulatory authority where blood and blood products are concerned. It is, in large part, the one at fault. The provinces are already assuming the health care costs of all victims, regardless of the date they received the tainted blood, at an estimated \$80,000 each.

With all the cuts the provinces have suffered at the hands of the federal government, \$3.5 billion, they are still going to give money to the victims. They have already given \$300 million, or \$85,000 per victim, and some provinces are already prepared to do more than that.

Our government often claims it has no money for this country's sick, elderly and poor, and that we ought to be finally understanding this, since the situation has gone on for a number of years. On the other hand, the auditor general discovered a surplus of \$2.5 billion, which was kept from the hepatitis C victims. This is a sad state of affairs.

In closing, I would like to say that today, at last, the government has decided to support our motion. I trust it will support it with its

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heart and is not just trying to redeem itself a bit in the eyes of the MPs it forced to vote against last week's motion. I trust that they will support the motion with their heart and not for political reasons, for I see a big difference between the two.

[English]

Mr. Peter Adams (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, there has been consultation between the parties and I think you will find unanimous consent for the following motion. I move:

That, in relation to its study of aboriginal economic development, 10 members of the Standing Committee on Aboriginal Affairs and Northern Development be authorized to travel to Kuujuaq, Iqaluit and Chibougamau during the period of May 19 to 22, 1998 and that the necessary staff do accompany the committee.

Mr. John Nunziata: Mr. Speaker, I rise on a point of order. The parliamentary secretary indicated that consultations have taken place. This is the first I am hearing about it. On that basis at this moment I am not prepared to give my consent.

The Acting Speaker (Mr. McClelland): We are a little ahead of ourselves as I did not ask for consent yet. If the hon. parliamentary secretary captures the mood of the House perhaps we could delay presenting the question until further consultation has taken place.

[Translation]

Hon. Lorne Nystrom (Qu'Appelle, NDP): Mr. Speaker, I have a very difficult question for the member from New Brunswick.

I agree with her statement, but I want to ask a question that I think is very important for those of us in small provinces like Saskatchewan or Manitoba. The federal government cut social programs by \$6.5 billion last year. I am thinking of health and education, among others.

The member comes from a small province, New Brunswick, with an unemployment rate, if memory serves, of close to 13% or 14% and budget problems up until last year, or the year before that.

Are annual cuts of \$6.5 billion a big problem for a small province like New Brunswick? Is it a problem for her province's health system?

• (1610)

Ms. Angela Vautour: Mr. Speaker, I thank the member for his question.

It is indeed difficult for a province like New Brunswick, which has a high rate of unemployment. If we look at my riding alone, an unemployment rate of 14% would be good, but it is more like 16%, 17% or 18%, and it keeps going up, while cuts to health care programs continue unabated.

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Of course, the federal government cannot expect New Brunswick to come up with millions and millions of dollars. It is just not going to happen. That is why the responsibility must lie with the federal government. It is a federally regulated system and the federal government must assume its responsibilities and not shift the bulk of the responsibility onto the backs of the provinces.

When the federal minister sits down with all provincial health ministers, he will have to take the situation of the rich provinces and the poor provinces into consideration, because not everyone has \$200 million to throw into the pot.

[English]

Ms. Bev Desjarlais (Churchill, NDP): Mr. Speaker, I thank my colleague for her comments. I re-emphasize what the member for Qu'Appelle mentioned regarding whether the province of New Brunswick would be able to come across with additional moneys if the federal government fails in its responsibility to compensate the victims.

Ms. Angela Vautour: Mr. Speaker, I will repeat what I said. If the government is expecting New Brunswick to find \$200 million overnight, it will not happen. I have no doubt. I know what kind of situation we are living in. We must not forget that we have a Liberal government in New Brunswick which is doing as much damage as the federal government is doing. It is not a nice scenario. I do not see any improvement until at least the next provincial election.

Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, Canadians still do not understand how the federal government and the provincial governments arrived at \$1.1 billion. There is a huge discrepancy in terms of the actual numbers of victims. Somehow the federal government ended up putting \$800 million on the table and the provinces \$300 million. We do not know on what basis that formula was arrived at. I remind the House that there is only one taxpayer in this country, Canadians from coast to coast. They pay their taxes both to the provincial government and the federal government. Canadians have made it clear they want all victims compensated.

In light of the significant development yesterday where the premier of Ontario agreed to inject an additional \$200 million into the compensation package, would the hon. member agree that in order to maintain any semblance of credibility the federal government has to come to the meeting not just with an open mind, not just with an open heart but also with an open wallet given the excellent fiscal situation the federal government finds itself in? It tends to boast every day about how well—

Ms. Angela Vautour: Mr. Speaker, absolutely. If the Minister of Health did not get the okay from the Minister of Finance there

would be no need to sit down at the table. We know he is the one running the show in this country. There is money on the table from some provinces, at least one province. I hope if he is going there to find a settlement for the neglected sick affected by hepatitis C, I suggest he just sit at home. There is a need for money. This is not a meeting where we will sit down and look at each other. There has to be a serious discussion and a package out of this at the end.

Ms. Aileen Carroll (Barrie—Simcoe—Bradford, Lib.): Mr. Speaker, I will be sharing my time this afternoon with the hon. member for Mississauga West.

• (1615)

I have sat here day after day listening to attempts to make it seem like our government is working according to a purely legal approach, that it is just tossing people out on the street with nowhere to go for medical help.

I have observed that we have one of the very best health care systems in the world. I am sick and tired of partisan opportunists trying to make it appear as though our government has no social safety net, like we are an uncaring society.

It is especially galling coming from the opposition party whose bluebook advocates the gutting of the Canadian medicare system. Also galling is the myth that they have helped propagate, that Canada is behind other countries in terms of how we are dealing with hepatitis C.

I stand here today to ensure that the truth is not hidden within the lines of political rhetoric and partisan excess. Of course we have all heard of Ireland's approach to its own particular circumstances. For partisan critics Ireland's program is the one they highlight, the one against which all comparisons are made. However this single example is not one which can really be compared to our own. This is a different society with different structures, processes and pressures.

Ireland created a social program. While I do not know the extent to which it underwent consultation and consideration in that country, I do know that the full implications have not been fully discussed in our country.

How else do we compare ourselves to Ireland? Is its society so similar to our own? Is it the same size? Does it have the same democratic structure? Does it have the same history? Does our supreme court refer to Ireland to see what it has done on issues of law? The answer is a definite no.

When do we copy other countries' policies? Should we adopt, for instance, the U.S. style of health care as advocated by the opposition parties? Do we follow the human rights practices of other countries?

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The answer to all of those questions is no. At the same time we should look to see where practices that do fit our own circumstances might exist.

If we have to consider other countries then I suggest we should take a look at what other major industrial countries have done. By that I mean the G-7 or the G-8 as we now include Russia. Among these countries nobody has followed Ireland's approach, nobody.

Let us look at Italy which has only given some very limited help to hemophiliacs. It has excluded everybody else. Can we really say the people abroad get the same kind of care we get here in Canada? That is really where it ends. Nobody else has even come close to providing the compensation offer that we are providing in Canada.

I think we should now make it a matter of record perhaps to compare it to some other countries. What has Russia done? Nothing that we know of. What has the United Kingdom done? It has defended itself in court and it is defending itself in court without acknowledging any type of responsibility outside that court. The same goes for France, Japan and Germany. Germany is conducting all legal claims through the court system.

Then there is the United States where we understand there are very few lawsuits. Why is that? That is because in 1986 it used surrogate testing on a national basis and we did not.

Today Canada has acted in a reasonable, responsible and clear way that even brought people into the picture who did not have lawsuits. We did so because that fits our rationale. Is that a purely legalistic approach? Has anybody else in the G-8 done this? No.

Let us go beyond those nations for the moment. Let us go beyond those countries against which Canada is most frequently compared and look at New Zealand. New Zealand does not compensate those with hepatitis C. It used to but only through its no fault system for accidents.

• (1620)

Now a large number of people have been left out by changes made in 1992. Why did they make changes that restrict access to this deteriorating program? They made them because New Zealand's no fault system is hurting as is its health care system. Is this an example we really want to follow?

People with hepatitis C are now left out of that system. They are suing their government. Should we be following the path of a nation that might eventually be following ours? Its newspapers report that Canada's approach might provide direction as to how it will deal with this problem. We should not be copying New Zealand. We should be learning from its experience.

Finally, there is Australia. Australia has settled its litigation out of court. We do not know exactly what has happened because there the agreement is secret. What we do know is that it settled cases

that came about because it failed to use surrogate tests. This does sound awfully familiar.

We know it settled its cases without the Australian public knowing the conditions of the settlement. We also know it did not include people who had no court claim. It hedged its bets. Its rationale was purely legal. That is the approach that fits its public environment, culture and history. It suited its particular circumstances.

We have gone beyond that. Nobody can say that we took this legal approach because, as I said, our national approach to hepatitis C includes people who although they did not file a court case were affected at the same time as the rest. They were affected during a time when Canada's blood system should have performed better.

No other comparable country has included so many people as this country has. No other country has been as responsible as we have. That is the international record on this matter. Canada is a leader in its approach. It is not a blind follower.

Ms. Louise Hardy (Yukon, NDP): Mr. Speaker, it does not matter what Canada has done. Even though we are a leader it still is not enough.

There has not been much mention about the territories and the vastness of the space there. There are a lot of people in both Yukon and Northwest Territories who have been affected by hepatitis C. In Yukon there is one hospital and health care cuts have really hurt. People who need to get from Old Crow into Whitehorse have to pay a \$1,000 plane fare or try to find an ice road in the winter to get to the hospital. If they need treatment that cannot be done in Yukon; they have to be flown to Vancouver.

One of my constituents who has hepatitis C is not being compensated and is still struggling to work. It cost her \$15,000 in lost wages to be able to go to Vancouver, which is a three day drive from Yukon.

Our health minister is saying that if we have a solid health care system in place these people will be taken care of. They will not be taken care of because our health care has been dismantled by the Liberal Party. The individuals who are sick and are struggling to keep working will not get the care they need.

Ms. Aileen Carroll: Mr. Speaker, the hon. opposition member describes the situation in the territories that exists with regard to all people there who are ill.

The geography of the territories is such, and I know full well having visited there, that it is very difficult for anyone who is ill to cope with distance, time and conditions. This does not change under this set of circumstances but is in play day in day out and a part of the geography and difficulties of that land.

There has been a need to reduce transfer payments. While that was done it was stopped at \$11.2 billion and restored to \$12 billion. There are many different causes for the changes that have come about, many by the provincial and territorial decisions that have

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been made when addressing their systems of delivery. There are choices in that regard in addition to coping with all we have had to do to put our books in order.

I do not see anything particularly different in this set of circumstances other than what exists when relating to health care delivery in the territories.

• (1625)

Mr. Mike Scott (Skeena, Ref.): Mr. Speaker, I listened with incredulity to the hon. member comparing Canada to other countries. Naturally she did not want to be compared to Ireland but she did want Canada to be compared to Russia.

Since we are talking about being compared to other countries, does the hon. member agree the actions the Prime Minister took in forcing his backbenchers to vote with the government, making this a confidence motion, which was a sham to begin with, and forcing the backbench to vote with the government undermined what little faith Canadians had in the House?

It has been laid bare for all to see. There is no real democracy in this place. There is no real opportunity. These debates do not mean very much when at the end of the day the Prime Minister will crack the whip and tell his backbench how to vote. They will jump and dance to his tune. I would like the hon. member to respond to that.

Ms. Aileen Carroll: Mr. Speaker, I will respond to the opposition member's inquiry with regard to the workings of government in Canada.

It is frequently a difficult and onerous task to decision make. It falls upon the shoulders of government to do so. That essentially is the difference between governing and sitting on the opposition side of the House. We exhibit courage. Many times we have to make decisions that are difficult to make.

We do so knowing that we were chosen by the people of Canada to undertake that role, to be their government and to stand up for what we have to under extreme conditions. That is why we have members across the House who are free to shoot from every conceivable corner on every different item from which they wish to shoot, having no responsibility whatsoever for their partisan excess. That is the difference with governing.

[*Translation*]

The Acting Speaker (Mr. McClelland): It is my duty, pursuant to Standing Order 38, to inform the House that the questions to be raised tonight at the time of adjournment are as follows: the hon. member for Winnipeg North Centre, Hepatitis C; the hon. member for Charlotte, Hepatitis C; the hon. member for Halifax West, Multilateral Agreement on Investment; the hon. member for Toronto Centre—Rosedale, Multilateral Agreement on Invest-

ment; the hon. member for Frontenac—Mégantic, BC Mine in Black Lake.

[*English*]

Mr. Steve Mahoney (Mississauga West, Lib.): Mr. Speaker, I too am happy to have the opportunity to put some comments on the record to perhaps challenge some of the misinformation and myths that have been coming from the opposite side.

I want to start by saying that I came to a revelation this morning when I picked up the Toronto *Star* and read an article by Thomas Walkom. Thomas is an editorial writer, an opinion writer for the *Star*. I worked across the hall from him when I was at Queen's Park.

I generally find him to be philosophically on the side of the left wing in the entire country, certainly provincially. While I very seldom agreed with Mr. Walkom, I always respected his writing ability and his ability to see through what the issue was all about.

I want to share some thoughts. We talk about the victims, the deal, that it is not good enough, that we should spend more and if we spend too much it will hurt health care. We talk about all these different issues on all sides of the House.

However I think Thomas Walkom really summed up what this debate and this issue are all about aside from crass politics and manipulation of some tragic victims. He says "Most of all, it is about what societies are willing to do for all of those, not just hepatitis C victims, who suffer crippling illnesses". He goes on to say "If negligence alone is to be the criterion then federal health minister Allan Rock was on solid ground when he talked of limiting compensation to those victims infected between 1986 and 1990".

• (1630)

The theory, Thomas says, albeit it developed with the advantages of 20:20 hindsight, was that Canada erred in not following the U.S. lead, which I hear my U.S. supportive friends in the Reform Party talking about all the time. He goes on to say that once Canada did start to test the liability ended.

I think this is really the debate that has to happen. Thomas Walkom says that what we should be talking about is a comprehensive public, no-fault, universal disability insurance helping those who for whatever reason find themselves levelled by any debilitating illness.

That does not necessarily mean that we would simply support that. If we think about the debate of that issue I suggest the costs of a complete no-fault health insurance disability plan would be quite astronomical, but we should debate it. It should be a public debate, no question. I hear members opposite saying that the negotiations that are about to take place over this issue should be held in public. The member for York—South Weston says we should have it with

the public. That is a terrific idea because then we would know what people agreed to.

This motion by the NDP is a good motion and. It says that the House urge the government to press for the invitation of representatives of the hepatitis C society to be a part of the negotiations. They would be witnesses. That would be interesting if we had impartial witnesses at the last round of negotiations. We would know what the Minister of Health for the province of Quebec said at the table. We would know what the minister of health, the Hon. Elizabeth Witmer, said. I have great respect for her. I worked closely with her in the Ontario legislature. We were both critics of the NDP government which was a rather easy job to do. I got to know Elizabeth and I have great respect for her.

If it was on television, all the better. We would know what was being said. What do we have here? We have a deal that would never have surfaced if not for the leadership of the federal Minister of Health. The former minister of health for the province of Ontario, the hon. Jim Wilson, said see you in court. That was his response.

What do members think Reform Party members would offer in terms of compensation? Imagine their bleeding hearts? I do not even know if they would go so far as to say see you in court. They would say let 'em eat cake. That is exactly what they would say. We know what Reformers would offer as compassion if they had the responsibility to government this place. It would be nothing. The hypocrisy that we have seen over this issue has no bounds. It is absolutely astounding.

We hear from members opposite that we should listen to the people. I have talked to residents. I have had a couple of calls. I had about 400 calls on the seal hunt issue, but I have had a couple of calls on this issue from very seriously concerned people, some of them ill, some of them family members of people who are ill, some of them just trying to understand. When I return those calls they do understand the impact of a universal no-fault health care plan that would simply provide compensation for all victims.

I made a statement in the House a few months ago about Kyle Martin. Kyle Martin was a five year old boy whose father took him to the emergency at Credit Valley hospital. Kyle had a fever. He was very uncomfortable. They spent several hours in emergency until finally a doctor got around to seeing them.

• (1635)

Members opposite would just blame the federal government for something like that, but in our province they have made choices. In fact, they have just recognized that they had made damaging choices because they poured more money back into the health care system for emergencies.

If we want a universal health care system, let me tell members what would happen. Kyle was diagnosed. Once they got to look at him after several hours, they realized they had a serious crisis on

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their hands. They ordered a helicopter to take him to the sick children's hospital. Twenty-four hours later Kyle Martin was dead.

I talked to his father. Some members in this House, and I thank them publicly, have contributed to the Kyle Martin fund to help a doctor at the sick children's hospital in his research into streptococcus and what causes it and how it can be treated.

Here is the message to the Martin family. What do you say to a mother and father who have lost their five year old son? Do we turn around and simply say federal taxpayers are going to compensate them for that loss? Or do we say they have access to the courts, a right to sue and should sue the hospital and the attending physician and whomever their lawyers advise them to sue? A court case will occur, a decision will be rendered, and if they win there is insurance in place to cover that kind of thing.

What we want to do is wipe out the court system entirely in this country and go to a broad based no-fault system. I do not know who is going to pay for that. I do not know how we are going to fund it and make it sustainable.

I think this motion should be supported and nobody needed to whip me to vote for the Minister of Health. Let me say that to the member for York South—Weston. I wish I had another 10 minutes to talk about that particular problem and how he likes to play politics with victims and games he plays like this.

The fact is nobody needed to whip me. I support the Minister of Health in this. He is the only politician who has shown true leadership from the start in this country. Now that the provinces have come to their senses, we will go back and cut a deal that will be fair for all concerned.

Mr. John Nunziata (York South—Weston, Ind.): Mr. Speaker, I could not help but chuckle when the hon. member puffed out his chest and said he was not whipped, he did the right thing. Let him go back to his constituency in Ontario and I will challenge him to a public debate in his riding.

Who was he representing when he stood up and he turned his back on the sick and the dying in this country? Who was he representing? The reality is he was just propping up his Minister of Health.

He stands up and says that had it not been for the Minister of Health, earlier referred to by one of his colleagues as his hero, there would not have been money on the table. He knows that the only reason the federal government ponied up money was the Minister of Health had a legal opinion that said if we do not compensate those victims between 1986 and 1990, we will be forced to do so by the courts.

That is the reality and I wish the hon. member would stop talking from his talking points and start looking at the reality. He knows the reality is that the only reason the money was there was legal liability. It was not compensation based on compassion. The minister was looking at legal liability and damages and what he

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tried to do was contain the damage. But having said that, he inflicted political damage on himself.

Only because the Conservative premier in the province of Ontario has agreed to come forward with an additional \$200 million, now the minister and the member have had to swallow themselves whole.

Mr. Steve Mahoney: Mr. Speaker, I point out to the hon. member that this young lady happened to be delivering the talking points. I did not even have them when I spoke. I was not referring to them. I was speaking from here.

It is interesting. Every time somebody gets up and says something the hon. member from York South—Weston does not agree with, he rises with his chest puffed out, or maybe that is the normal size of it. He rises in this place and challenges everyone in the House to a debate. I suspect it is because he has nothing else to do, being the leader, caucus, cabinet and entire representative of a party of one. We do not need lectures from that member. To use the analogy of a hockey team, he is one who would play on our hockey team and consistently shoot the puck into our own net. How long would he be kept on the ice? How long would he even be allowed to sit on the bench? He would be booted off and told to go have a nice day.

• (1640)

Mr. Rob Anders (Calgary West, Ref.): Mr. Speaker, I would like to ask a question of the hon. member across the way with his hockey analogies and what not.

We have really sunk low in the House when the Liberals are comparing our economic situation and our health system to that of Russia, a country that has gone through an economic and political meltdown.

The Liberals say we have the best health care system in the world. Who are they kidding when they dare to compare it to Russia? They say that our compensation on hep C is better than what the Russian people are getting. What type of comparison is that? That is stooping as low as they can go to draw an analogy between what Russia has done for hep C victims and what Canada can do for hep C victims. The difference is we have not had an economic and political meltdown. We have a budget surplus. These are things Russia could only dream of in decades.

As well, they had the audacity to talk about this not being a solution that the lawyers came up with.

Mr. Steve Mahoney: Mr. Speaker, as usual the Reform Party is about one speaker too late. I think the hon. member was referring to

a former speaker's remarks. I did not make any comment with regard to Russia. But let me make a comment with regard to the Reform Party, the oh so pompous men and women of compassion who are going to solve all the problems.

Where was the same Reform compassion when its members said they would cut \$3.5 billion from social assistance, \$3 billion from old age security and \$5 billion from the employment insurance program? Where was their compassion when they said they would cut \$3 billion from provincial equalization payments and where was their compassion when they said they would dismantle the Canada pension plan and ignore the future of Canadians? That is not a party of compassion. That is a party that is misleading the Canadian people on this issue and many—

The Acting Speaker (Mr. McClelland): Resuming debate.

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, I listened to the hon. members for Mississauga West and Barrie—Simcoe—Bradford who were referring to people in the opposition as opportunists. Actually we are fighting for those people who we feel within our hearts should be treated equally. Because we stand in the House and fight for those people who are not being treated equally I cannot believe anyone would say that all those who do that are opportunists. Not in this case.

As the hon. member from the Reform Party just stated, some compared Canada with Russia or Germany. I do not know if the hon. member has been to Germany, but I have been to Germany. I was invited there by the German government to look at unification. I was asked to go to Romania as well. Canada is known to be the best country in the world in which to live. All those countries look to us and they would expect Canada to take a leadership role in treating our people equally. They would not expect to ever see Canada have a two tier system for people with hepatitis C.

I can imagine that around the world people have been watching us and wondering what has happened to us. Talk about opportunists, when the Liberals were in opposition they fought the GST. They fought the free trade agreement. They signed the NAFTA agreement so fast after they got elected that we could not even blink. Talk about opportunists. The opportunists are over there on the government side.

• (1645)

I do not believe there is anyone in this House who has not made some mistake in their life. Once a person admits that they have made a mistake and correct it, they become much taller and more respected. None of us is perfect. The Liberals have made a mistake. The Minister of Health has made a mistake.

The Prime Minister told the provinces to put their money where their mouth is. One province has already said " We are going to

put our money where our mouth is”, and that is the province of Ontario. I want to thank the province of Ontario very much for taking the leadership role. I give credit also to Mr. Johnson in Quebec. At least he said that everyone should be equal. Now Mr. Filmon is saying the same thing from out west. Everyone should be equal. I know some of them will have a difficult time finding the money at the provincial level, but somehow we have to come up with a formula that is equal for everyone, not just for those from 1986 to 1990.

I want to say to the member from the NDP who brought forward this motion that, yes, we support the motion. We thank him for the motion. We do feel that representatives of the Hepatitis C Society of Canada should be at the meetings. They are the ones who can discuss this and they are the ones who can bring forth points. They can tell them it comes not just from the heart. They are the ones who are suffering.

They should have been at the table the first round. That is where they should have been. I think if they had been at that table we would not be where we are at today. We would not be having this kind of debate.

If the Minister of Health does have a heart—and sometimes I question it in this House—how could he look at those people with hepatitis C and say that we have a two tier system? “Sorry, you got this in December 1985, but we are only going to look after people beginning January 1986”.

I was pleased to see the actions taken by the Government of Ontario yesterday which compelled the Minister of Health to reopen the file. He said it was closed. You will recall, Mr. Speaker, the minister did say “This file is closed. We’re not going to do another thing”.

All along, all we have wanted on this side of the House is for him to do the right thing for the people who are sick through no fault of their own. He refused, but he is saying now that he will open the file. He will open the door, but we realize today in listening to government members that he is just going to open the door a crack. He is not opening the door all the way. I cannot believe it. I am hearing members speak today and things are not changing in their minds. One member got up and said it should still be just for those from 1986 to 1990. The Liberals are still saying the same thing.

We are going to continue to push the Minister of Health to start showing some real responsibility on this issue by committing to a deal that will include all of those innocent victims when he goes into this meeting with the provincial ministers and their territorial counterparts. There are, according to him, 20,000 to 40,000 Canadians left outside. But our critic, the member for Charlotte, today said that no one knows the figure. Some people say it is 6,000 people. Some people say it is 10,000. But the minister keeps saying it is 40,000 and it could be 60,000. He has absolutely no idea how many Canadians have been left outside this compensation package, none whatsoever. The government does not know how many.

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My colleague, the member for Charlotte, pointed out a couple of weeks ago that the Minister of Health admitted the government does not know, yet the Minister of Health still refers to 40,000 to 60,000 people.

• (1650)

Before 1986 a human being in Canada was not allowed to bank his or her own blood for their own use. The government says it has no responsibility, but the law of the land was that no one could bank their own blood for their own use. People had to take whatever was given to them. Therefore the government does have a responsibility and a big one.

We on this side of the House, in my party, cannot support an unjust policy that would leave these people out in the cold because of reasons that do not hold up against the tests of compassion, fairness and justice.

I do not sit in this seat and try to be an opportunist. I came here to fight for what is right for all Canadians from coast to coast and I will continue to do so. I will continue to get up here, as will our critic and all of my colleagues in the PC Party, to fight for these people who, unfortunately, through the system we had in place became very ill.

I have a great deal of respect for my colleagues on the government side and for a lot of other people, but I am surprised to hear them try to portray the image that what they were doing was right, fair and just. It was not just, but we are going to fight to make sure that justice comes for all.

Mr. Steve Mahoney (Mississauga West, Lib.): Mr. Speaker, out of all the members in this place, I want to say that the member for Saint John is one whose opinion I respect. I believe her when she says she is here to fight for the things that she believes in. I do not doubt her sincerity whatsoever.

However, I would ask her if she would not mind making a call to the leader of the Ontario Conservative Party to suggest that the next time he makes a deal or sends his minister of health out to make a deal that he try to live by the deal. Tell him that he should not sign a deal if he is not happy with it. He should not come on board one day and make a deal and then go to a press conference and change everything. It is not fair to anybody involved. I am sure the member agrees with that.

Mrs. Elsie Wayne: Mr. Speaker, I have a great deal of respect for the member for Mississauga West, as well. However, he and I were not in that room. We did not hear what the Minister of Health put on the table. We did not hear the discussion that took place between the provincial and territorial ministers of health and the federal Minister of Health.

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I would be very surprised if they were not told by the federal Minister of Health “This is the deal and this is the only deal that the federal government is going to enter into, and there will be no one compensated unless you enter into my deal”. That is how I see the minister.

As far as I am concerned, it was wrong. If the premier of Ontario had enough compassion to stand up and say “What I have signed is wrong”, then I have to say he becomes the tallest premier there is in all of Canada.

Mr. Mike Scott (Skeena, Ref.): Mr. Speaker, I would first like to suggest that is one of the best political speeches I have heard in the House of Commons in all my time here.

In response to the charges from the Liberal Party that we are somehow in a cynical way using this issue to take political advantage of the Liberals, I think it has been very clear from the beginning that all the opposition parties gave the health minister and the Prime Minister an opportunity to back down, to back out, to change their position, to change their mind. However, they chose to ignore that. They chose to draw a hard line in the sand and say “No, this is the way it is going to be”.

I would ask the hon. member, is it not playing crass politics to start pointing fingers at the opposition now, saying that we are somehow playing politics with this horrendous situation where people trusted our blood supply and were poisoned as result? Is this not crass politics on the part of the Liberal Party to be pointing fingers at the opposition when in fact it has had every opportunity to back down gracefully and it would not do so? Would the hon. member respond to that?

• (1655)

Mrs. Elsie Wayne: Yes, Mr. Speaker, I agree with the hon. member. Certainly it is politics. Talk about calling us opportunists. I would have to say the opportunists sit on the government side.

It really bothers me. I do not think there has ever been a subject in this House of Commons that has bothered me more than this one. Our job here as the opposition is to bring in checks and balances so that whatever is brought to the floor of the House by the government is what is best for Canada.

In this case we are talking about people out there who are hurting because they are ill due to no fault of their own; no fault whatsoever. If that is the only reply the government can give, pointing fingers at us and saying we are playing politics, I say thank God we are speaking out and thank God we are doing what is right.

It is because of what has been done here and what has been done in Ontario that this will finally be corrected. It is because of what we have done on this side of the House.

Mr. Rick Borotsik (Brandon—Souris, PC): Mr. Speaker, it is most difficult to follow my illustrious leader in such a passionate debate on an issue that certainly exudes much passion.

The member for Mississauga West I hope would also pay me as much respect as he does my leader, for in fact the message that is brought by our caucus and by our party is the same message, one of fairness, equality and compassion for a group of individuals who through no fault of their own have found themselves in a very untenable situation.

The issue facing us is one of fairness and equality. These are not faceless people who have been infected by hepatitis C. These are our neighbours, our friends and, in some cases, our family. They are people who we walk beside on the street, people we sit beside in restaurants and people we work beside. These are people who, through no fault of their own, received a tainted blood transfusion which came from an organization and a government that guaranteed the blood supply was safe. However, that guarantee was not there and these people are suffering the consequences.

I was at the gas pumps in my constituency just last week when an individual walked up to me, knowing who I was, and introduced himself, saying that he was one of the victims who was infected by hepatitis C.

They come to us from all walks of life. They come to us to tell us their stories, stories that wrench our hearts, if in fact there is any compassion in our hearts. It has not been seen on the other side of the House.

We have heard excuses. The Minister of Health has stood in this House for the last five weeks and extolled the excuses of government. The Minister of Health said “I am sorry, there will be a cut-off date”, and that arbitrary cut-off date will be January 1, 1986. Anybody before that arbitrary cut-off date is going to be thrown out like bathwater.

What would happen if it were your family, Mr. Speaker, or your friends who were infected in December 1985, one month prior to this arbitrary cut-off date? Those individuals do not matter to this government. Those individuals do not matter as Canadian citizens because they did not fall within that magic timeframe beginning January 1, 1986.

There are instances of tainted blood causing hepatitis C after 1990, but that does not matter because the arbitrary date of 1990 that has been developed by the Minister of Health is the date that is going to stand for those individuals.

That arbitrary date was struck by the Minister of Health. Make no mistake about that. His excuse is that there were tests that could have been used between the years of 1986 and 1990. The government's position is an excuse and that is all it is. When the government sat down with the provinces to negotiate—and I use

that term very loosely—this federal-provincial deal an arbitrary decision was made. The Minister of Health stood in the House and said it was not about money. He stood here and said that the issue of compensation is not about money. I would suggest that probably is not the complete truth. The minister also stood here and said that it would bankrupt the health care system. We cannot have it both ways. It is not about money. It is about compassion. It is about fairness.

• (1700)

As my leader indicated, when they negotiated, had we been flies on the wall, I am sure the negotiation would have gone something like this: “We will put in x dollars and the provinces will put in x dollars. If you do not like the deal we will remove our money from the federal side of the table”. That is not negotiation, that is bullying. When the provinces are bullied into signing a deal like that and then the government stands in the House and gives another excuse that the agreement was signed by all 10 provinces so it has to be a good deal, it does not have to be a good deal. It was bullying on behalf of the federal government because of money. Make no mistake about that.

Then there is the other excuse. There have only been a few of them and they have been parroted here for the last five weeks. The other excuse from the Minister of Health when he stood up was that it would jeopardize the universality of medicare as we know it in Canada. Not true. The universality of medicare in Canada today as we know it, would continue even if and when a compensation package is extended to cover those individuals not covered under this particular package.

A precedent has already been set. It is the 1991 settlement to victims who contracted HIV through the blood system. Those individuals extended beyond that particular date. It extended to anyone who was affected by HIV. The precedent is there and our country's medicare system is still there and is still alive.

Those are the excuses. Let us talk about the real issues concerning hepatitis C. The real issue is that the Minister of Health fears class action suits, as well he should. There are class action suits which are filed now by a number of organizations. The Minister of Health, Minister of Justice and the Minister of Finance will be hoisted by their own petards when those class action suits get to the courts because of the following reasons.

First, the compensation and the class action suit is medically sound. It is medically sound because we know that these people were infected by tainted blood. It is a legally compelling argument. I defy the government to defend an arbitrary date of January 1, 1986 from a class action suit. It is not going to happen. We know full well that the class action suit is going to be successful. We know that it is financially sound. The Minister of Health and the Minister of Finance could get together and put a fair compensation package together.

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I should not do it but I will talk about some of those other areas of waste by the government in its first and second terms. I remember half a billion dollars at the stroke of a pen was wasted when the government decided it was not going to go with the EH-101s, but that was okay because that was political. This is compassion. That is not okay.

Then there was the Pearson airport fiasco. Somewhere in the area of \$750 million was wasted by the government on that particular political issue. But that was politics, that was okay. When it comes to compassion, there is no \$750 million for the victims of hepatitis C.

I talked about it not being a precedent. This is not a precedent. We have had it in the past with those infected with HIV through the blood system.

Politically transparent. This is total transparent politically. We have a government that bullied the provinces into making a negotiated settlement. We have a government that forced its members to vote against a motion that its members wanted to support.

We see constantly day in and day out in this House a Minister of Health who is unable to sell to his finance minister and his cabinet a package that should be sold. He stands up and uses the excuse that 10 provinces have signed it so it must be good. He uses the excuse that the medicare system cannot support this type of compensation package.

Politically unsound. We see the reports now on how the government is being affected by this particular negotiated settlement. We see the transparency politically when now the provinces are coming out and saying that it is not a good deal negotiated with the federal government.

• (1705)

We see the provinces. In the province of Ontario we talk about Premier Harris walking tall. He does walk tall. Premier Filmon walks tall. We see B.C. coming out now and saying that it is not a good deal, that it wants fairness and equity for everybody.

How can the minister and the government keep the tenet that this must be a good deal because 10 provinces have agreed to it? Ten provinces did not agree to the government cutting transfer payments to the provinces. Not one province said that it was really happy to have its health care in transfer payments which were cut by this government.

I did not see any member of the government front benches stand and say that it cannot be a good deal because no province likes it. They stood up and said that they were going to do it anyway. They had the responsibility of leadership. They had the responsibility to put in place a fair and equitable package for everybody. They failed and they failed miserably. They failed their leadership opportunity

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to stand up and do what was right. Even the majority of backbenchers on the government side want that fair package.

I would like to see the government support this motion to have open negotiations with the provinces, to have the hepatitis C victims available so that they can make sure that the right and honourable decision is made at those reopened negotiations.

Mr. Rey D. Pagtakhan (Parliamentary Secretary to Prime Minister, Lib.): Mr. Speaker, what the hon. member should not forget is that the decision the government announced was the collective view of all the health ministers of all political colours. That fact cannot be escaped from.

From 1986 to 1990 it is my understanding that at the time, the position taken by all the provinces including those headed by Tory premiers was that throughout the compensation negotiations, compensation should be open only to victims who became infected through government inaction.

While the hon. member will be pleased to see progress, I should remind him that the member for Winnipeg North—St. Paul took up this issue as early as in 1990. At the time the Tory government did not move on the issue, although I must compliment it on the HIV compensation, which I also presented to the then Minister of Health in the Tory government.

We have to recognize that the current Minister of Health was the first to advance the idea of compensation for patients with hepatitis C from the system. He has succeeded certainly to a great extent. Certainly we have to address those people who have taken ill with hepatitis C even before 1986.

The ministers of health from across the country will be meeting. Let us give them an opportunity to discuss the new plan. Hopefully it will address the very issues we all would like to have addressed, that is, to show that we look after those victims in a compassionate fashion.

Mr. Rick Borotsik: Mr. Speaker, I appreciate the comments of the member from Winnipeg. I understand that the member was involved in 1993 on the health committee and in fact wrote a minority report suggesting that there should be a review of the blood supply. We have that review. We have the Krever report and the Krever report is not being followed by the government.

The Krever report specifically said that there should be compensation and it should be fair and equitable to all victims of hepatitis C. You cannot have it both ways, one side of the government saying we should have the review on the Krever report and having another on the opposite side saying that it is the responsibility of the provinces.

It is not the responsibility of the provinces. The responsibility lies with the federal government and the Minister of Health and no

one else. The Minister of Health has every right to provide leadership in this situation. He stands there and hides behind the skirts of the provinces saying that when there are 10 provinces and a federal government negotiating the deal it has to be a good deal.

The Minister of Health and the government had every right and every honourable requirement to go out and do the right thing, to make this negotiated settlement fair for everybody. Do not hide behind the provinces.

Now the provinces are finally coming forward after the bullying tactics on a negotiated settlement and saying that what they have done is wrong. If it is wrong, the government should live up to that responsibility.

• (1710)

Mr. Grant Hill (Macleod, Ref.): Mr. Speaker, I just received an interesting letter. It is dated today and is from the premier of Ontario. I would like to paraphrase a couple of the comments.

Ontario is committed to treating pre 1986 victims on the same basis as 1986 to 1990 victims. The premier says "I urge the federal government to make the same commitment". The letter is addressed to the Prime Minister of Canada. "The Prime Minister's commitment will allow officials from both our governments to determine not whether but how to get assistance into the hands of Ontario victims as quickly as possible". He goes on to say that for the sake of the victims that is why the province is doing this.

It is a very interesting and provocative letter. Does my colleague from the Tory party agree with the very interesting letter from the premier of Ontario?

Mr. Rick Borotsik: Mr. Speaker, I know that is a rhetorical question but I will give an answer regardless.

Absolutely. And remember it is the premier of a Conservative government in Ontario who in fact has shown that there is compassion. I particularly like what Mr. Harris said with respect to the same commitment prior to 1986, this arbitrary line. Anybody pre 1986 will be treated in the same fashion as anybody post 1986. This is only fair and compassionate. I congratulate Premier Harris for writing the letter to the Prime Minister. I just hope that the Prime Minister will listen.

Mr. Andrew Telegdi (Kitchener—Waterloo, Lib.): Mr. Speaker, in speaking in favour of the motion, if we get away from all the finger pointing and where the blame lies and if we step back and look at it, the process is working pretty well. It is working well because there is supposed to be opposition input in the process and we are having it. It is working well because what happened in terms of the province of Ontario.

The whole thing would be a moot point if it was not for the Minister of Health who brought the file forward. Whatever one

might believe about the Minister of Health, the fact is he took the file forward, he got agreement with the provinces and now we are into debate.

I met with victims of the hepatitis C group in my riding as recently as last Friday. I have been having a number of meetings with them. We actually observed what was happening. We were talking about how the developments of the past week were going to move the issue forward. I believe that is happening.

When one votes on a matter of confidence, one votes confidence in one's government. Of course our parliamentary system functions because there are votes of confidence.

One thing in the system and certainly on this side of the House there is always the right of a member to try to change government decisions and government policy. There are a fair number of people in the caucus on this side of the House who are into it. In all the discussions we have been having, I can only say that the people with whom I have been meeting over the weeks as to what we could be doing and should be doing, those people who are suffering from hepatitis C are getting a better deal because of what has transpired not just in this Chamber but what has also transpired in the province of Ontario.

• (1715)

I do not believe for a moment that compassion is the only necessary motivation. All that aside, I believe that at the end of the day we will end up with a better deal and a better public policy because of the process we have undertaken. I support this motion.

The Acting Speaker (Mr. McClelland): It being 5.15 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of the business of supply.

Is the House ready for the question?

Some hon. members: Question.

The Acting Speaker (Mr. McClelland): The question is on the amendment. Is it the pleasure of the House to adopt the amendment?

Some hon. members: Agreed.

(Amendment agreed to)

The Acting Speaker (Mr. McClelland): The next question is on the main motion as amended. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

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The Acting Speaker (Mr. McClelland): All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. McClelland): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. McClelland): In my opinion the yeas have it.

And more than five members having risen:

The Acting Speaker (Mr. McClelland): Call in the members.

• (1745)

(The House divided on the motion, as amended, which was agreed to on the following division:)

(Division No. 134)

YEAS

Members

Abbott	Ablonczy
Adams	Alarie
Alcock	Anders
Anderson	Assad
Assadourian	Asselin
Augustine	Axworthy (Winnipeg South Centre)
Bachand (Saint-Jean)	Bakopanos
Barnes	Beaumier
Bélair	Bélanger
Bellehumeur	Bellemare
Bennett	Bergeron
Bernier (Tobique—Mactaquac)	Bevilacqua
Blaikie	Blondin-Andrew
Bonwick	Borotsik
Boudria	Bradshaw
Breitkreuz (Yellowhead)	Breitkreuz (Yorkton—Melville)
Brien	Brison
Bryden	Bulte
Byrne	Cannis
Canuel	Caplan
Carroll	Catterall
Cauchon	Chamberlain
Chan	Chatters
Chrétien (Frontenac—Mégantic)	Chrétien (Saint-Maurice)
Coderre	Cohen
Collenette	Comuzzi
Copps	Crête
Cummins	Dalphond-Guiral
Davies	Desjarlais
Desrochers	DeVillers
Dhaliwal	Dion
Discepola	Dockrill
Doyle	Dromisky
Dubé (Lévis)	Duhamel
Dumas	Duncan
Earle	Eggleton
Elley	Epp
Finestone	Finlay
Folco	Fontana
Forseth	Fournier
Fry	Gagliano
Gagnon	Galloway
Gauthier	Girard-Bujold
Godfrey	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring

Government Orders

Goodale	Gouk
Graham	Gray (Windsor West)
Grewal	Grey (Edmonton North)
Guarnieri	Harb
Hardy	Harris
Hart	Harvard
Harvey	Hill (Macleod)
Hoepfner	Hubbard
Ianno	Iftody
Jackson	Jaffer
Jennings	Johnston
Jordan	Karetak-Lindell
Karygiannis	Keddy (South Shore)
Kenney (Calgary-Sud-Est)	Keyes
Knutson	Konrad
Laliberte	Lalonde
Lastewka	Laurin
Lavigne	Lee
Lefebvre	Leung
Lill	Lincoln
Loubier	Lowther
MacAulay	MacKay (Pictou—Antigonish—Guysborough)
Mahoney	Malhi
Maloney	Mancini
Manley	Manning
Marceau	Marchand
Marchi	Marleau
Martin (Esquimalt—Juan de Fuca)	Martin (LaSalle—Émard)
Martin (Winnipeg Centre)	Massé
Mayfield	McCormick
McDonough	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McNally	McTeague
McWhinney	Meredith
Mifflin	Mills (Broadview—Greenwood)
Mills (Red Deer)	Minna
Mitchell	Muise
Murray	Myers
Normand	Nunziata
Nystrom	Obhrai
O'Brien (London—Fanshawe)	O'Reilly
Pagtakhan	Paradis
Parrish	Patry
Peric	Peterson
Pettigrew	Phinney
Picard (Drummond)	Pickard (Kent—Essex)
Pillitteri	Plamondon
Power	Proctor
Proud	Redman
Reed	Reynolds
Richardson	Riis
Ritz	Robillard
Robinson	Rock
Saada	Schmidt
Scott (Fredericton)	Scott (Skeena)
Sekora	Shepherd
Solomon	Speller
St. Denis	Stewart (Brant)
Stewart (Northumberland)	St-Hilaire
Stinson	St-Jacques
St-Julien	Strahl
Szabo	Telegdi
Thibeault	Thompson (Charlotte)
Thompson (Wild Rose)	Torsney
Tremblay (Rimouski—Mitis)	Turp
Ur	Valeri
Vanclicf	Vautour
Venne	Volpe
Wappel	Wasylcia-Leis
Wayne	Whelan
White (Langley—Abbotsford)	White (North Vancouver)
Wilfert	Wood—234

NAYS

Members

*Nil/aucun

PAIRED MEMBERS

Baker	Bernier (Bonaventure—Gaspé—)
Îles-de-la-Madeleine—Pabok)	Bertrand
Bigras	Bonin
Caccia	Charbonneau
de Savoye	Debien
Duceppe	Easter
Guimond	Kilger (Stormont—Dundas)
Kilgour (Edmonton Southeast)	Kraft Sloan
Lebel	Ménard
Mercier	O'Brien (Labrador)
Pratt	Rocheleau
Sauvageau	Steckle
Tremblay (Lac-Saint-Jean)	

The Speaker: I declare the motion, as amended, carried.**Mr. Jim Gouk:** Mr. Speaker, last week there was a supply day vote on this subject which—**Some hon. members:** Oh, oh.

* * *

COMMITTEES OF THE HOUSE

PROCEDURE AND HOUSE AFFAIRS

The House resumed from April 29 consideration of the motion.

The Speaker: Pursuant to order made on Wednesday, April 29, the House will now proceed to the taking of the deferred recorded division on Government Business No. 13.

● (1755)

(The House divided on the motion, which was agreed to on the following division:)

*(Division No. 135)***YEAS**

Members

Abbott	Ablonczy
Adams	Alcock
Anders	Anderson
Assad	Assadourian
Augustine	Axworthy (Winnipeg South Centre)
Bakopanos	Barnes
Beaumier	Bélair
Bélanger	Bellemare
Bennett	Bernier (Tobique—Mactaquac)
Bevilacqua	Blaikie
Blondin-Andrew	Bonwick
Borotsik	Boudria
Bradshaw	Breitkreuz (Yorkton—Melville)
Brisson	Brown
Bryden	Bulte
Byrne	Cannis
Caplan	Carroll
Catterall	Cauchon
Chamberlain	Chan
Chatters	Chrétien (Saint-Maurice)
Coderre	Cohen

Collenette
Copps
Davies
DeVillers
Dion
Dockrill
Dromiskiy
Duncan
Eggleton
Finestone
Folco
Forsyth
Gagliano
Godfrey
Goodale
Graham
Grewal
Guarnieri
Hardy
Hart
Harvey
Hoepfner
Ianno
Jackson
Jennings
Jordan
Karygiannis
Kenney (Calgary-Sud-Est)
Knutson
Laliberte
Lavigne
Leung
Lincoln
MacAulay
Mahoney
Maloney
Manley
Marchi
Martin (Esquimalt—Juan de Fuca)
Martin (Winnipeg Centre)
Mayfield
McDonough
McKay (Scarborough East)
McNally
McWhinney
Mifflin
Mills (Red Deer)
Mitchell
Murray
Normand
Nystrom
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Pettigrew
Pickard (Kent—Essex)
Power
Proud
Reed
Richardson
Ritz
Robinson
Saada
Scott (Fredericton)
Sekora
Solomon
St. Denis
Stewart (Northumberland)
St-Jacques
Strahl
Telegdi
Thompson (Charlotte)
Torsney
Valeri
Vautour
Wappel
Wayne
White (Langley—Abbotsford)
Wilfert

Comuzzi
Cummins
Desjarlais
Dhaliwal
Discepola
Doyle
Duhamel
Earle
Elley
Finlay
Fontana
Fry
Galloway
Godin (Acadie—Bathurst)
Gouk
Gray (Windsor West)
Grey (Edmonton North)
Harb
Harris
Harvard
Hill (Macleod)
Hubbard
Ifody
Jaffer
Johnston
Karetak-Lindell
Keddy (South Shore)
Keyes
Konrad
Lastewka
Lee
Lill
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Malhi
Mancini
Manning
Marleau
Martin (LaSalle—Émard)
Massé
McCormick
McGuire
McLellan (Edmonton West)
McTeague
Meredith
Mills (Broadview—Greenwood)
Minna
Muise
Myers
Nunziata
Obhrai
O'Reilly
Paradis
Patry
Peterson
Phinney
Pillitteri
Proctor
Redman
Reynolds
Riis
Robillard
Rock
Schmidt
Scott (Skeena)
Shepherd
Speller
Stewart (Brant)
Stinson
St-Julien
Szabo
Thibeault
Thompson (Wild Rose)
Ur
Vanclief
Volpe
Wasylcia-Leis
Whelan
White (North Vancouver)
Wood—202

Government Orders

NAYS

Members

Asselin
Bellehumeur
Brien
Chrétien (Frontenac—Mégantic)
Dalphond-Guiral
Dubé (Lévis)
Fournier
Gauthier
Godin (Châteauguay)
Laurin
Loubier
Marchand
Picard (Drummond)
St-Hilaire
Turp

PAIRED MEMBERS

Baker
Îles-de-la-Madeleine—Pabok)
Bigras
Caccia
de Savoye
Duceppe
Guimond
Kilgour (Edmonton Southeast)
Lebel
Mercier
Pratt
Sauvageau
Tremblay (Lac-Saint-Jean)

Bernier (Bonaventure—Gaspé—
Bertrand
Bonin
Charbonneau
Debien
Easter
Kilger (Stormont—Dundas)
Kraft Sloan
Ménard
O'Brien (Labrador)
Rocheleau
Steckle

The Speaker: I declare the motion carried.

Mr. Peter Goldring: Mr. Speaker, I wish to have it recorded that while I abstained from this vote, it is not a statement that I do not support my colleagues—

Some hon. members: Oh, oh.

* * *

COASTAL FISHERIES PROTECTION ACT

The House resumed from April 30 consideration of the motion that Bill C-27, an act to amend the Coastal Fisheries Protection Act and the Canada Shipping Act to enable Canada to implement the agreement for the implementation of the provisions of the United Nations Convention on the Law of the Sea of 10 December, 1982 relating to the conservation and management of straddling fish stocks and highly migratory fish stocks and other international fisheries treaties or arrangements, be read the second time and referred to a committee.

The Speaker: The next deferred recorded division is on the motion at the second reading stage of Bill C-27.

● (1800)

Ms. Marlene Catterall: Mr. Speaker, I would propose that you seek unanimous consent that members who voted on the supply motion be recorded as having voted on the motion now before the House, with Liberal members voting yea.

Government Orders

The Speaker: Is there agreement to proceed in such a fashion?

Some hon. members: Agreed.

Mr. Chuck Strahl: Mr. Speaker, Reform Party members present vote no to this motion.

[*Translation*]

Mr. Stéphane Bergeron: Mr. Speaker, the members of the Bloc Québécois will vote in favour of this motion.

[*English*]

Mr. John Solomon: Mr. Speaker, NDP members present this evening vote yes to this motion.

[*Translation*]

Mr. André Harvey: Mr. Speaker, the members of our party will vote in favour of this motion.

[*English*]

Mr. John Nunziata: Mr. Speaker, I will cast my vote in favour of the motion.

(The House divided on the motion, which was agreed to on the following division:)

*(Division No. 136)***YEAS****Members**

Adams	Alarie
Alcock	Anderson
Assad	Assadourian
Asselin	Augustine
Axworthy (Winnipeg South Centre)	Bachand (Saint-Jean)
Bakopanos	Barnes
Beaumier	Bélair
Bélangier	Bellehumeur
Bellemare	Bennett
Bergeron	Bernier (Tobique—Mactaquac)
Bevilacqua	Blaikie
Blondin-Andrew	Bonwick
Borosik	Boudria
Bradshaw	Brien
Brisson	Brown
Bryden	Bulte
Byrne	Cannis
Canuel	Caplan
Carroll	Catterall
Cauchon	Chamberlain
Chan	Chrétien (Frontenac—Mégantic)
Chrétien (Saint-Maurice)	Coderre
Cohen	Collenette
Comuzzi	Copps
Crête	Dalphond-Guiral
Davies	Desjarlais
Desrochers	DeVillers
Dhaliwal	Dion
Discepola	Dockrill
Doyle	Dromisky
Dubé (Lévis)	Duhamel
Dumas	Earle
Eggleton	Finestone
Finlay	Folco
Fontana	Fournier
Fry	Gagliano
Gagnon	Galloway
Gauthier	Girard-Bujold
Godfrey	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goodale
Graham	Gray (Windsor West)
Guarnieri	Harb
Hardy	Harvard
Harvey	Hubbard
Ianno	Ifody
Jackson	Jennings

Jordan	Karetak-Lindell
Karygiannis	Keddy (South Shore)
Keyes	Knutson
Laliberte	Lalonde
Lastewka	Laurin
Lavigne	Lee
Lefebvre	Leung
Lill	Lincoln
Loubier	MacAulay
MacKay (Pictou—Antigonish—Guysborough)	Mahoney
Malhi	Maloney
Mancini	Manley
Marceau	Marchand
Marchi	Marleau
Martin (LaSalle—Émard)	Martin (Winnipeg Centre)
Massé	McCormick
McDonough	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Muise	Murray
Myers	Normand
Nunziata	Nystrom
O'Brien (London—Fanshawe)	O'Reilly
Pagtakhan	Paradis
Parrish	Patry
Peric	Peterson
Pettigrew	Phinney
Picard (Drummond)	Pickard (Kent—Essex)
Pillitteri	Plamondon
Power	Proctor
Proud	Redman
Reed	Richardson
Riis	Robillard
Robinson	Rock
Saada	Scott (Fredericton)
Sekora	Shepherd
Solomon	Speller
St. Denis	Stewart (Brant)
Stewart (Northumberland)	St-Hilaire
St-Jacques	St-Julien
Szabo	Telegdi
Thibeault	Thompson (Charlotte)
Torsney	Tremblay (Rimouski—Mitis)
Turp	Ur
Valeri	Vanclief
Vautour	Venne
Volpe	Wappel
Wasylcia-Leis	Wayne
Whelan	Wilfert
Wood—195	

NAYS**Members**

Abbott	Ablonczy
Anders	Breitkreuz (Yellowhead)
Breitkreuz (Yorkton—Melville)	Chatters
Cummins	Duncan
Elley	Epp
Forseth	Goldring
Gouk	Grewal
Grey (Edmonton North)	Harris
Hart	Hill (Macleod)
Hoepfner	Jaffer
Johnston	Kenney (Calgary-Sud-Est)
Konrad	Lowther
Manning	Martin (Esquimalt—Juan de Fuca)
Mayfield	McNally
Meredith	Mills (Red Deer)
Obhrai	Reynolds
Ritz	Schmidt
Scott (Skeena)	Stinson
Strahl	Thompson (Wild Rose)
White (Langley—Abbotsford)	White (North Vancouver)—40

PAIRED MEMBERS

Baker
Îles-de-la-Madeleine—Pabok)
Bigras
Caccia
de Savoye
Duceppe
Guimond
Kilgour (Edmonton Southeast)
Lebel
Mercier
Pratt
Sauvageau
Tremblay (Lac-Saint-Jean)

Bernier (Bonaventure—Gaspé—
Bertrand
Bonin
Charbonneau
Debien
Easter
Kilger (Stormont—Dundas)
Kraft Sloan
Ménard
O'Brien (Labrador)
Rocheleau
Steckle

The Speaker: I declare the motion carried. Accordingly the bill stands referred to the Standing Committee on Fisheries and Oceans.

(Bill read the second time and referred to a committee)

Mr. Chuck Strahl: Mr. Speaker, during the concurrence motion the member for Edmonton East abstained from the vote and I would ask that he be included in future votes.

* * *

MI'KMAQ EDUCATION ACT

The House resumed from May 1 consideration of the motion that Bill C-30, an act respecting the powers of the Mi'kmaq of Nova Scotia in relation to education, be read the second time and referred to a committee.

The Speaker: The next deferred recorded division is on the motion at second reading stage of Bill C-30.

Ms. Marlene Catterall: Mr. Speaker, again I believe you would find consent to apply the results of the vote just taken to the vote on second reading of Bill C-30.

The Speaker: Is there agreement to proceed in this fashion?

Some hon. members: Agreed.

Mr. Chuck Strahl: Mr. Speaker, I just want to make it clear. During the vote on the concurrence motion the members that were cited in the original motion abstained from the vote, which was only proper. I would just ask that they be included, that the member for Elk Island, the member for Yellowhead and the member for Edmonton East be tallied with the Reform Party in the subsequent votes.

The Speaker: The point is made, taken and so ordered.

• (1805)

[Editor's Note: See list under Division No. 136]

Routine Proceedings

The Speaker: I declare the motion carried. Accordingly the bill stands referred to the Standing Committee on Aboriginal Affairs and Northern Development.

(Bill read the second time and referred to a committee)

Ms. Bonnie Brown: Mr. Speaker, I rise on a point of order.

On the votes that have just been taken, I believe the whip asked that on Government Business No. 13, Bill C-27 and Bill C-30 the vote from the supply motion apply. I did not understand that but I was present and wanted to vote with the government on all three items.

I stood to vote on Government Business No. 13, but the next two votes were applied from the supply motion from which I had abstained.

Could I have my vote count on Bill C-27 and Bill C-30 with the government.

The Deputy Speaker: Does the House consent to the inclusion of the hon. member's vote as indicated?

Some hon. members: Agreed.

ROUTINE PROCEEDINGS

[English]

COMMITTEES OF THE HOUSE

ABORIGINAL AFFAIRS AND NORTHERN DEVELOPMENT

Mr. Peter Adams (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, there have been consultations among the parties and I think you would find unanimous consent for the following motion:

That in relation to its study of aboriginal economic development, 10 members of the Standing Committee on Aboriginal Affairs and Northern Development be authorized to travel to Kuujuaq, Iqaluit and Chibougamau during the period of May 19 to 22, 1998, and that the necessary staff do accompany the committee.

The Deputy Speaker: Does the hon. parliamentary secretary have the unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

The Deputy Speaker: The House has heard the terms of the motion. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

The Deputy Speaker: The House will now proceed to Private Members' Business as listed on today's order paper.

*Private Members' Business***PRIVATE MEMBERS' BUSINESS***[English]***CANADA STUDENT LOANS****Ms. Libby Davies (Vancouver East, NDP)** moved:

That in the opinion of this House, the government should reverse the privatization of Canada Student Loans, reject proposals for income contingent loan repayment, and should instead implement a federal student grant program and establish accessibility as a new national standard for post-secondary education.

She said: Mr. Speaker, I am very pleased to rise today in the House to speak to private member's Motion No. 132 which reads:

That, in the opinion of this House, the government should reverse the privatization of Canada Student Loans, reject proposals for income contingent loan repayment, and should instead implement a federal student grant program and establish accessibility as a new national standard for post-secondary education.

The motion has been brought forward for debate because in the last few months, certainly in the throne speech and in the budget, we have seen the Liberal government call itself a government for young people. At the same time we have seen the government engage in a deplorable strategy of gutting funding for post-secondary education, privatizing the Canada student loans program and forcing more and more students into severe debt.

• (1810)

Despite what we heard in the throne speech and the budget about increases in help for students, the stark reality for thousands of students is very severe.

The motion attempts to rectify this injustice but also to highlight Liberal hypocrisy and to make the link explicit between the drive to privatize post-secondary education and the sense of an increased hopelessness that there is among students who are now graduating into unemployment and some even into poverty.

It should also be made clear that as the government retreats from its commitment and public funding of post-secondary education what is really going on in the country and what the Liberal government has allowed to happen is that the banks are moving in. More and more students are forced to borrow more and more money directly from banks to fund their education.

We need to be clear that banks are not publicly accountable organizations. They have as their main interest a maximization of profit and certainly not the well-being of students. Yet students are being left to the mercy of the big banks that are now involved in the Canada student loan program.

The strategy on the part of the Liberals has eroded public funding for post-secondary education to the point where it is now completely within the private sector domain.

With the motion New Democrats are continuing to press the point and to pressure the government for the Liberals to recognize the extent and jeopardy students are now in with this debt crisis. We want the government to listen to what students are saying. We want members of the House to defend public education and to say that we have to take much stronger measures to make sure there is not the severe student debt that we have.

According to Human Resources Development Canada, 45% of new jobs by the year 2000 will require post-secondary education. This means that for many young people attending university or college it is not an option if they want to find work. It is now simply a fact of life that if they want to have a better chance at finding employment they need to have post-secondary education.

I do not think there is a member in the House who would disagree with that reality. Despite this fact and that the Liberals say they are committed to youth, the Liberal government is continuing to throw barriers in the way of young people who are struggling to develop the skills and talents necessary to get ahead in a cut-throat global economy.

Since 1995 the Liberal government has cut \$1.5 billion from federal funding for post-secondary education in terms of transfers to the provinces.

Over the last 10 years tuition fees have climbed by 240%, one of the steepest criteria increases in inflation. Last year alone tuition fees rose by almost 12% nationally, increasing at a rate seven times the rate of inflation.

Things are so severe in the country that it is probably shocking for most Canadians to learn that tuition fees in Canada have reached a national average of \$3,100, which surpasses the average tuition fees at publicly funded universities in the United States.

In 1997 there are many surveys but the particular one done in the maritimes, a survey of high school students asking them why they were not going to university, indicated that 40% of the students responding said they were not going on to post-secondary education because they simply could not afford it.

The average student debt is now \$25,000. That is up from \$13,000 in 1993 when the Liberals took power. Bankruptcies for students trying to pay off their loans are also at record levels, having increased by 700% since 1989.

Currently there are something like 130,000 who are in default, not because those students want to be in default, not because they do not want to pay back their Canada students loans but simply because the cost of post-secondary education has become so

Private Members' Business

onerous and so severe, particularly for low income students, that more of our students are falling into default and falling into bankruptcy. The number of bankrupt graduates is now estimated to be 37,000. One missing payment determines default.

• (1815)

We need to look at the background of how this incredible, shocking situation has come about, particularly in light of what we heard in the budget that everything is glowing and doing well for students. As we can see the facts present a very different kind of reality.

In 1995 the Liberal government gave financial institutions much broader responsibility in the area of student financial assistance. Before that time student loans, even though they were assessed through banks, were fully guaranteed by the government. But at that critical time in 1995 the federal government ceased to guarantee students and, even worse, it paid the bank a 5% risk premium on all loans to participating lenders. It was the government's way of saying that students are not to be trusted and it was the government's way of saying that the banks can maximize their profits at the expense of students.

As a result there is wide scale evidence that some banks are being incredibly over zealous in pursuing students who are either late in paying or who are incapable of paying their loans because they are on low income and they cannot find work.

As soon as the student defaults their file is deferred to a collection agency which is charged with the task of harassing, degrading and browbeating a young person into submission. That is what our program has come to in terms of Canada student loans, a program of harassment and degradation of students who are simply trying to get through school.

Regrettably in this last budget the Liberal government announced another giant leap toward privatization. Very deep within the budget legislation currently in the committee is a clause which would give banks more power to refuse Canada student loans to individual students. The clause allows the cabinet outside of the scrutiny of the House to determine which students do not deserve access to loans. The implications of this are staggering.

Is this the first step toward giving banks total control over eligibility guidelines? How far are we away from banks being able to determine which areas of study have a better return than others, that is, how profitable is an education in arts? I think there is growing information from student organizations about their concern around privatization and corporatization and this move toward the banks influencing criteria and circumstances in which students will now get loans is cause for great concern.

Student loans are not commercial loans, although they are increasingly being treated as such. By handing student loans over to the banks the loans become potential revenue generators rather than social investments. It means that students are forced to contend with very unreasonable rates. In many cases there are students who are paying 11% to 12% interest on student loans, far above the prime rate. Even though the banks will if they are pushed lower the rates, students are not necessarily informed of this.

This is a very serious part of the privatization in that it forces individual students to deal with very bureaucratic banking structures that have no interest of the student at heart and a lot of students simply are not aware of their rights when they go through the banking system to know what they can access.

There is also a problem with the inflexibility of renegotiation. Many students who sincerely wish to repay their student loans are forced to default because the banks refuse to renegotiate when the borrower's financial situation changes.

The bottom line is that the banks are unaccountable to the public. Banks and collection agencies can be very intimidating and when they deal with an individual, that individual has no sense of advocacy or resources to help them get through the system. When students are faced with this they have nowhere to turn.

I have many examples in my own riding and I know from having spoken with other members in the House that there are many other examples as well across Canada where students are actually harassed and intimidated by collection agencies. I had one young woman in my riding who was a student and had a loan. For various circumstances, she had to go on social assistance. She is now being harassed by a collection agency for the repayment of her loan even though it is completely impractical and impossible for her to do so.

• (1820)

That is what the privatization of Canada's student loans has meant in a very real sense. That is what it means when we have turned the power over to the banks.

The issue of privatization goes even further. It is not just Canada student loans. We are seeing increasingly a trend of CEOs and shareholders of Canada's biggest banks who already sit on the board of governors of many of Canada's universities and colleges.

Privatizing student loans furthers their influence in shaping the direction of post-secondary education in this country. The Canadian Federation of Students has done quite a lot of research on this matter to unmask corporate rule on campuses across the country.

Their document says that privatization is essentially the retreat of public funding as well as public ownership, control and regulation from the post-secondary education system to be replaced by

Private Members' Business

private dollars, private ownership, private controls and no regulation of things such as tuition fees.

They go on to say that corporatization is a term used to describe the influence of business interests in shaping many aspects of post-secondary education systems, including the setting of tuition fee levels, determining what gets taught in a course and by whom, which supplies get used for a course or program or which programs receive funding and which are cut.

We only have to look across Canada at post-secondary institutions such as Simon Fraser University, the University of Calgary, the University of Regina, the University of Toronto, McGill University or Concordia University to see this growing trend, a very alarming trend of increasing privatization and corporatization and an influence of these unaccountable organizations on the criteria, the courses the setting of fees in post-secondary education.

There is no question that trend and alarming increase is directly related to the retreat by the federal government of the public funding of our universities and colleges.

In presenting this motion today, the NDP wants to be very clear that we stand staunchly in defence of and to protect our public education system. We believe as New Democrats that we are not going to let the federal government forget about student debt and the student debt crisis.

Instead of creating scholarship programs, the millennium fund, which duplicate existing scholarship programs and do nothing to help students in need, we have repeatedly and we will continue to call on the federal government to take steps that would not defer student debt but reduce student debt. We think the key way to do that is by increasing funding to post-secondary education.

By the time the millennium fund begins in the year 2000, \$3.1 billion will have been cut out from post-secondary education. The amount of funds in the millennium fund at about \$250 million a year for 10 years will not even come close to compensating what we have lost as a result of Liberal government policies.

In this motion today we are calling on the government to stand up for public education, to restore the funding to this year's cut of \$550 million and, more than that, to follow the lead of a province like British Columbia which has been working hard to make post-secondary education more accessible by instituting a freeze on tuition fees as a first step to making education accessible.

We want this federal government to follow the lead of British Columbia and to say that post-secondary education is a priority, that it must be accessible and that education is not just a privilege

for those who can afford it. Post-secondary education is a right that has to be accessible to all Canadians.

What we in the NDP are calling for is a national grant program to assist first and second year students. This must be done in consultation with the provinces.

I think we have had enough of the kind of unilateral actions we have seen in this House around post-secondary education. The millennium fund was introduced with absolutely no consultation with stakeholders, with provinces or anyone who has an interest in this matter. It was an arbitrary measure that was taken by the government with no consultation and no information provided.

• (1825)

We believe that in establishing a national grant program it has to be done as part of a new federalism where the provinces are clearly involved in that. The federal government must take the leadership to establish accessibility as a new national standard. The issue of accessibility must be tied to the funding that comes from the federal government and the funds that flow to provincial governments. That is what needs to be done in Canada. That is what needs to be done by the Liberal government.

As we have seen in this last budget, we are going in exactly the opposite direction. We have seen a gutting of funds for post-secondary education and we have seen more targeting toward individual students based on some the government deems have needs and others who are now left behind. This is completely the wrong kind of approach. We need to restore confidence in the funding of those institutions so that institutions are not forced to increase tuition fees year after year and then we begin to see student debt go up.

The other measure we are putting forward in terms of the privatization of Canada student loans and what has taken place since 1995 is to establish a program of real service to students. In the human resource development committee we had representatives of student organizations come before us. They told us story after story. I know from my riding of Vancouver East that students have no resources or information to help them get through an incredible bureaucratic maze and through the banks around Canada student loans.

If you live outside the Ottawa-Hull area and you have a problem with a Canada student loan your only resource is to call long distance to Hull, Quebec or go on the Internet. The availability of local resources and local service to help students with their individual cases is non-existent. That is something that must be changed by stopping this privatization of Canada student loans and ensuring there is direct service through Human Resources Development Canada for Canada student loans.

There is no question that the millennium fund and the Canada student loan program could be easily administered through Human

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Resources Development Canada. There is absolutely no objective reason why this program has to be privatized other than to provide more gravy and more profits to the banks which are now living off the misery of students in this country.

In the coming months the members of the New Democratic caucus will continue to work very hard with other members of the House and with student organizations and post-secondary education organizations to make sure that young people from low and middle income families do not have to mortgage their future to attend university or college.

We are really fed up with the kind of hypocrisy that we have heard in the House where we are told repeatedly that this government is interested in the plight of young people, youth unemployment and student debt while we have seen measures introduced to increase the bankruptcy laws to make it more difficult for students to declare bankruptcy. We are seeing the eligibility criteria change and student debt continuing to rise. We are committed to working against that and to bringing accountability to the government to ensure that there is adequate funding for post-secondary education.

Hon. Ethel Blondin-Andrew (Secretary of State (Children and Youth), Lib.): Mr. Speaker, I am pleased to have this opportunity to debate the motion brought forward by the hon. member for Vancouver East.

Debate on the hon. member's motion is timely. Today the Minister of Human Resources Development tabled the government's response to the first report of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities. The response is entitled "Ensuring Opportunities: Access to Post-Secondary Education". It is a comprehensive document. It addresses among other things many of the recommendations presented by the standing committee in its report last December.

The standing committee's report provided the government with very helpful advice. I am pleased that many of the committee's recommendations were incorporated and included in our February budget. We are now in the process of working on their implementation.

● (1830)

The Canada student loans program is a model of federal, provincial and territorial partnership. We have been successful in reaching a consensus on the Canada student loans program policy through the diligent work of all stakeholders.

I have had personal experience since 1993 in helping many of the officials, as well as successive ministers on this really important issue, having travelled throughout the whole of Canada to every province and territory to engage students and their advo-

ates, as well as some of their instructors and officials from institutions of higher learning.

Last November the first ever national stakeholders working session on student financial assistance brought together representatives of student groups, educational institutions, banks and credit unions, as well as representatives from the provinces and territories. Working together we identified priorities and followed up with changes in the February 1998 budget.

We are continuing the process of improving the Canada student loans program by pursuing harmonization, which students, financial institutions and provinces have told us is a priority for them, working toward a single loan under the one student/one loan concept. Under this concept a student would receive one loan, rather than a separate loan from the federal government and another from the provincial or territorial government as the system stands now.

The discussions surrounding harmonization are continuing to progress. The hon. member will be pleased to know that this single loan proposal will improve access to the Canada student loans program, provide better service to Canadian students, simplify administration, make communication with borrowers more effective and avoid duplication and overlap.

If the hon. member would like more details on this proposal I would invite her to pick up a copy of *Ensuring Opportunities*. In fact, I will deliver one to her.

In the meantime the February budget has enabled us to improve the Canada student loans program so we can offer further help to individuals who are encountering difficulties in repaying their student loans.

It has become apparent through consultations that income contingent repayment is not supported by most stakeholders. They prefer other options to help students manage debt. Reforms to the Canada student loans program include: tax relief for interest on student loans, interest relief extended to more graduates, an extended repayment period for those who need it, an extended interest relief period for individuals who continue to face financial difficulty, and a reduction in the loan principal for individuals who still face financial difficulty.

Under the Canadian opportunities strategy we are expanding by 9% family income thresholds that determine interest relief eligibility. This will enable some 50,000 more borrowers to become eligible for the program.

As well, we are making interest relief available for a maximum of 30 months over the life of the loan, not just within the first five years of repayment. Beginning in 1999 interest relief will become graduated.

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There is also our debt reduction and repayment initiative under the Canadian opportunities strategy. Effective this year the Government of Canada will, in some circumstances, reduce the principal of a borrower's loan to make payments more affordable. The principal will be reduced if the borrower's annual payments exceed, on average, 15% of the individual's income.

With respect to the implementation of the federal student grant program, the hon. member for Vancouver East proposes that the government implement a federal student grant program. The Canada Millennium Scholarship Foundation will be awarding 100,000 scholarships every year for 10 years beginning in the year 2000.

These scholarships will average \$3,000 each and will help hundreds of thousands of low to middle income students of all ages. It is very comprehensive, very accessible and very flexible. It reaches not just those in university, but also those who wish to go to technical institutes or trade schools. It also has a high mobility factor. Students do not have to study in the province in which they reside. Students will be able to study almost anywhere in Canada. This is the way we engender and create a bit of tolerance and understanding; an accepting of other cultures, geography and other ways of life.

• (1835)

Students studying full time or part time in publicly funded colleges, universities, community colleges, vocational and technical institutes, and CEGEPs will be eligible to apply. This is not necessarily the case now.

Ensuring Opportunities reiterates the government's commitment to grants as presented in the Canadian opportunities strategy.

The government has responded to that recommendation through the Canadian opportunities strategy. Beginning this August an annual Canada study grant of up to \$3,000 will be available to full and part time Canada student loan program recipients with dependants.

The grant will provide non-repayable aid to over 25,000 high-need students with dependants. This is extremely important as it will enable these individuals to continue their post-secondary education.

We are now providing a Canada education savings grant. This grant will give families an even greater incentive to save for their children's education through registered education savings plans. The grant will pay 20% on the first \$2,000 in annual contributions for children up to age 18.

The last part of the hon. member's motion calls for establishing accessibility as a new national standard.

Accessibility is the fundamental principle of the Canada student loans program. It is the driving force behind the program and

fundamental to the success of the Canada student loans program since its inception in 1964. However, the standing committee recommended that the government work with its provincial and territorial partners to ensure access, fairness and predictability in any upcoming changes.

The hon. member will be pleased to know that *Ensuring Opportunities* states "Harmonization discussions with the provinces will be based on a series of mutually agreed principles, including those of access and fairness and, to the extent possible, predictability".

This is the direction in which we are moving. The legislative authority already exists under section 18 of the Canada Student Financial Assistance Act. It authorizes the minister, with the approval of the governor in council, to enter into agreements with the provinces to harmonize student loans.

But to address any fears that the Government of Canada's jurisdiction might be undermined, hon. members should note that, other than fee for service arrangements, harmonization agreements will not transfer responsibilities or resources to provincial or territorial governments.

For the reasons I have outlined, I cannot support the hon. member's motion. I encourage her and other hon. members to read *Ensuring Opportunities*. It is a well thought out response to the recommendations of the standing committee. In collaboration with our provincial and territorial partners we will move forward to implement its provisions.

The Government of Canada's commitment to post-secondary education and all its various provisions, grants and loan programs is a very real one. We understand the plight of the single mother with dependants who has taken on the opportunity of furthering her education. We also understand the opportunities for persons with disabilities who want to develop some labour force attachment and higher education. We understand that.

We understand that it is not a one size fits all program that we are proposing. What we are proposing is a program to deal with the real world. There are many complications, many different series of events and circumstances that have to be addressed and we feel these measures have done that. In some way they have reached those people who are most in need.

Mr. Rob Anders (Calgary West, Ref.): Mr. Speaker, for the folks at home who may be watching this debate I will read once again the motion that we are debating. The motion was brought forward by one of my NDP colleagues and it reads: "That, in the opinion of this House, the government should reverse the privatization of Canada Student Loans, reject proposals for income contingent loan repayment, and should instead implement a federal student grant program and establish accessibility as a new national standard for post secondary education".

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Let us address this motion section by section.

First, the motion is calling for us to reverse the privatization of Canada student loans.

● (1840)

In my assessment the government moved toward privatizing Canada student loans because it had a bad track record on defaults.

In the period 1990-91, 25.78% of student loans had default problems. In the 1991-92 fiscal year 27.23% of student loans had default problems. In fiscal year 1992-93, 28.84% had default problems. Notice that each year the figure is going up. In 1993-94, 29.79% of student loans had default problems. In fiscal year 1994-95, 31.1% of student loans had default problems. According to our numbers 1995 is the last year for which these figures are available. The amount of student loans with default problems crept up each year during the period 1990 to 1995.

There is a combination of problems. There is some form of remission, or there is some form of granting, or there is some form of actual bankruptcy, or there is some form of late payment. There are probably other scenarios that wind up in a default complication.

We are not talking pennies. They are pretty substantial sums of money. Last year it was estimated that student loans in Canada would cost about \$643 million. That was the estimate, but the government exceeded that. As a result more people qualified and it wound up costing taxpayers \$743 million. That is just for one year.

As of last year there were outstanding loan guarantees of up to \$3.5 billion. We are talking about some pretty substantial assets. If we are dealing with close to \$4 billion in outstanding assets on student loans we cannot treat this lightly. If the government did not do a good job from 1990 to 1995 in terms of the stats we have seen, maybe privatizing student loans is a worthwhile option to explore.

The government has loaned this money and it has turned the loans over to the private institutions, the banks, because it was not doing a good job. Thirty per cent of the loans were going into default with the government looking after them, so the government finally got them out of its back pocket and gave them to the banks to see if they could do a better job. In order for the banks to pick up this responsibility they wanted a 5% premium.

The government gave out \$743 million in loans last year. It was projected that the premium would be \$16 million. However, because the government went way over budget with the loans, the premium rose to \$29.4 million. Last year the Government of Canada paid the banks in Canada roughly \$30 million to look after Canada student loans. That is based on approximately \$700 million that was given out in student loans.

The government is looking to loan this money out, but by paying the premium to the banks it is hoping to have the banks pick up the problems of chasing people who default on their loans.

That is one of the problems associated with post-secondary education in this country.

Another problem underpins everything. It is one thing to have a loan, but if the borrower cannot find a job when they graduate they have a real problem.

I remember a party either in the 1993 or the 1997 election. If I remember correctly it campaigned on jobs, jobs, jobs.

● (1845)

Let me think now. It was the Liberals. That is who it was. They campaigned on jobs, jobs, jobs. But those students who got those loans, loans, loans came out of the universities and post-secondary institutions and they could not find those jobs, jobs, jobs. They had debt, debt, debt. As a result we have all sorts of massive default, default, default. There is a serious problem on our hands.

We could go ahead and as the NDP says allow the government to take over the student loans programs again but that would not solve the problem. The real underpinning problem is that there is a lack of jobs for students when they come out of post-secondary institutions. That is the real problem. There has not been a delivery on the jobs front. That is why they are having problems.

If students after their post-secondary education step into jobs, they do not have problems repaying their student loans. As a matter of fact, students in this country only pay a little over 10%, and one of the figures in a Diane Francis article is about 11% of their education. The government covers close to 80% of their education costs and there is the private sector funding which is arranged through alumni associations.

When everything is taken in, students are not paying that much. They are paying around 15% at tops 20%, or a sixth of the cost of their education. If they are able to get a subsidy of five-sixths for their education, as long as they are able to find a job, repaying the student loan is not a problem. The problem is that there are no jobs for them.

The Liberals say they are going to promise jobs and it does not happen. The NDP says we should have the government look after student loans. Unfortunately the government has an abysmal record on student loans. Students are therefore left between a rock and a hard place. And there comes the Reform Party.

In the second aspect of Motion No. 132, the NDP wants to reject proposals for income contingent loan repayment. Let me give a thumbnail sketch for the folks at home and all those Liberals across

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the way because I know they are paying attention. Education is a big priority for all of them.

An income contingent loan would allow students when they come out of an educational institution and if they get a job right away, the ability to link their salary to their ability to repay their student loan. If students find work when they graduate, they repay the student loan. On the other hand if they cannot find work, or they find only part time work, then they link the amount of money they are making to the loan repayment. As a result they may not be making full repayment, but they are making a partial repayment. This is better than what we have right now.

Right now it is a simple on and off switch. If a student graduates and is able to pay, they pay the full shot whether or not it makes sense according to their budget. If they come out and cannot afford the full amount but can afford a partial amount of the student loan, rather than being able to pay that partial amount, it automatically defaults because of the on and off switch mechanism with regard to student loans. They do not pay any of it. That is not fair to the taxpayer and it is not fair to the students.

As a result, income contingent student loans would allow students who have the ability to pay, to pay. Those who do not have the ability to pay would be able to push repayment on to a later period of time when they finally find work.

One of the ways to make sure the loan is repaid is to take the income out of an income tax refund if they have one. I have encountered examples of students who are not fairly reporting their income to the financial institution holding the loan, or in some way are trying to skirt the process. If it is linked to their social insurance number, we get rid of the default problems and make sure that the loans are being repaid. Therefore with income contingent student loans we take care of both problems.

• (1850)

If a student cannot find a job promised to them by the Liberals, then they are not having to make full repayments. If defaults are a problem, and the NDP is not going to be able to explain that the government cannot do a decent job of collecting on student loans that are legitimately owed by students to the government or to the banks if they may be privatized, then a system is set up where it is linked to social insurance numbers and these things can actually be traced. There is less of a problem for students who are honestly repaying their student loans and we can actually get repayment from those who are defaulting sometimes in spurious circumstances. That addresses two of the big problems.

I would like to address the lack of spending priorities. You will have to help me out again, Mr. Speaker. There was a party which

campaigned in 1993 and in 1997. It said it was the party of health care and it said it was the party of education. Its members said that those two things were fairly sacred social institutions and we would have to almost torture them for them to in any way impact the funding for programs in health care and education.

I remember who it was. It was the Liberals. They said they were not going to cut health care and education but they actually did. It was massive amounts of money. In education alone it was \$1.5 billion. They cut huge amounts of money out of education.

What about the money we spend on foreign aid? Are students not more important? What about subsidies to profitable corporations, the CBC? I could go on, Mr. Speaker, you know I could.

In any event income contingent student loans are the way to go.

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I am pleased to speak to this motion by the member for Vancouver East.

In my opinion, we are hearing a real heartfelt cry. This is what people have come to recognize in Canada, in every anglophone province, everywhere except Quebec, where the system of loans was established in the 1960s and has remained unchanged. In Quebec, we have established a recognized scheme for providing students with financial assistance, which includes loans and bursaries.

I think today's motion is well placed because for the past week the Standing Committee on Finance has been hearing from people, including representatives from Quebec, who report that the best financial assistance system in Canada is the one set up by the Government of Quebec.

It has been honed into the tool it is today, following action to encourage the participation of students, administrators, officials from educational institutions and representatives of the unions, so that it is based on the student's financial need and excludes the notion of merit, making it the envy of all of Canada.

The member's cry may be summarized as follows: Is there no way to change the way the system works in the rest of Canada to permit it to become more effective? This is quite understandable, since a student graduating in any of the other nine provinces owes an average of \$25,000, while the figure for a Quebec graduate is \$11,000.

Why is this so? Because we have a system of loans and of bursaries, and if a student who already has loans receives a bursary, this does not increase his debt load. As well, the Government of Quebec has made a choice to keep university tuition as low as possible. It has taken steps to invest in the educational system so

that people, regardless of their financial situation, are able to gain access to it and to receive an education.

It is my impression that this was more or less the objective of the hon. member's motion. Unfortunately, we cannot really support a motion like hers, because there are some very concrete examples, in the Canadian system, that show if we agreed to national standards across Canada, there would be horror stories like the millennium scholarships.

The decision was made to create a system of scholarships. There are no grants or bursaries in the other provinces of Canada, so we can see why this would make sense for them. But the decision was made that these scholarships would be awarded on merit and administered by a private foundation at arm's length from the government.

• (1855)

These scholarships will probably be awarded partially according to financial need, but also on merit or other criteria which the foundation will set and over which the government will have no say.

This continues the trend of disengagement which has been going on in the federal government for some years, setting up agencies that are less and less under parliamentary control.

In the motion, where there is reference to accessibility as a new national standard for post-secondary education, I believe that where the problem lies with relation to student funding for academic fees and living expenses has nothing to do with a national standard. The proof is that, since 1964, we have simultaneously developed two different models corresponding to a certain extent, I believe, to the kind of society that people wanted. Quebec's model leaves students less indebted on completing their studies than students in the rest of Canada.

A choice was made. As as people of my generation know, there were several successive battles by students' federations, which led strikes and protest movements to come up with the present system.

The consensus in Quebec today is that the millennium scholarships are unacceptable for Quebecers. I am not just talking about Quebecers in the sovereignist movement, but about the Centrale de l'enseignement du Québec, the Confédération des syndicats nationaux, the Conférence des recteurs et des principaux des universités du Québec, the Fédération des cégeps, the Fédération des commissions scolaires, the Fédération étudiante collégiale du Québec, the Fédération étudiante universitaire du Québec, the Fédération québécoise des professeurs d'université and the Fédération des travailleurs et travailleuses du Québec.

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All the economic stakeholders who appeared before the committee when we were looking at Bill C-36, which dealt with the millennium scholarships, came to tell us that the model proposed in Bill C-36 is not acceptable to Quebec.

We built a system, made sure it was effective, that the framework and delivery systems were good, and suddenly someone has installed a parallel system. They tell us "If it was costing you 3% or 4% in administration expenses, we don't care; we are going to introduce another system that will cost the same".

In a Canada that talks about eliminating overlap, building a duplicate system is unacceptable. Things have been running fine for several years and now there are two parallel models.

What the Government of Canada could have done was to amend the legislation on loans and introduce financial assistance legislation that would incorporate the concepts of loans and scholarships and that would contain particular concepts acceptable to Canada's nine provinces. If it were to include the notion of merit, we could have put it within this model. The other provinces of Canada so desiring could make this choice.

However, Quebec came up with a different model. Student associations told us that to include the notion of merit would be to fly in the face of the studies done and various consensus reached. We are not talking about consensus among student associations, but one that included essentially all the members of the current coalition.

So, although the motion is made in good faith and its objective honourable, Quebecers oppose the inclusion of a national standard in this sector. The federal government is trying every trick to get round the existing system. To officially and formally include the concept of a national standard would amount to delivering oneself bound and gagged to the federal government.

It did not want to allow Quebec to exercise its right to opt out and to be able to say, under current legislation, that the money for the millennium scholarship would be paid to Quebec, which would incorporate it in the system. To avoid that, rather than amending the legislation on loans, the government decided to create a whole structure, a separate foundation.

• (1900)

According to the arguments raised, the foundation has nothing to do with the jurisdiction over education. It will be administered, not by government, but by a private foundation. All manner of aberrations are therefore being created, which will end up with a very negative outcome.

I can hardly wait to hear what the auditor general will have to say about the federal government's decision to invest billions in a foundation with which it will be at arm's length, and which the auditor general cannot scrutinize in order to report to the House

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that it is or is not being properly administered. No, a foundation is being set up that will be fully autonomous and independent, and yet will be funded with public money.

Quebec today finds itself faced with a lack of understanding by a federal government that is unable to understand that Quebec has developed a different system which must be respected, and unable to understand that financial assistance to students is part of our jurisdiction over education. Those who try to make this a dichotomy, splitting financial aid away from education, are out of touch with reality. When curricula and the workings of an educational system are being determined, aspects such as accessibility must also be addressed. Thus the funding of institutions and of students—both living costs and tuition fees—cannot be separated.

The hon. member does, I must admit, show good intentions. I hope that the government will see reason and change the Canada Loan system accordingly. There is, however, no way Quebec will ever accept having the changes made at its expense. There is no question of Quebec accepting any national educational standards. This is one of the areas of jurisdiction that is the most dear to us, and we will brook no interference by the federal government in this area.

[English]

Ms. Louise Hardy (Yukon, NDP): Mr. Speaker, I am pleased to support the motion. Education should be the foundation of our country and of our future. Unfortunately that is not what is happening and it is not what we are facing.

What I would like to contrast here is Yukon, which is not a rich jurisdiction by any means. It is very poverty stricken in a lot of instances and has boom and bust cycles. For decades it has provided \$5,000 a year for five years to any student who graduates from a Yukon high school. They can use that money to attend any institution as long as it is accredited and as long as they are accepted. It is a recognition of how valuable education is and how we need to support it in our young so that they can take their place in society.

I contrast that to the proposed millennium scholarship fund which will not be available for another two years. It will provide \$3,000 a year for a very few number of students based on merit. We do not know whom they will be. It will not be administered by the government. We will not have any say in it. I am glad there is some recognition and that some amount of money will be there, but it does not form a foundation of an education system, certainly not one for a country that wants to move into the future with strength.

What we have seen happening is the gutting of our post-secondary funding with a cut of \$550 million. I know the only college in Yukon is in Whitehorse and it has had to cut courses. HRDC is no longer buying seats for people to be trained in so there is another

cut there, causing even more suffering and downgrading of courses that are available to educated and trained students.

The Canada student loans have been privatized. Students are graduating with huge debts and into unemployment with no hope of paying off the debts they incurred for their education in order to benefit not just themselves but their communities.

Where the government has moved out, the banks have moved in. The difference is that the banks have no concern for the education of our students or the development of our country. They are not accountable to the public. They do not have to report to us. They are not concerned with educating our artists, our musicians, our scientists, our economists, our carpenters, our electricians, our humanitarians or our doctors.

• (1905)

This Liberal agenda erodes and destroys publicly funded and supported post-secondary education in more ways than one. By the year 2000, 45% of new jobs will require a post-secondary education, but at the same time in the past 10 years tuition has gone up by 240%. Most people who do not go to university who could, or do not go to college who could, do not do it because they cannot afford it. They will never be able to afford it on a minimum wage job.

Debt per student has risen from \$13,000 in 1993 when the Liberals came into power up to around \$25,000. In the maritimes I am told it is even more than that, well over \$30,000 worth of debt. With tuition that is \$3,000 per year on average per student, what kind of summer jobs will bring in enough money for students to pay their tuition, pay their living, pay their books and work to educate themselves? How do banks treat students who have incurred this debt? One missed payment equals a default.

An elderly first nations man called my office in Yukon because he cannot pay his debt. He has phoned every day. It is not that he is trying to avoid paying his debt or trying to avoid work. He takes any kind of work he can get, any little scrap of work he can get to make a living. He is often forced on to welfare, of which he is very ashamed. He bought one small filing cabinet and was hounded. He got it at a garage sale and was hounded because he bought it. He does not even have a bed. He sleeps on a foamy.

He is afraid to answer his phone. He is driven to distraction, and this is a man who was put through the residential school system by this very same government. He pulled himself through that. He educated himself. He wants to work and he does work when he can, but he is hounded every day.

In 1995 the Liberals gave the banks responsibility for the loans. Where they used to be fully guaranteed by the government they no longer are. The last budget provides a clause giving banks more power to refuse student loans. This clause goes on outside the scrutiny of the House of Commons. Will the banks determine who

studies, what is profitable to study, and where students buy their products from?

The Deputy Speaker: I am sorry to interrupt the hon. member but the time for consideration of Private Members' Business has expired. When this matter comes up for debate on the next occasion the hon. member will have five minutes remaining for her remarks.

The time provided for the consideration of Private Members' Business has now expired and the order is dropped to the bottom of the order of precedence on the order paper.

ADJOURNMENT PROCEEDINGS

[English]

A motion to adjourn the House under Standing Order 38 deemed to have been moved.

HEPATITIS C

Ms. Judy Wasylcia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I am pleased to have the opportunity to elaborate on the question I raised in the House on April 29 pertaining to hepatitis C.

I am particularly pleased that my comments follow what I would consider to be an historic development in the House today. Unanimous support for an opposition motion, as I understand, is unprecedented. We are very pleased that we were able to play a small part in achieving this consensus.

Today's development gives us all a second chance. It gives us an opportunity to do the right thing, but I want to make clear that we acknowledge our work is not over, that we need to be as vigilant as ever and that this issue will not disappear off the political agenda until justice is served.

Also today's developments remind us all that we have a great responsibility to do the right thing. There is now the possibility of breaking the impasse and creating hope for a new approach that will lead us toward a solution that is grounded in the values held dearly by Canadians right across the country.

• (1910)

There is no doubt we have been through five very hard weeks. What is clear from this past month and more is that there is no consensus in the House, among provincial governments or in the Canadian population as a whole, for a limited compensation package that creates two classes of victims.

What is clear is that this deal has not withstood the test of time. It is not in the tradition of how we solve problems. It is not in

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keeping with our values as Canadians. It is not how we respond individually or collectively when people in our midst are in need. We know what will not work. That is clear now. We have to look to the future.

I want to make four points to the federal government as it begins this new phase in the history of the whole matter of blood injured Canadians.

First, we urge that the federal government go to the table of federal-provincial-territorial ministers prepared to show leadership with the message that nothing short of compassionate relief for all blood injured Canadians will do.

Second, we urge the federal government to go to the table acknowledging its own federal responsibility, acknowledging that blood injured Canadians have been the victims of a regulatory failure. This is a unique situation requiring federal responsibility and action.

Third, we must go to the table with additional funds and not empty pockets. We must acknowledge that the lion's share of responsibility for financial compensation rests on the shoulders of the federal government. That should be clear more than ever today.

Fourth, we must go with open minds and hearts prepared to listen and hear the voices of those who have been affected so directly and so deeply by this tragedy in our history.

Finally, I pay tribute to all victims of this devastating period in our history, pay tribute to all representatives of the hepatitis c society and the hemophilia society who have had the courage and the persistence to keep these issues before us. They have overcome great obstacles and much adversity to keep reminding us about the very serious issues before us.

I remember how much hope they had after Krever tabled his report and how much hurt they felt when the limited compensation package was announced. They have found much inner strength to be able to fight yet again for what only can be considered basic justice and decency in society today.

Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, the hon. member opposite will already acknowledge that the federal government has demonstrated enormous leadership on this issue.

Had it not been for the leadership of the federal government and the current minister, we would not even be discussing the package that I know the member opposite accepts. She wants to extend it. She accepts the package and she would give credit to the federal Minister of Health and his leadership for bringing it about.

On the question of accepting responsibility for a regulatory failure, she probably means that the system somehow collapsed. She would probably want to acknowledge that this is a shared

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responsibility, that the delivery of the blood supply system was essentially a provincial matter as delegated through the Red Cross.

We already know what has happened to the Red Cross. It exists no more. It suffered for its responsibility. The provincial governments have been brought to the table to acknowledge the ramifications that flow from their own responsibility.

Regarding the question of increased funds, this again falls into the area of shared responsibilities. As we speak today, the situation is a little different from what it was yesterday or when the member asked her question about a month ago.

The question of funds has always been mitigated by numbers that people have accepted or not accepted. As I said before, the leadership of the federal Minister of Health in this regard has been exemplary.

It is because of the issues he put before us on the table in parameters that all could understand and appreciate that we have a package to serve the immediate and long term needs of a substantial number of people.

Most important, he is dedicating federal resources and scientific resources to solving the long term problems associated with this terrible disease. I think for that he should be complimented.

HEPATITIS C

Mr. Greg Thompson (Charlotte, PC): Mr. Speaker, I want to pick up where my counterpart from the NDP left off. It is on the hepatitis C question. We have spent the day on this issue and I think we will spend many more days on this issue because it is not resolved satisfactorily in the eyes of the Canadian people. Up to now it has not been resolved because we do have a number of victims left outside the compensation package. That is the point I am going to make tonight.

• (1915)

Obviously what the government has done is come up with a compensation package that covers only those victims within the time frame of 1986 to 1990. That is a flawed position simply because it leaves people outside the package. The question then becomes what happens if someone was infected on December 31, 1985. They would be left out. But if it happens to be a day later, January 1, 1986, they would be compensated under the plan as it now exists. That is absolutely wrong. There is no logic to it.

The government is telling us that a test did not exist. We have heard that numerous times from the Minister of Health, from the parliamentary secretary and from the Prime Minister. But that is flawed logic. That is not the case. A test did exist and was being exercised and conducted in the United States and Germany as two examples of jurisdictions that did use the test which would test for what is now known as hepatitis C. Let us not forget that. That is the

logic that the government falls back on. It is flawed logic. A test did exist and we have said that over and over in the House.

The Government of Canada did not ascribe to that test until 1986, but the test was available. The test was fairly accurate. The test would have alleviated a lot of hardship on the part of a lot of Canadians who are now infected by hepatitis C if the government had used that test.

The other difficulty I have with the government's position, and this again is flawed logic, is it is saying it cannot compensate the victims outside of this package of 1986 to 1990 because there are too many of them. The minister suggests that it would actually bankrupt the Canada health system, the medicare system as we now know it. In other words, the government could not possibly pay for this many people.

In the *Globe and Mail* today a figure has been proposed, as has been suggested by hepatitis C groups for a long time, that the real numbers are not 60,000 victims but a mere 6,000 and possibly 10,000.

The point is the government can afford to compensate all victims.

Mr. Joseph Volpe (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, we can talk about whether a test existed. But there was no test that was generally accepted in any jurisdiction. It was only when that test was generally accepted and available in a jurisdiction like ours but was not applied that governments failed in their responsibility.

On whether the government refused to do something, that statement ignores the way the system worked. What the member would do in his honesty is indicate that the Red Cross, the distributor of blood and blood supplies, and the provinces which had responsibility for the administration of the blood system unfortunately recognized too late that their decisions not to implement those tests were a cause of greater risk than the benefit they had assumed.

• (1920)

But the member also acknowledges in his argument that there is a need for parameters in which to consider any kind of compensation for damages incurred. Under those circumstances if what he is saying to us is that the parameters he wants to put forward are more legitimate than the procedures and parameters he refuses to recognize, then I think the member should say what those parameters might be.

When all is said and done I think the member opposite will consider what has been accomplished by the federal government's initiative in this regard. We have a package on the table that brings together all the partners who were in a position where they could have avoided a wrong. They are assuming responsibility in the short term through a compensation package and in the long term

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through a series of procedures put in place to address the needs of victims who will live with this unfortunate and regrettable tragedy forever.

If the member thinks about this for a moment then he will join with me and others in complimenting the federal Minister of Health for his foresight and his dynamic energy on this issue.

MULTINATIONAL AGREEMENT ON INVESTMENT

Mr. Gordon Earle (Halifax West, NDP): Mr. Speaker, the multinational agreement on investment is a bad deal for the people in my riding of Halifax West and it is a bad deal for Nova Scotians.

On February 13, I challenged both the Deputy Prime Minister and the Minister of Industry about the impact of this mega deal. Neither was willing to tell the real story to Canadians. This deal has been cooked up by the cream of the financial elite, by some super rich people and mega corporations, many making more in a year than some entire third world countries. This agreement would arm Goliath with missiles while handcuffing and blindfolding David.

Mega corporations did not elect this government, people did. But the MAI which this government is so keen on will protect those mega corporations at the expense of the taxpayers who elected this government. The MAI would tie the hands of our own government. It would elevate the special status of investors at the expense of our environment, labour standards and public safety.

We should be taking the lead by working to forge international agreements which include at their root the banning of child and forced labour, the protection of our threatened environment for our children, the banning of discrimination which hurts those who have the most to lose and free collective bargaining with equal footing for all partners.

Under the North American Free Trade Agreement Ethyl Corporation in the United States was enabled to sue the Canadian government for \$350 million for banning the dangerous and toxic substance MMT from gasoline. Ethyl Corporation wants Canadian taxpayers to foot the bill for over one third of a billion dollars simply because we want to ban a toxic substance and the NAFTA paves the way for this type of corporate rule over the voter.

If NAFTA is a leaky dory then the MAI is the *Titanic* going down. NAFTA has provisions for six months notice of termination while the MAI would bind Canadian parliaments for 20 years. If the MAI were passed today it would tie the hands of this elected government and the ones after that.

Voters would have as much chance of eluding the 20 year storm clouds of the MAI as our Atlantic fisheries have of becoming healthy again under this Liberal government. This agreement would pave the way for huge multinational corporations to sue

Canadians through our government for doing no more wrong than taking measures to protect ourselves. We could be prevented from confronting threats to our children's health that we do not even know of yet.

Corporations that are not elected would be able to use MAI muscle to protect their short term profit margins by preventing our elected governments from successfully taking legislative steps to protect our health, culture, democracy and working conditions.

Would my constituents be given similar rights to protect us from the impact of the operation of these corporations? No. On one hand, could the Sierra Club use provisions of the MAI to prevent deadly chemicals from eating holes in the ozone? No. On the other hand, could multinational corporations find ammunition with the MAI to continue working to produce these chemicals? Yes.

This new corporate stealth rule is like creating a whole level of super government without any voters and without any accountability. The MAI is all about providing 20 years of protection for this new corporate rule. Fortunately many political leaders are now showing common sense.

In March of this year European parliamentarians from 15 nations voted an overwhelming 437 to 8 against these undemocratic negotiations. Just last week the ministers of 29 OECD countries announced they have decided not to sign or set a new deadline for this much criticized agreement.

• (1925)

Our Liberal government still seems to be deep in the pockets of large corporations. We must remember that large corporations did so much to bankroll the election of the Liberal government. However, the government now has the choice of saying yes to the people Halifax West and to Nova Scotians and no to the selfish interests of the super rich.

I ask the government which choice it will make. The MAI is now sleeping, thanks to the work of those who opposed it. Let us ensure that the government does not wake it up.

Mr. Julian Reed (Parliamentary Secretary to Minister for International Trade, Lib.): Mr. Speaker, my friend's information base for the words he is using today is almost a year old. It comes off a draft on the Internet last May. The suppositions that arise from that draft have little relationship to any proposed multilateral agreement on investment.

It is an agreement that Canada is pursuing vigorously because it protects small and medium size business. That is the basic reason. The concept of some megacorporations coming in with a big foot and determining policy would have happened 30 years ago. Canada now has 54 bilateral investment agreements around the world. No one has taken us over. No one has interfered with our health care

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system, our education system or the way we deal with aboriginal people. Canada is the master of its own house. A multilateral agreement on investment will simply enhance that in years to come.

We want to protect our investors in other countries. They are mostly small and medium size business. They cannot afford a battery of lawyers to follow them around in litigation in the jungle out there. We need rules. We accept rules. We try to persuade other countries to go along with understandable rules so that all of us can benefit from the commerce that results.

MULTILATERAL AGREEMENT ON INVESTMENT

Mr. Bill Graham (Toronto Centre—Rosedale, Lib.): Mr. Speaker, I too rise on the question of the multilateral investment agreement.

I agree with the member from Halifax that the agreement raises important issues, but I certainly do not see them in the light that he raised them. I agree with the parliamentary secretary when he says he appears to be working somewhere about a year out of date and with a lot of rhetoric that is not borne out.

We had a very interesting meeting in my riding recently in conjunction with the member for St. Paul's. It brought a great deal of intense discussion and a lot of interested citizens to this issue because it raises very important issues of global governance. I think these are issues that the government is seeking to address in a way that is important. I think it behoves us as members to look at it seriously. It raises very important issues. That is why the constituents of my riding and the member for St. Paul's riding came. We discussed this and heard issues.

We have to bear in mind two points. The first is that the minister addressed this issue when he asked the subcommittee of the committee on trade to look at the issue. The committee on trade came back to the minister and said that foreign investment agreements could be very useful to Canada and Canadians because they could further our investments abroad and at the same further job creation here.

However they must be looked at in a certain light. It must be guaranteed that we protect our culture. We must ensure that our environment is protected, that measures are not to be restrained in protecting our environment. We would like to see core ILO labour standards inserted in such an agreement.

That makes a lot of sense. Here is an opportunity not to dump on the agreement but an opportunity to make it better for Canadians and to make it better for labour standards as well as investment. What a wonderful opportunity. Let us not miss it.

The subcommittee also said health measures, educational and social services clearly must be exempt from any such agreement because they are not appropriate matters for foreign investment.

What did the minister do? He picked up this report by the committee and subsequently filed in the House a response to the report. In his response he states that specifically the government's response addresses in detail each recommendation made by the subcommittee and agrees with all of them.

The minister is to be congratulated. For the first time we saw an international agreement being negotiated brought before a parliamentary committee prior to the negotiations being completed. This was not for us to ratify after. This was something on which members of Parliament from all parties, including the party of the member for Halifax, had an opportunity to have some input, to the point where the minister has gone to the meetings. We know now from the newspaper reports what has taken place at those meetings.

• (1930)

Even Madam Barlow was quoted in the newspaper the other day as saying she was pleased that this government had stood up to what it said it would do. She was impressed by the fact that our negotiators had stuck to the instructions which were given to them to deal with this issue.

Given this and given the fact that this matter is now as we all know pushed off until the fall, I wonder if the parliamentary secretary could comment as to where he thinks it might go come the fall. Is there any likelihood as has been suggested by some that this might get involved in the discussions at the WTO as well, so that we have a comprehensive approach to this very important issue?

Mr. Julian Reed (Parliamentary Secretary to Minister for International Trade, Lib.): Mr. Speaker, I would like to commend my hon. colleague for the comments he has made about the minister's response to the committee's work on MAI. I point out that it has now been acknowledged by the Council of Canadians and by the Canadian Council of the Arts as a matter of fact that our minister has made the whole process transparent for the first time.

Negotiations over the last 35 or 40 years were always conducted very quietly. It was not because they were private, not because they were close to the vest, but because nobody was really interested in them, not until the Internet came along. Now the Minister for International Trade has realized that the time has come to open up these negotiations and make them painfully transparent so that everybody can be bored by them as they go along over the months and years. Some people are interested and they deserve to know exactly what is happening.

I should point out that the minister has also made it clear that there are reservations which are unassailable. The provisions on the

protection of culture, education, aboriginal concerns, our health care, social system and so on, Canada will continue to be master of its own house regardless of what happens.

Just briefly, I point out that because talks have now been set back until October of this year, that does not mean that they are finished or over. They will resume at that time and Canada will continue to make vigorous representations.

[*Translation*]

BC MINE IN BLACK LAKE

Mr. Jean-Guy Chrétien (Frontenac—Mégantic, BQ): Mr. Speaker, on April 28, I asked the Minister of Human Resources Development a question about employees of the BC mine in Black Lake.

According to the information we have obtained from the placement committee, few or very few of these former employees are using active measures, with the result that only a small portion of the \$3 million set aside for this envelope will apparently be used.

What I am requesting, on behalf of these former employees, several of whom are no longer receiving EI, is that the unused portion be put into the pool created by LAB Chrysotile and the Government of Quebec so that these employees, whose average age is over 52, can retire.

Of course, the best way of saving our jobs in the asbestos industry is to sell this product, which is unique in the world and has exceptional qualities. Almost two years ago, France announced its intention to ban asbestos on its territory. The entire region foresaw a domino effect and to keep this move in asbestos producing countries from having an effect in the Thetford region, we unanimously requested that a complaint be filed with the WTO against France, with respect to the agreements signed with other member countries.

All asbestos producers, the Government of Quebec, all unions, the Bloc Québécois, the council of mayors of the Asbestos RCM, all were unanimous in calling for a complaint to be filed with the WTO.

• (1935)

Even a highly placed public servant—mark his name well—François Filion of International Trade, made the following statement at Thetford Mines on March 18, 1998. “For the federal government, it is not a question of whether or not we will be complaining to the WTO on France’s asbestos ban, but only of when we will be doing so”. Now it is one minute to midnight. Time is of the essence. The Government of Canada should waste no time in filing a proper complaint within the next few days.

I have one question for the Government of Canada. Why does Canada not put the same effort into defending asbestos it would to defend the interests of Sherritt in the Toronto region, western Canadian wheat sales, the Pacific salmon or the famous turbot war

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in the Atlantic, in which Brian Tobin led the battle against Spain? Is it because the asbestos mines are located exclusively in Quebec? I am convinced that, if Quebec were a sovereign country, it would have filed a complaint long ago against the WTO, and we would have won our case.

I repeat, is the government going to continue to delay until asbestos is banned everywhere in the world, before it lifts a finger? The time for diplomacy is past. Jacques Roy could not deliver the goods, so now the Prime Minister should advise his ministers involved in this matter to act as promptly as possible.

[*English*]

Mr. Gerry Byrne (Parliamentary Secretary to Minister of Natural Resources, Lib.): Mr. Speaker, I appreciate the opportunity to respond to my colleague’s intervention. He raised the point in discussions about BC mines in Quebec that immediate action similar to that pursued by the then Minister of Fisheries and Oceans and now premier of Newfoundland, the hon. Brian Tobin, would be appropriate in this case.

I point out to the hon. member that it was the Bloc Québécois which later in discussions with the European Community specifically said that was inappropriate action and that if the opportunity were to arise and a sovereign Quebec were to be established, those would not be the actions of the nation state of Quebec, that they would proceed with negotiations first. Therefore, I would like my hon. friend and colleague to clarify and state for the record, as we all know in this House, that is not the position of the Bloc Québécois on other issues.

The hon. member may agree with me that the proper resolution of this matter is in further discussions. A referral to the World Trade Organization at this point in time is very premature because discussions are ongoing.

The hon. member raised the point that active measures were not being used. I simply point out to my colleague that \$3 million has been set aside for active measures for the approximately 300 miners who are affected and there has been substantial uptake of those initiatives. Of the 307 affected workers, 40 have found work at one of the other two mines run by Lab Chrysotile, the Bell mine and the Lac d’Amiante mine. About 10 workers have retired and another 40 to 50 have expressed interest in continued training.

Active measures are working. We want to continue with that. We want to tell the affected workers that the Government of Canada is on their side and we will continue to work on their labour market adjustment.

[*Translation*]

The Deputy Speaker: Pursuant to Standing Order 38, a motion to adjourn the House is now deemed to have been adopted. Accordingly, the House stands adjourned until tomorrow at 2 p.m., pursuant to Standing Order 24(1).

(The House adjourned at 7.37 p.m.)

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