



CANADA

House of Commons Debates

VOLUME 136 • NUMBER 115 • 2nd SESSION • 36th PARLIAMENT

OFFICIAL REPORT
(HANSARD)

Thursday, June 15, 2000

Speaker: The Honourable Gilbert Parent

CONTENTS

(Table of Contents appears at back of this issue.)

All parliamentary publications are available on the
“Parliamentary Internet Parlementaire” at the following address:

<http://www.parl.gc.ca>

HOUSE OF COMMONS

Thursday, June 15, 2000

The House met at 9 a.m.

Prayers

• (0900)
[English]

POINTS OF ORDER

PRIVATE MEMBERS' BUSINESS—SPEAKER'S RULING

The Deputy Speaker: The Chair is ready to rule on the point of order raised on June 5, 2000 by the hon. opposition House leader concerning Bill C-201, formerly known as an act to amend the Competition Act (protection of those who purchase products from vertically integrated suppliers who compete with them at retail) in the name of the hon. member for Pickering—Ajax—Uxbridge, which is presently on the order of precedence.

[Translation]

At the outset, I would like to thank the opposition House leader, the leader of the government in the House of Commons and the hon. member for Pickering—Ajax—Uxbridge for their contributions in this matter.

[English]

Standing Order 86(1) allows a private member's bill considered in a previous session to be reinstated at the same stage at which it stood at the time of prorogation. At the time of prorogation the bill in question, previously Bill C-235, had been reported from the Standing Committee on Industry with amendments that deleted the title and all the clauses of the bill and it was set down for consideration at report stage.

When the hon. member for Pickering—Ajax—Uxbridge introduced his bill on October 14, 1999, pursuant to Standing Order 86(1), it was again placed on the order of precedence at the report stage with its title and clauses deleted.

• (0905)

[Translation]

On a number of occasions during the present session, the hon. member for Pickering—Ajax—Uxbridge has given notice that he could not be present in the House to go forward with his bill.

Most of the time it was possible to arrange an exchange of positions on the order of precedence with another member. However, on two occasions, on February 15 and on June 2, the House was informed that it had not been possible to arrange an exchange of positions on the order of precedence for Private Members' Business Hour for the following sitting day.

Consequently, Private Members' Business Hour had to be cancelled and the hon. member's bill was dropped to the bottom of the order of precedence.

[English]

On June 5 the opposition House leader expressed concern about the number of times exchanges had been arranged for Bill C-201, and the fact that when no exchange of items on the order of precedence was possible, Private Members' Business could not take place.

On June 7 the hon. member for Pickering—Ajax—Uxbridge responded to the point of order raised by the opposition House leader, and the Speaker undertook to return to the House with a ruling, which I am now providing.

Bill C-201 is once again working its way up the order of precedence, while the hon. member for Pickering—Ajax—Uxbridge seeks a way to restore, through amendments, the effect of Bill C-201. However, the hon. member will agree that the situation is unfair to other hon. members who have items in the list outside the order of precedence that they consider of equal importance but which are unable to advance.

Standing Order 94(1)(a) allows the Speaker to ensure the orderly conduct of Private Members' Business and, with that in mind, the Chair has decided to allow the hon. member for Pickering—Ajax—Uxbridge a further 48 hours to place on the notice paper motions in amendment to restore the title and clauses.

Routine Proceedings

At the expiration of the 48 hours, if no motions in amendment are placed on notice, I hereby instruct the clerk to remove Bill C-201 from the order of precedence, the order for concurrence at report stage to be discharged and the bill withdrawn.

[*Translation*]

As I stated the other day, I would encourage the Standing Committee on Procedure and House Affairs to consider this specific issue and to provide the House with some guidance as to how it should proceed in the future with similar cases

[*English*]

The Chair would like to take this opportunity to thank all hon. members for their patience in awaiting this decision.

* * *

BUSINESS OF THE HOUSE

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, there have been the usual consultations with House leaders, and I believe you would find unanimous consent for the following motion. I move:

That, when the House adjourns this day, it shall stand adjourned until Monday, September 18, 2000, provided that the provisions of Standing Order 28(4) shall apply as if the House had been adjourned pursuant to Standing Order 28(2).

The Deputy Speaker: Does the hon. government House leader have the unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

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

Some hon. members: Agreed.

(Motion agreed to)

ROUTINE PROCEEDINGS

[*English*]

**INDIVIDUAL MEMBERS' EXPENDITURES FOR
1999-2000**

The Deputy Speaker: I have the honour to lay upon the table a document entitled "Individual Members' Expenditures for the Fiscal Year 1999-2000".

* * *

GOVERNMENT RESPONSE TO PETITIONS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker,

pursuant to the standing orders, I have the honour to table, in both official languages, the government's response to 23 petitions.

* * *

**CANADIAN SECURITY INTELLIGENCE SERVICE
REPORT**

Hon. Lawrence MacAulay (Solicitor General of Canada, Lib.): Mr. Speaker, I have the honour to table, in both official languages, under Standing 32(2) of the House of Commons, copies of the Canadian Security Intelligence Service, 1999 public report.

* * *

● (0910)

COMMITTEES OF THE HOUSE

CITIZENSHIP AND IMMIGRATION

Mr. Joe Fontana (London North Centre, Lib.): Mr. Speaker, I wish to present the fourth report of the Standing Committee on Citizenship and Immigration requesting authorization to travel in the fall of 2000 to hear from Canadians on Bill C-32, Canada's most important new immigration bill.

CANADIAN HERITAGE

Mr. Clifford Lincoln (Lac-Saint-Louis, Lib.): Mr. Speaker, I would like to present, in both official languages, the second report of the Standing Committee on Canadian Heritage. Pursuant to Standing Order 108(2), the committee considered the Canadian book industry and reports its findings and recommendations.

[*Translation*]

The book publishing industry is important to Canada. We therefore hope our recommendations can help reinforce that industry.

I thank the members of all parties, the witnesses and all those who submitted briefs, as well as the committee staff for their support.

[*English*]

Mr. Speaker, I also have the honour to present, in both official languages, the third report of the Standing Committee on Canadian Heritage.

Pursuant to its order of reference dated Tuesday, November 30, 1999, the committee has considered the subject matter of Bill C-224, an act to establish, by the beginning of the 21st century, an exhibit in the Canadian Museum of Civilization to recognize crimes against humanity, as defined by the United Nations, that have been perpetrated during the 20th century, and has agreed to report its findings and recommendations.

[*Translation*]

A number of the witnesses expressed appreciation of Bill C-224, seeing it as an excellent starting point.

To that end, the committee offers some directions with the potential of providing respectful follow-up to the pursuit of the objectives set out in this bill, which are research, education and honouring the memory of the victims of genocide and crimes against humanity.

The committee expressed its thanks to the hon. member for Brampton Centre for bringing this matter to its attention.

[English]

FINANCE

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, I have the honour to present the ninth report of the Standing Committee on Finance entitled “Challenge of Change: A Study of Cost Recovery”.

The finance committee has been very much focused on getting government right. Whether it be the structure of the tax system or the regulation of the financial institutions, the committee has sought to ensure that government initiatives are delivered efficiently and provide a real net worth to Canadians.

Public policy has an economy wide impact on our productivity and our standard of living. However, to be good, policy must not only be right, it must be properly implemented. This is the message the committee received during its hearings on the federal government’s user charge and cost recovery policy.

As chair, I would like to thank the members of the committee for their work and commitment to this study, a commitment evidenced by their unanimous support for its recommendations. I would also like to thank the many witnesses who took the time to prepare briefs and appear before the committee. A very special thanks to the clerk, the researchers and the entire committee staff for their excellent work.

Finally, I would like to note that pursuant to Standing Order 109, the committee is requesting a comprehensive government response to this report.

AGRICULTURE AND AGRI-FOOD

Mr. Joe McGuire (Parliamentary Secretary to Minister of Agriculture and Agri-Food, Lib.): Mr. Speaker, pursuant to Standing Order 109, I am pleased to table, in both official languages, the government’s response to the first report of the Standing Committee on Agriculture and Agri-food entitled “Making the Farm Income Safety Net Stronger and More Responsive to Farmers’ Needs”, which was tabled in the House of Commons on February 22, 2000.

The Deputy Speaker: We have moved past tabling of documents. Does the House give its consent to the hon. parliamentary secretary to table this document?

Some hon. members: Agreed.

Routine Proceedings

PROCEDURE AND HOUSE AFFAIRS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I have the honour to present the 37th report of the Standing Committee on Procedure and House Affairs regarding improved financial reporting to parliament project. The report was prepared by the subcommittee on improved financial reporting to parliament.

This is a subject of continuing challenge for colleagues in the House. I would like to commend the chair, the hon. member for Mississauga South, the subcommittee’s hardworking members and the staff of that subcommittee for their hard work in ensuring their report would be a unanimous one and ready for presentation to the House within a short timeframe.

I would also like to draw to the attention of the House the fact that pursuant to Standing Order 109, the committee is requesting a comprehensive government response.

* * *

• (0915)

COURTS ADMINISTRATION SERVICE ACT

Hon. Allan Rock (for Minister of Justice and Attorney General of Canada) moved for leave to introduce Bill C-40, an act to establish a body that provides administrative services to the Federal Court of Appeal, the Federal Court, the Court Martial Appeal Court and the Tax Court of Canada, to amend the Federal Court Act, the Tax Court of Canada Act and the Judges Act, and to make related and consequential amendments to other acts.

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

* * *

CIVILIAN WAR-RELATED BENEFITS ACT

Hon. George S. Baker (Minister of Veterans Affairs and Secretary of State (Atlantic Canada Opportunities Agency), Lib.) moved for leave to introduce Bill C-41, an act to amend the statute law in relation to veterans’ benefits.

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

* * *

EDUCATION BENEFITS ACT

Mr. Janko Perić (Cambridge, Lib.) moved for leave to introduce Bill C-491, an act respecting education benefits for spouses and children of certain deceased federal enforcement officials.

He said: Mr. Speaker, I am pleased to rise today to introduce my private member’s bill, an act respecting education benefits for spouses and children of certain deceased federal enforcement officials.

Routine Proceedings

This bill proposes to fund the equivalent of one post-secondary degree for children and spouses of federal enforcement officials who have died as a result of injuries received or illness contracted in the discharge of their duties.

The definition of a federal enforcement official in my bill is slightly different from the current definition of peace officer contained in federal legislation. This bill will apply to certain employees of Correctional Service Canada, Canada Customs and Revenue Agency, Department of Fisheries and Oceans, Parks Canada, Canadian Security Intelligence Service, Department of Citizenship and Immigration, RCMP officers, and members of the Canadian armed forces.

Between 1989 and 1999 a total of 23 federal police enforcement officials were killed in the line of duty. During that same time, 22 members of the Canadian armed forces serving in peacekeeping missions abroad also lost their lives while serving our country.

Given that federal enforcement officials risk their lives to protect Canadians—

The Deputy Speaker: Order, please. I have to remind the hon. member for Cambridge that this is not a second reading speech. It is a succinct explanation of the bill, and I know he will want to draw his remarks to a very speedy conclusion.

Mr. Janko Perić: Mr. Speaker, I am pleased to announce that this bill has been supported by the Canadian Peace Officers' Memorial Association, the Canadian Police Association, as well as many other groups.

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

* * *

[Translation]

PETITIONS

GASOLINE PRICES

Mr. Guy St-Julien (Abitibi—Baie-James—Nunavik, Lib.): Mr. Speaker, I have the honour of presenting three petitions.

The first petition is signed by people from Saint-Eustache, Montreal, Brossard, Chambly and Saint-Jean. The second one is signed by people from Campbell's Bay, Gatineau, Hull and Aylmer, and the third by people from Fleurimont, Deauville, Bromptonville and Napierville. These petitioners are all protesting excessively high gas prices.

• (0920)

They state as follows: "Given the soaring price of gasoline at the pump, the petitioners are calling on parliament to pass a resolution to stop world petroleum cartels in order to bring down overly high gasoline prices".

[English]

CHILD POVERTY

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, I have two petitions to present this morning.

The first is from some 37 constituents from Dawson Creek, British Columbia in the riding of Prince George—Peace River calling upon the House of Commons to fulfil the promise it made in 1989 to end child poverty by the year 2000. I do not think it will make it.

RIGHTS OF THE UNBORN

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, I am also pleased to present a petition signed by 47 constituents from Prince George in my beautiful riding calling upon the House of Commons to enact legislation against causing the death of the unborn at any stage of prenatal life.

[Translation]

GASOLINE PRICING

Mr. Maurice Godin (Châteauguay, BQ): Mr. Speaker, on behalf of my constituents in the riding of Châteauguay, I am pleased to table for the second time in a week a petition signed by 1,000 people protesting excessive gasoline prices.

The petitioners are asking the government to take action to stop world oil cartels and to allocate funds for research into energy alternatives, so as to help the poor.

[English]

HEALTH CARE

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, I have the pleasure of tabling three different petitions today.

The first petition is entitled "Save Canadian Public Health Care: Stop two-tier American style health care moving into Canada". This petition adds to the tens of thousands of signatures we have already tabled calling upon the federal government to restore its funding to health care and to put our public not for profit single tier system on a sustainable basis. It calls upon the government to keep its election commitments to introduce a national pharmacare program and a national home care program. It also calls upon the government to finally stop the privatization that threatens the sustainability of our health care system.

CANADA POST

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, I have the honour to table a second petition which calls upon parliament to repeal section 13(5) of the Canada Post Corporation Act which discriminates against rural route mail couriers and denies them the basic rights fundamental in a democratic society to organize and to be able to fight for decent wages and working conditions.

CONSCIENTIOUS OBJECTION ACT

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, I have the honour to table a third petition. It calls upon the government to establish peace tax legislation by passing into law the private member's bill of the member for Burnaby—Douglas, the conscientious objection act. This is a private member's bill that advocates enabling a portion of a taxpayer's taxes which are earmarked for military purposes to be allocated for non-military purposes.

CHILD PORNOGRAPHY

Mr. Norman Doyle (St. John's East, PC): Mr. Speaker, I have the honour to present a petition from approximately 500 people in St. John's East who are very concerned that last year the British Columbia Court of Appeal dismissed the appeal to reinstate subsection 4 of section 163.1 of the criminal code, making possession of child pornography illegal in British Columbia.

The petitioners are very concerned about that. They are requesting that parliament invoke section 33 of the charter of rights and freedoms, commonly known as the notwithstanding clause, to override the B.C. Court of Appeal decision and to reinstate subsection 4 of section 163.1 of the criminal code, making possession of child pornography in B.C. illegal, and by doing so, to reinforce and reaffirm our objection to the B.C. Court of Appeal decision.

VIA RAIL

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, I have the privilege of presenting some petitions that have been duly certified under Standing Order 36.

The first relates to the request of the petitioners to work with VIA Rail and the local governments in order to build a VIA Rail station in my riding of Nepean—Carleton.

• (0925)

ABORTION

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, this petition relates to a national referendum on government funding for abortions.

ASSISTED SUICIDE

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, the next petition is opposed to aiding and abetting euthanasia.

RIGHTS OF THE UNBORN

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, the next petition involves the same rights for the unborn as those who are born.

CHILD PORNOGRAPHY

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, the next petition involves child pornography.

Routine Proceedings

AGE OF CONSENT

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, this petition is with regard to the age of consent. The petitioners request raising the age of sexual consent to 18 years.

IMMIGRATION

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, this petition involves rescinding the right of landing fees on immigrants and refugees.

MAMMOGRAPHY

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, in this petition the petitioners call upon the government to develop and enforce mandatory mammography quality assurance standards.

CANADA POST

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, in this petition the petitioners call upon parliament to repeal section 13(5) of the Canada Post Corporation Act.

IMPOVERISHED NATIONS

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, this petition calls upon parliament to write off the debt of impoverished nations.

CHILD POVERTY

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, finally, this petition calls upon the government to end child poverty by the year 2000.

FIJI

Miss Deborah Grey (Edmonton North, Canadian Alliance): Mr. Speaker, pursuant to Standing Order 36, I too have the honour to table a petition.

This petition is from citizens of Canada who are residents of Edmonton. They are members of the Fiji-Canada Association. Of course we can understand they are very concerned about the coup in Fiji.

They call upon parliament to take all kinds of action which I will not read directly into the record. They want to ensure that leaders and activists are prosecuted and punished under the law and that a bill of rights is maintained. The petitioners ask and would lobby the international community to impose sanctions on Fiji such as cutting off all economic aid, cutting off diplomatic relations, cutting off all world bank loans, and terminating Fiji's participation in peacekeeping forces.

These Canadian Fijians are concerned. I appreciate having been given the time to lay this petition on the table.

Routine Proceedings

[Translation]

GASOLINE PRICING

Mrs. Monique Guay (Laurentides, BQ): Mr. Speaker, I would like to table a petition signed by over 200 constituents in my riding of Laurentides.

The petitioners are urging parliament to pass a resolution to stop world petroleum cartels in order to bring down overly high gasoline prices. They are also calling for adequate funding for research on energy alternatives to ensure that, in the near future, Canadians will be free from the obligation to use petroleum as the main source of energy.

[English]

PRODUCTIVITY ENHANCEMENT

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, I have a number of petitions to present. In the first petition, the petitioners call upon parliament to undertake a comprehensive strategy for productivity enhancement.

THE BUDGET

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, this petition calls upon parliament to continue to use prudent economic assumptions in the formulation of the budget.

DEBT REDUCTION

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, this petition calls upon parliament to continue to apply the contingency reserve set at \$3 billion toward debt reduction.

RESEARCH AND DEVELOPMENT

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, in the next petition, the petitioners call upon parliament to continue to support research and development.

TAXATION

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, this petition calls upon parliament to further increase the basic personal exemption amount.

CHILD TAX BENEFIT

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, this petition calls upon parliament to build on previous actions to assist families under the Canada child tax benefit.

FOREIGN PROPERTY RULE

Mr. Maurizio Bevilacqua (Vaughan—King—Aurora, Lib.): Mr. Speaker, the final petition I present calls upon parliament to increase the foreign property rule.

HEPATITIS C

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, I have the pleasure to table eight different petitions containing tens of thousands of names.

In the first petition, the petitioners call on the government to revisit the issue of hepatitis C.

BIOARTIFICIAL KIDNEY

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, the second petition I present calls on the government to support the bioartificial kidney program.

THE SENATE

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, I present a petition which calls on the government to summon a fit and qualified person democratically elected to represent Manitoba in the Senate.

SNOWBIRDS

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, in the next petition I present the petitioners call for the government to allow the continuation of the Canadian forces Snowbirds 431 Air Demonstration Squadron through funding and legislation.

AGRICULTURE

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, the next petition calls on the government to ensure that emergency compensation is immediately available to the farmers who have not been well served by AIDA.

MARRIAGE

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, I present a petition which calls upon parliament to withdraw Bill C-23, affirming the opposite sex definition of marriage in legislation and ensure that marriage is recognized as a unique institution.

CHILDREN

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, my next petition calls upon parliament to use federal budget 2000 to do some multi-year planning to improve the well-being of Canada's children.

CHARITABLE ORGANIZATIONS

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, in the last petition, the petitioners request that government pass legislation to ensure that registered charities, not for profit groups and federal political parties operate on the same level playing field.

• (0930)

[Translation]

GASOLINE PRICING

Mr. Gérard Asselin (Charlevoix, BQ): Mr. Speaker, pursuant to Standing Order 36, I am pleased to table a petition signed by several constituents in the riding of Charlevoix.

This petition is in addition to the many other ones already tabled in the House about the soaring price of gasoline.

The petitioners are asking the government to take action to bring down overly high crude oil prices and to allocate adequate funds for research into energy alternatives.

[English]

HEALTH

Ms. Judy Wasylcia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I am very pleased to be able to present three petitions with hundreds of signatures from my constituency and all over Manitoba, adding to the thousands of other names we have presented in the House regarding the number one concern of Canadians, the future of our health care system.

The petitioners express concern about the lack of leadership by the federal government and the failure of the government to preserve medicare. They call upon the government to restore transfer payments, to oppose bill 11, and to move on its election promises of home care and pharmacare.

They want immediate action to save public health care and to stop two tier American style health care from coming to Canada.

IMMIGRATION

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, I have petitions I would like to present to parliament with the names of many people who ask the government to be careful with the use of permanent landing status for people who misuse marriage to get into the country. They would rather have ministerial permits issued.

I have petitions from dozens of people who are concerned about the immigration problems on the west coast.

DONATIONS

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, I have petitions from scores of people who say that political donations receive a better break than charitable donations and they are upset about that.

CHILD PORNOGRAPHY

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, I have signatures from hundreds of citizens concerned about pornography and the fact that the government has not made any move on banning child pornography.

MARRIAGE

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, thousands of people are concerned about the definition of marriage and that it should be maintained as between a man and a woman.

Routine Proceedings

SUPREMACY OF GOD

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, tens of thousands of people are concerned about the supremacy of God.

TAXATION

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Finally, Mr. Speaker, I have petitions to present representing millions of Canadians who are saying that taxes are too high and it is time to bring them down.

I think all Canadians have said that it is time the government started to listen to the concerns of grassroots Canadians.

[Translation]

HEALTH CARE

Mr. Yvon Godin (Acadie—Bathurst, NDP): Mr. Speaker, I have the honour today of presenting two petitions.

The first is signed by some one hundred people from Manitoba and the second by some fifty from New Brunswick.

The petitioners are calling for a stop to be put to the opening of private hospitals and the return of federal funding for health care, an immediate increase in federal funding for health care to 25% and the implementation of a national home care program and national drug plan.

Clearly, these petitioners do not believe in the kind of health care people have in the United States, and this is mentioned in the petition.

[English]

Ms. Louise Hardy (Yukon, NDP): Mr. Speaker, I want to present a petition signed by hundreds of Canadians who are worried about the underfunded Canadian medicare system.

The Liberal government's underfunding has led to a shortage of nurses, hospital beds and emergency room spaces. They want the government to fund medicare up to 25%.

Mr. Dick Proctor (Palliser, NDP): Mr. Speaker, my petition is also on the matter of health care. I am delighted that the Minister of Health is in the precincts.

People from Moose Jaw are very concerned that the federal government is paying only 13.5 cents on every dollar for health care. If this is not corrected, we are on our way to two tier American style health care in Canada. There is also concern expressed about bill 11. We know what the good voters in Edmonton thought about that earlier this week.

The petitioners call upon parliament to stop for profit hospitals and restore federal funding for health care. I am pleased to present the petition on behalf of the residents of Moose Jaw.

Supply

Mr. Derek Lee: Mr. Speaker, I rise on a point of order. I wonder if there might be consent in the House to revert to tabling of committee reports to allow the chair of the Standing Joint Committee on Official Languages to table a report from that committee.

The Deputy Speaker: Is it agreed?

Some hon. members: Agreed.

* * *

• (0935)

[Translation]

COMMITTEES OF THE HOUSE

OFFICIAL LANGUAGES

Ms. Raymonde Folco (Laval West, Lib.): Mr. Speaker, I would first like to thank those present in the House for giving me this opportunity.

I have the honour today to present, in both official languages, the third report of the Standing Joint Committee on Official Languages.

Pursuant to Standing Order 108(4)(b) of the House of Commons and section 88 of the Official Languages Act, a consolidated statute of Canada, your committee is conducting a study on the application of part VII of the Official Languages Act, and has decided to table an interim report.

[English]

Ms. Eleni Bakopanos: Mr. Speaker, I rise on a point of order. I would like consent, as I just missed petitions, to present two petitions. It will take less than a minute.

The Deputy Speaker: Does the House give its consent to revert to the presentation of petitions?

Some hon. members: Agreed.

* * *

[Translation]

PETITIONS

CANADA POST CORPORATION

Ms. Eleni Bakopanos (Ahuntsic, Lib.): Mr. Speaker, I thank the hon. members for their consent.

I would like to table two petitions. The first concerns rural mail couriers. The petitioners are asking parliament to repeal subsection 13(5) of the Canada Post Corporation Act.

[English]

NUCLEAR WEAPONS

Ms. Eleni Bakopanos (Ahuntsic, Lib.): Mr. Speaker, the second petition asks parliament to declare that Canada objects to the national missile defence program of the United States and to

play a leadership role in banning nuclear weapons and missile flight tests.

* * *

QUESTIONS ON THE ORDER PAPER

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, Question No. 86 will be answered today.

[Text]

Question No. 86—**Mr. Ted White:**

With respect to the RCMP ownership of 0.50 calibre Browning M2 machine guns under the armoured public and police safety vehicle program: (a) what are the circumstances under which this program might be deployed by the RCMP; and (b) would the RCMP, in such circumstances, be fulfilling a role which would normally be carried out by the military?

Hon. Lawrence MacAuley (Solicitor General of Canada, Lib.): Currently, the .50 calibre machine gun capability of the RCMP is restricted to the armoured public and police safety vehicle program and could be deployed when there is a requirement for the protection provide by such vehicles. Before any such deployment is authorized, very careful consideration is given to the situation. Restrictions on the deployment of the program's full capability could be imposed prior to any such authorization.

The RCMP cannot comment on the role of the military in Canada; however, there are provisions in the National Defence Act, for the military, upon request, to lend assistance to civilian authority, should the situation be beyond the capability of the police.

The RCMP is dedicated to the safety and protection of the Canadian public.

[English]

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

The Deputy Speaker: Is that agreed?

Some hon. members: Agreed.

GOVERNMENT ORDERS

[English]

SUPPLY

ALLOTTED DAY—HEALTH CARE

Mr. Bob Mills (Red Deer, Canadian Alliance) moved:

That this House recognize that the health care system in Canada is in crisis, the status quo is not an option, and the system that we have today is not sustainable; and,

accordingly, that this House call upon the government to develop a plan to modernize the Canadian health care system, and to work with the provinces to encourage positive co-operative relations.

The Deputy Speaker: Since today is the final allotted day for the supply period ending June 23, 2000, the House will go through the usual procedures to consider and dispose of the supply bill.

In view of recent practices, do hon. members agree that the bill be distributed now?

Some hon. members: Agreed.

Mr. Bob Mills: Mr. Speaker, it is my privilege to have moved this motion today. I intend to try to share some of what Canadians have been saying about the health care system and to put forward some of the solutions we would like Canadians to look at.

We are opposed to a two tier, U.S. for profit health care system. Through the course of the day members of my party and I will demonstrate exactly what we see as the future for health care and the direction it might go.

It is fair to say that Canadians are extremely concerned about their health care system. I will quote from some recent articles that have appeared in newspapers right across the country. One headline read "Gloom deepens about health care, new polls show". Some 78% of Canadians think the health care system in their province is in crisis and 75% believe the system currently is facing a major crisis around funding. So the headlines go: "Mediocre health care called brain drain factor".

All kinds of other health care shocks are part of the system. We hear about over 1,000 people in Quebec on waiting lists for heart surgery. Cancer patients are waiting sometimes up to three months before they can get any treatment.

• (0940)

I will be sharing my time with the member for Fraser Valley. I will come back after that to carry on with some of the solutions I propose for the health care system.

What is wrong with this system? If we take a broad view we find there are many turf wars. There are turf wars between the federal and provincial governments. Things are happening within the system such as the so-called driveby smears that are occurring. There is a \$1.8 million ad campaign against the Ontario government. There is a real ongoing battle between the federal and the provincial governments.

Canadians do not care who fixes the health system. They want Canadians to fix the health care system, both provincially and federally.

We also have system centred health care. We are always concerned about the system and seldom seem to talk about the

Supply

patient. We do not talk about what is best for patients, be they senior citizens who are having difficulties finding a place to go for their declining years or people with impending heart surgery to save their lives. We do not talk about individual people. We always talk about the system and saving the system. That is wrong. We have to change that focus.

As well we have to take a look at a state run, socialized type of system. Maybe it works in North Korea and in Cuba, but I am not sure it works in modern Canada. We also have to look at doctor and nurse shortages. We have to look at all groups that are concerned about health care. We have to end the turf wars. We have to get down to a patient centred focus where health care should be.

We have to talk about funding. Obviously we can go back in history to the sixties when a 50:50 agreement was made by the provinces and the federal government. The federal government obviously has different responsibilities from those of the provinces but they agreed to a common funding. In 1977 it was agreed to change the way the funding occurred from strictly dollars to a dollar and tax points system. We could go into great depth and detail about how it works, but I do not think that is the point of today's debate.

In 1995 the government again changed the system and the method of funding to the CHST grants involving a block of money. We really lost control of what was happening and how the system was being monitored. The auditing of the system is just not there. This block of money is transferred. We do not know how provinces are using it or what they are using it for. No one seems to know what anything costs.

We should address the fact that in 1993 the amount of money being transferred by the federal government was \$18.8 billion. By 1998 it had declined to \$12.5 billion or close to a 40% cut in funding by the federal government. Since then it has increased to \$14.5 billion this year and \$15.5 billion next year. If we add each year's cut in funding from the 1993 levels, the bottom line is that today's total would be a cut of about \$24 billion in federal funding. That is the point that the Ontario government is trying to make to the health minister and which the health minister seems to fail to understand.

Instead we enter into a kind of shell game with the Prime Minister saying that he is transferring more money than ever before. Even in Las Vegas this sort of shell game would not be accepted by the players in that city. What is happening with the funding? The federal government has definitely cut the funding and the provinces are saying it must at least return it to 1993 levels. To this point we have no response. Nothing has happened.

• (0945)

We need to look at the rating of our health care system. We need to look at a study done by the OECD on the 29 industrialized

Supply

countries of the world. We find that we spend somewhere between the fourth and fifth most on health care of those industrialized countries. We spend 9.2% to 9.8% of our GDP on health care. That is similar to most of those other top industrialized countries.

The problem is that in many other areas we are in the bottom third of the rating of those countries in terms of the delivery of service. If we spend the fourth most and we are the 23rd best, there is obviously something wrong. It is not to point fingers or to blame anyone; it is a matter of looking at what is wrong and why it is happening.

As well, the World Health Organization is coming out with a report, which we have seen parts of already. On June 21 that report will be made public. Again, there will be an evaluation of the 181 countries in the World Health Organization. In the report, on the area of life expectancy, it indicates that we have dropped from second to twelfth.

The decline of Canada and Canada's health care system is of major concern to Canadians. That is why 78% of Canadians say that their health care system is in crisis. That is why they are asking and demanding that Canadian politicians, provincial and federal, look at health care, identify what is wrong and fix the system.

We have heard a lot of talk in the House about how the government cares about health care. However, we really have not seen very much. We pretty much have a white page of solutions coming from the government. It is not a white paper; it is just a white blank page as far as the solutions that the government is putting forward.

I could go on and talk about education, the brain drain, the lack of technology and the huge problems we have. I had the occasion to tour a Swiss hospital recently. I could not believe the difference between the Swiss hospital and some of the hospitals I have toured in Canada. The emergency room crisis, the aging population and the rising drug costs are all things that Canadians expect us to deal with.

I want to tempt you, Mr. Speaker, to be here a little later in the day when I will talk about the solutions to health care. I will also tempt the health minister to be here as well to hear the proposals from the Canadian Alliance as to what we should do with the provinces to fix the health care system.

Because my time is up, I will turn it over to the House leader for the official opposition.

The Deputy Speaker: Before we hear from the House leader for the official opposition, there are five minutes for questions and comments.

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the member talked about a blank page. Yesterday, I had an opportunity

to visit the Canadian Alliance website to look at the proposed solutions to the challenges of health care and I found that there was a blank white page.

There is a common discussion going on among all people interested in health care in Canada about the need for additional injections of money, but also money where it is targeted to areas in which there will be meaningful change and improvement in the delivery of health care to Canadians.

It does not take a lot of detail to answer. I simply ask the member whether the Alliance believes that the government needs to transfer more money to the provinces for health care, or whether moneys should be put in with the understanding that there be conditions on measurable standards so that Canadians fully believe and understand that they are getting quality health care.

● (0950)

Mr. Bob Mills: Mr. Speaker, first of all, I became the critic on January 1. We are in the middle of a leadership race. I can assure the House that our web page will be full of health care solutions as we proceed in this process.

The hon. member's question is whether we should put more money in. The point is that we spend about the fourth most of the industrialized countries on health care and we are in the bottom third in terms of our ratings. We are 23rd in the area of technology and so on. If we are in the bottom third with the fourth best investment, money is obviously not the only answer.

It is an answer to return some of the funding to go to the table with the provinces so they will negotiate. We need that money on the table, but that is not the key to solving this problem of health care. I think Canadians know that. I think people in the health industry know that. I think the provincial health ministers know that.

It is a matter of co-operation with them, and coming to the table with an open slate. That is the point that has to be made and that is the point we will continue to make. We are in the process of consulting with Canadians. We intend to do that extensively through the fall. At that point, if the government is not asking the necessary questions of Canadians, we will do that for the government.

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, I congratulate the member for his motion today. I think it is timely and worthy of debate.

The member mentioned that his party is not in favour of a two tier system. Everyone heard him say that. My question relates to the leadership of his party, the CA, formerly known as the Reform Party. That party has one candidate vying for its leadership who actually launched his campaign on the basis of a two tier system of health care.

Is the hon. member suggesting that this candidate is out of the race and he will not win it? Where does this fit in? How can the member stand in his place and suggest that his party does not stand for that when one of the potential leaders of his party is actually campaigning on that very issue?

I think it is presumptuous of the member to think that his party does not stand for that. The leadership race is not over. We will not know until June 24 who will win the race. Is he not pre-empting his potential leader?

Mr. Bob Mills: Mr. Speaker, obviously in a leadership race, as he knows and everyone in the House knows, leadership candidates can pretty much say what they want. The point is what happens here. What the party says, what the shadow cabinet looks at and what caucus looks at is what is party policy.

I would remind the member that there was a candidate in the race for the leadership of his party, Mr. Orchard, who obviously was against free trade and against a lot of the things which that party introduced and stood for. I think that says it all.

Obviously we will wait until June 24 to see what the leadership stands for.

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, it is a pleasure to rise today to talk about what Canadians have described as their number one concern, both federally and provincially. They have asked their political leaders to deal with what they see as the decline of the health care system.

We saw on the news last night that the premier of Saskatchewan has struck a committee and a public inquiry, so to speak, into the status of health care in Saskatchewan. It is indicative of what we are going to see increasingly in Canada, which is a grasping for new ideas to make sure that the health care system that we all depend on will be healthy as we go into this new century.

The comments of the Saskatchewan premier last night on the news were interesting. He was asked "Is this an attempt to pressure the federal government to hold a similar type of conference to bring people together to discuss new ideas?" He said "Maybe in part". I think he understated the case. Certainly many provincial health ministers have been in contact with us, saying that they are very nervous that the federal government has backed away from the idea of the need for all first ministers to get together in a formal way to discuss this very important issue. They are acting a little like skittish fillies. They are prancing around. Everybody wants to get in on it, but they are not sure exactly whether the federal government will provide leadership.

• (0955)

I hope the questions which are discussed and debated today by all sides of the House, especially by the health minister, will

Supply

address the big problem. The philosophical question is where we will go with this, which is obviously the big problem for Canadians.

There are only so many ways to fund health care, and it does not take long to list them. There are federal and provincial tax dollars involved in the system. There are plans that help to provide and augment those who are fortunate enough to have access. Whether it be an insurance plan, a medical service plan or a provincial plan, people need to know what role those contributory plans will play in the system.

Then there are private funds, which of course fund a lot of the health care system. Anyone who has paid for their own prescriptions, paid fees to a chiropractor or to another health care professional for services that are not covered under the provincial health care system knows that private money is used extensively in the health care system, and that will continue.

The government with its tax dollars, the insurance people and the people with the private funds have to lock themselves in a room and say "When we come out of here we will decide how this system will be paid for". It has to be paid for, but what will be the provincial role and what will be the federal role? What will be the insurance role? What will we ask insurance programs to look after?

No one will deny that dental care is health care, yet dental care is not covered under most provincial plans. People need private insurance plans. In other words, it is already extensively used. Now we need to decide, in this new, upcoming, expensive 21st century medicare plan, who will pay for what.

Also important is the list of procedures that we will continue to fund for all Canadians. It is no secret, as one of the architects of health care said on the news again last night, that no one thought about the \$3 million CAT scan, no one thought about the MRIs and no one thought about the expensive drug treatment programs which are so effective but so expensive when we started this whole medicare plan.

Canadians see these programs, they want to have access to them, but they are told that they will have to wait months for the MRI that should be prescribed for them. It is a modern health care treatment to which Canadians deserve access, and timely access. It is not enough to say there is universal accessibility under the Canada Health Act if universal accessibility means that a person has to wait as long as everybody else. It is no good to tell someone that they are just the same as everybody else because they get to wait a year for their treatment. That is not universal accessibility, that is universal inaccessibility. While it may be equal, it is not fair. I would ask the minister to please address that.

I would also ask the minister to talk about some innovative ideas to which I hope all Canadians and all politicians will be open. We all talk about how we do not want the American system. The American system is nothing like our system. To most Canadians it

Supply

is a frightening thing. The thought of breaking your leg and losing your house as a result, and all of the horror stories that we read about from time to time, make Canadians nervous. I do not think Canadians want to go there, but if we are not going there, then what new systems will we put in place? The minister should not say we just have to be innovative, he should explain what it is that we will be doing differently.

There are all kinds of innovative ideas. We have talked about savings plans for the private portion that we already pay for in our health care system. Are there ways through tax breaks to encourage people to save funds to look after the health of themselves and their families into the future? What about ideas such as those of Michael Walker from the Fraser Institute? I thought he had an innovative idea. He said "Please, do not change the system that allows everyone universal access to the public health care system, but put in place a system that rewards people who do not abuse the health care system". In other words, he is saying that we should have a plan that is accessible to everyone, but for those who look after themselves, do not smoke, do not abuse themselves and do not need the health care system because they have taken care of themselves, they should reap a reward for that. Maybe we should look at that kind of thing.

• (1000)

I am sure the health minister will deal with the whole issue of preventive care. What is the role of the federal government in preventive care? Is it primarily a provincial jurisdiction? Largely, I think it is because so many of the social programs are administered by provincial governments. However, he should detail again what it is that the federal government sees as its role. Is there an overarching theme?

One of our members has put forward the idea of a headstart program. I know there is already an aboriginal headstart because that is a federal jurisdiction. We put in an aboriginal headstart to try to deflect some of the high risk kids into treatment, preventive therapy and preventive work in order to keep them out of the health care system when they grow up. Is there a role for all Canadians or does the federal government want to see that dealt with at the provincial level?

It is time to delineate the lines of authority. It is time to start talking about what can and should be done federally, what can and should be done provincially and to be honest with Canadians about what can be, should be and must be done privately. We should be telling them forthrightly what we can do for them and what we cannot do for them.

This is just like job creation. There are some things people have to do on their own. There is a role for government but there is also a role it will take on. I hope the minister will address what he sees as the delineation of authority and the programs he sees the federal government maintaining or enhancing, and then to be honest with the provinces and Canadians about the programs that he will not maintain or enhance.

I hope the government and the minister will talk about the Canada Health Act. It is an old act that has been around for decades and has served Canadians pretty well. However, time and again we have seen the need to bring it forward and open it up, not necessarily for change, but to open it up for debate.

There are five pillars to the Canada Health Act. Should there be six? Should we define what we mean by universally accessible? What about portable? If portable means we can get no service in this province just like we can get no service in the next province, there is no use in it being portable.

Let us describe what we want in the Canada Health Act. Let us not be afraid to talk about it. This is not to say that we will throw the whole thing out. Let us discuss whether there is a way in the 21st century to anticipate the expensive procedures, the expensive drug treatments and the aging population. Is there something we need to do with the Canada Health Act to make all those things possible? Maybe there is not but I think there is a need to talk openly about the Canada Health Act. Maybe we could add another pillar talking about a health guarantee for Canadians, that they will get access to care, not just the same as anybody else but in a timely fashion.

I look forward to the minister's speech. I would like to move:

That the motion be amended by inserting after the words "Government to", the word "immediately".

We believe this is something that Canadians want this parliament to be seized of forthwith.

• (1005)

Mr. Paul Szabo (Mississauga South, Lib.): Mr. Speaker, the House will know that one of the leadership candidates for the Canadian Alliance is proposing two tier health. It strikes me that that may very well be the reason why the Canadian Alliance's web page on health initiatives is blank at this date. It is waiting to find out which leader's policy it will have to follow.

I say that facetiously, but the member for Red Deer talked about how money is not enough and maybe we need new initiatives. The House leader for the Canadian Alliance said—maybe unintentionally but he should clarify it—that we need new initiatives and new ways to do things.

One of the things that he suggested was that maybe we needed incentives for Canadians to save so that they will be able to take care of their own health care needs in the future. That is what he said, and he might want to check the blues. That to me signals, whether it is specific or implied, that a two tiered health strategy for the Canadian Alliance actually is a possibility, that it thinks that somehow if we can get more money into the hands of Canadians they will be able to take care of their own health. As far as I can see, that is a total abandonment of a public health care system.

I would like to ask the member whether or not he clearly supports a publicly funded health care system to the exclusion of any alternatives, including two tier health care.

Mr. Chuck Strahl: Mr. Speaker, it looks like this is going to go on all day. Of course I did not say that. What I said was that a good portion of health care in Canada is paid for by private funds. Anyone who has bought a prescription for antibiotics for their kids and shelled out \$10 or \$15 for it has paid for the health of their family out of their own funds.

If I go to a chiropractor I have pay for that because it is not covered under general medical services. My back is being helped but I have had to pay for that repeatedly.

When people get a massage, they have to pay for that themselves. Even if the doctor has prescribed it, it is not covered under the medical plan.

What I suggested was that when people have to pay out of their own pockets, as they often do already for those kinds of services, we should look at something in the tax system that would allow people to save, like we do for retirement or for education, the private portion that we already pay for, not new things, should be looked after by the government in a way that encourages and allows people to save, free of the tax man, something that is specific to their health care. That is what I was talking about.

The leadership candidate, who the member spoke about, is frustrated with the current state of the health care system. I guess it is a case of walking a mile in his shoes. He is an emergency room doctor who has spent many years on the front lines both here and overseas delivering health care to all kinds of people. He spends the summers working on aboriginal reserves, in very difficult situations, giving of his time and providing services where no one else will go. What he sees is a deterioration of the health care system that is very frustrating to him. He has seen people lying on gurneys who are not receiving treatment, and no matter what he, as a doctor, prescribes, nothing happens to them.

What that leadership candidate says is that we have to talk about options. I have thrown some options out this morning, but as a medical doctor and an emergency room specialist, the member for Esquimalt—Juan de Fuca has seen firsthand unnecessary suffering and even death because people have not had access to timely health care.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, in one way or another, in one form or another, each of the leadership candidates for the Canadian Alliance has advocated private involvement in the health care system, whether we are talking about a parallel private health care system or a greater share of the pie by private forces. That has been clear and it has been

Supply

stated by the previous health critic and the present finance critic of the Alliance.

I would like to know what the official position is of the Canadian Alliance. Does it support a parallel private health care system, yes or no?

• (1010)

Mr. Chuck Strahl: Mr. Speaker, Canada already has a private health care system. If we get our teeth fixed by a dentist, that is private. We pay for it out of our hip pockets. If we go to a chiropractor or to many other treatments, they are private.

In my province of British Columbia, the provincial NDP government sends needy health care patients to the United States for treatment. A guy I used to work with needed cancer treatment but the cancer clinic was full. The NDP government not only paid for his treatment in Bellingham, it gave him vouchers to travel back and forth. When he had to stay overnight, they paid for him to travel to the United States and paid for his overnight stay in a private American health care clinic to receive treatment.

For anyone to say that there is no private health care involvement in the system is incorrect. There is, absolutely. That is why we need to discuss what that involvement should be and how we can ensure that all Canadians have access in a timely way to the health care they need.

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, I appreciate the opportunity today to speak to this issue. I think it is fitting that on the last day of the session of this parliament we spend our time talking about the number one issue on the minds of Canadians across the country.

[*Translation*]

It is clear that what we are discussing today is a subject of vital importance to Canadians.

The state of our health system is of major concern to our fellow Canadians. It is obvious, and we must be frank during this debate, that we are faced with some major challenges.

We can discuss the long waiting lists, the over-crowded emergency rooms, the shortages of physicians and nurses.

[*English*]

In these circumstances concrete action is required from all governments working together.

In responding to the motion put before the House by the Canadian Alliance Party today, let me make three points. The first is that in the efforts we make to solve the problems facing Canadian health care, we must stick to the principles that are spelled out in

Supply

the Canada Health Act. Simply stated, a single tier, publicly financed, universal system of health care provided for by the Canada Health Act is the best possible approach to providing health coverage for our population.

Let me explain why I say that. The member for Fraser Valley described the Canada Health Act as an old act, as though somehow in the 16 years since it was adopted by the House the statement of the principles contained in that statute has become outmoded, outdated or must be reframed.

I suggest that the evidence, our experience as Canadians and the experience elsewhere in other countries shows that those five principles in the Canada Health Act are as relevant and as valuable today as they ever were. Those principles are as important and as relevant to health care in Canada today as they were when they were formulated by the Liberal government in 1984.

Why do I say that? I say that for two reasons: First, they spell out the foundation of a system of universal health coverage that is socially fair; and second, they provide for a way of making services available to a population that is economically efficient. I will deal with each of those in turn.

As to social fairness, we all know that Canadians cherish our public system of health care. Why? It is because to them it is about more than just doctors and hospitals; it is about values, about being Canadian and about the way we want to live our lives.

• (1015)

It is about the promise we have made to one another as Canadians that we will look after each other in times of need regardless of wealth or privilege. Access to needed services will not depend on the state of one's bank account, but will be determined by the state of one's health.

That is what the Canada Health Act is all about. It reflects something that lies very close to the heart of this nation's sense of self. For that reason, because of the social fairness of public medicare in Canada, the principles of the Canada Health Act are as important today as ever they were, and it is important that we defend them.

The second reason is economic efficiency. We do not talk about this often enough. Public medicare in Canada allows us to provide health coverage for the population in a way that is less expensive than approaches taken in other nations. Let us look at the comparative situation between Canada and our closest neighbour, the United States. We are so much alike in so many ways, but there are important distinctions that demonstrate the economic value of Canadian medicare.

At the moment, as the member for Red Deer observed this morning, Canadian medicare costs just over 9% of our gross domestic product. For that we insure 100% of our population for medically necessary services. In the United States, health costs are

14.2% of the gross domestic product. Notwithstanding that much higher level of spending, coverage is provided for only part of the population. Today there are 43 million Americans who have no health coverage. There are 100 million Americans who are under-insured and who worry that one day they may have to choose between their health and their homes.

Why is it that we can provide health insurance for everyone for 9% of our gross domestic product and the Americans spend 14.2% and leave so many tens of millions uninsured? It is because the single payer publicly financed universal coverage provided for in the principles of the Canada Health Act is economically efficient. The overhead in the American system is a huge source of cost with so many people providing coverage with private insurers. I will give an example.

Last year a professor from the United States was in Toronto at a conference on this very subject. He described a hospital in Boston which had about the same number of beds as a Toronto hospital. In the Boston hospital there were 317 people in the billings and collection department. In the Toronto hospital there were 16 people in the billings and collection department. That is a vivid illustration of the difference between us.

A few weeks ago I was in Grand Falls, New Brunswick. During my stay in that beautiful community I met a man who had come across the Saint John River from Maine, which is immediately adjacent and just a few moments away from Grand Falls. This American, a resident of Maine, had recently had open heart surgery. He told me that the cost of that surgery was \$400,000. This man was among the lucky ones. He had some private health insurance that paid 80% of the cost, but simple arithmetic makes it clear that this man from Maine was obligated to fork out \$80,000 of his own money to pay for that open heart surgery. That is a vivid illustration of what happens when private for profit interests take over the organization and delivery of needed medical care.

Surely the case is made to the satisfaction of the party opposite that our first goal must be to hang on to those principles, to preserve this public system of which we should be so proud. In Canada, unique in all the world, we have found a way to provide health coverage to our population that is socially fair, that reflects our values and speaks of the way we treat each other as citizens. At the same time it makes economic sense.

• (1020)

In the course of my work in the Prime Minister's government, I have occasion to travel to other countries or to receive here in Canada health ministers from abroad. In the course of those meetings the subject has often arisen whether Canada should import some of the features of foreign health systems and particularly, as the alliance members would contend, the private for profit element to, as some of them say, take the pressure off our public system.

Supply

I can tell the House that without exception, every such foreign minister to whom I have spoken has urged me not to follow that course. They have urged me to hang on to our present public system and to do what we must to fix it, but not to go down the road of the private parallel health system. Why is that? They usually give me the same reasons speaking from the experience in their own countries.

They say that if we open the private parallel system of care, then we will lose doctors, nurses and other health workers to the private system. The problems we have now with providing medical care professionals in the health care services will become even worse. It is often the best and the brightest who leave the system to practise privately.

They emphasized that the private parallel service will focus on the simple repetitive procedures where profit is greatest. And as soon as there is a problem, we know where that case will go. A complication will be sent right back into the public system and the public will end up subsidizing the private for profit sector.

These ministers also pointed out that the private for profit element, the private parallel approach, has not resolved problems in public medicare. England is an example where the waiting lists are worse than ever. In England a person can go for the private for profit parallel services, yet its waiting lists are worse than ever.

The members ought not to think that the simple answer to the problems that confront medicare is to establish the private for profit parallel system. It does not work.

There is one other point that those from other countries urge upon me in arguing that we should keep our public system of medicare in Canada. They point out that if we allow the most influential and wealthiest in our society to purchase access to services, if we allow those with money and influence who help to shape public opinion to purchase access to private services in health care, then to that extent we will reduce the pressure on governments across the country to fix the problems in medicare. It will slip down the public agenda and the problems will not be resolved. That is a very important consideration.

The first of the three points I wish to make this morning in speaking to the member's resolution is that we should do what it takes to hang on to our system of public medicare. It is socially fair and economically efficient and it reflects the best that this country has to offer.

My second point is that the public system of medicare must be financed properly. It must have the money it needs to provide the services that Canadians must have. That includes the obligation of the Government of Canada to do its part in financing public medicare.

In 1993 when this government was elected, the total value of transfers to the provinces was about \$28 billion per year. This year the total value of transfers to the provinces will be over \$30 billion. We have not only restored the transfers, but we have increased them in the time that this government has been in office.

• (1025)

Every year in Canada the federal government contributes one-third to all public health spending. In the last two years we have increased by 25% the cash transfer to provinces, including \$2.5 billion just three months ago.

I am not suggesting that we do enough. Indeed, I am an advocate for increased federal funding for health care and for increasing transfers to the provinces for health. The Prime Minister himself has said that the Government of Canada is prepared to increase transfers to provinces for health when we reach common ground with the provinces on a common vision for the future of medicare and an approach to the problems it faces.

The argument in favour of additional funding from the Government of Canada is clear. In parts of the system more money is needed. If Ottawa is to play its role, if it is to have the moral authority to protect the principles of the Canada Health Act across the country, it must have a credible voice at the table. This government will ensure that the Government of Canada is at the table to play its part in protecting public medicare in this country.

That leads me to the third point I wish to make this morning and it is simply this. It is not just money alone that is going to succeed in solving the problems we confront in medicare. Our goal must not be simply to make health care more expensive in Canada. Our goal must be, by supporting provincial innovation, to make access to quality health care available across this country.

We must work with our provincial partners toward developing a common vision and common approaches to the resolution of these issues. We must speak with our provincial partners about establishing these objectives, finding some way to measure the performance of the health care system, and reporting to Canadians whether we are making progress toward those objectives.

Do not misunderstand. I am not suggesting for a moment that provincial governments are accountable to the Government of Canada, but that governments of both orders are accountable to the public of Canada. We must use common indicators to measure the performance of the system and report to Canadians so that we can work toward restoring public confidence in medicare by proving and by establishing that we are making progress toward our shared goals.

We must also identify areas of innovation. The hon. member for Fraser Valley asked for innovative ideas. He wanted to know what

Supply

would work and what we could do that would help change the system.

I suggest that we know that, from the national forum which the Prime Minister chaired, to the excellent work the provinces have done, including last week when they tabled their cost driver report, to the innovations that the Government of Canada funded through the health transition fund.

In 1997 we set aside \$150 million in the health transition fund. We have funded over 400 pilot projects across the country, demonstrating the value of new approaches in home and community care, in primary health care reform and in integrating health services. We have learned from those pilot projects.

We have watched as provinces themselves have innovated. Now is the time for the Government of Canada to get behind those provincial efforts, to broaden and to accelerate the innovations in which they have engaged in order to make real progress in improving access to quality care.

I believe we know the broad directions we must take. It is now up to governments to work together to ensure that we pursue them.

Primary health care reform and broadening the availability of home and community care, those are the changes that will take the pressure off our emergency rooms by making services accessible. Dealing with shortfalls in medical equipment, investing in health information technology to integrate our health care system and sharing information among providers about patients, dealing with the issues of the right number of doctors, nurses and specialists to care for Canadians, these are the issues we must pursue in common. We have begun.

• (1030)

Let me also mention wellness because there is an important federal role in that regard, not just to think about treating those who are sick but to think about encouraging all to remain well.

Cardiovascular disease continues to be the number one killer in the country. There are four risk factors, three of which are within our control: diet, exercise and smoking. That is why we will continue our aggressive efforts against the tobacco industry to encourage Canadians to understand the tactics of big tobacco, to encourage young people not to begin and to protect children from the tactics of big tobacco.

I stress that we must work with our provincial partners to achieve these goals.

[*Translation*]

We have already begun. Six months ago, I wrote to my provincial and territorial counterparts, inviting them to the negotiating

table, inviting them to work with me to identify priorities and to develop an action plan to address these problems.

This afternoon, I shall be holding a conference call with them. I trust that, in coming weeks, we will be face to face around the negotiating table.

[*English*]

I want to ensure that we put before the first ministers when they meet in September something upon which we can agree as common ground and a common vision for the future.

In conclusion, I do not support the motion before the House. I am as concerned as the next person about the issues in medicare. We are confronting them with our provincial partners. I disagree that the health system is in crisis. I believe we have grave issues to deal with, but let me quote from the provincial report last Friday wherein the provinces said:

Canada's publicly funded health care system is not in crisis. Canadians continue to be well served by their health care system but it is under serious challenges due to rising demand and cost strictures.

I entirely agree with the provinces. Let us work together to make sure that we preserve our greatest social asset, our public medicare system.

Mr. Bob Mills (Red Deer, Canadian Alliance): Mr. Speaker, we heard a lot of motherhood, a lot of status quo and a lot of comparison to the U.S. system which no Canadian wants. Why even talk about it? It keeps coming out.

The real question is that today we spend \$86 billion in public money in total on health care. The projections of Health Canada are that it will increase at 3%. That means that by the year 2020 we will be spending \$160 billion on health care.

We want the new technology. We want the new medications. We want all that. The Premier of Newfoundland says he is already spending 42% of his budget on health care. Other provinces say they are spending 30% of their budgets on health care. What is the right amount to be spent on health care? If we are to spend \$160 billion, what about all the other things government has to do?

The minister talked about the system not being in crisis, but 78% of Canadians say that the system is in crisis. The people are saying that. The only people who do seem to be hearing it are the politicians.

Hon. Allan Rock: Mr. Speaker, I am afraid the hon. member has to accept the fact that the provinces in their report last Friday declared that the health care system was not in crisis. It faces serious problems, particularly in relation to cost pressures that must be addressed.

Supply

Let me come to the member's question. The cost drivers in health care can be managed through changes in the way health care is organized and delivered. That is why we are anxious to support provincial efforts to innovate in areas like primary health care reform, for example the current system of fee for service as opposed to a different approach.

The province of Ontario has talked about getting 80% of its physicians over the next four years on to different methods of payment, apart from fee for service. I am anxious to support innovation of that kind. I believe that by using information technology, by measuring performance and by looking at the way we can influence the rate of increase of costs we can indeed keep our system sustainable. It will take innovation. It will take change.

• (1035)

The alliance party opposite would have us go in a different direction. It would have us go toward the private parallel for profit system of health care. The facts show that will not work.

I disagree fundamentally with the approach it favours. I do not believe Canadians agree with that approach for a moment. I think Canadians expect us to work very hard to keep the principles in place to preserve the public nature of medicare but not to take the American style approach. It will not work and it will not be supported by Canadians.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, I have to say that we on this side of the House have had it with watching this minister rise and ask the provinces to work with him, when the minister and the government have unilaterally cut transfers the provinces were entitled to expect in the health care sector.

I have to say that a person has to be a real hypocrite to rise in this House and call for co-operation when, last week, the provinces tabled a report in which they unanimously—I hope the minister will have the decency to rise in this House and acknowledge it—asked the minister to reinstate the transfer payments at their 1994-95 levels.

In 1968, the government established a social contract in 1968 in which health care programs, in terms of transfer payments and funding, were to be shared 50-50, that is, 50% by the federal government and 50% by the provinces. However, the government did not honour its part of the bargain, because it contributes 12%, that is 12 cents on the dollar. The federal government's contribution has shrunk to 12%, and the provinces have to assume the rest.

The best thing this minister could do to establish his credibility in the House is not give us fine speeches for the leadership campaign, but exert pressure for the reinstatement of the transfer payments at the 1994-95 level, as Brian Tobin, Bernard Lord,

Pauline Marois and all the health ministers have asked him to do. He must stop his fine speeches and do something. That is what we want from him.

Hon. Allan Rock: Mr. Speaker, it is unfortunate that the hon. member only talks about money. But if this is what he wants to do, I am perfectly comfortable with that.

I would like to quote Bernard Landry, Quebec's finance minister. Some weeks ago, it was discovered that Mr. Landry, in his capacity as Quebec's Minister of Finance, had left untouched, in a Toronto bank, an amount of \$850 million paid to Quebec by the Government of Canada, for health.

When Mr. Landry was confronted with these facts, he said "Health is not just a money issue, it is also about how our health care system is run and structured. This is where the real answers are". That is what Mr. Landry said.

Therefore, I am really disappointed to hear the hon. member focus exclusively on money. This is clearly not just a money issue. Innovative methods and changes in the delivery of services are also required.

I am prepared to work with my counterparts in that regard. I have received and read the report. It is an excellent report. I intend to discuss it in detail this afternoon during a conference call with the provincial and territorial health ministers. I hope the hon. member will recognize that this will require us to work together, in a co-ordinated fashion, to improve service delivery.

• (1040)

[*English*]

Ms. Louise Hardy (Yukon, NDP): Mr. Speaker, I thank the minister for his commitment to social medicine in Canada. Unfortunately I think he discredits himself when he acts like the problems have not arisen from the serious cuts made by this government.

What plans does he have for dealing with access in remote areas such as the north and Yukon? The fact that people have to travel thousands of miles to obtain treatment such as dialysis means complete isolation from families. It is a serious problem for isolated areas, which means most of the country.

Hon. Allan Rock: Mr. Speaker, the member is quite right. Monday morning last in Chesterville, Ontario, I had occasion to speak to this subject in the presence of rural members of the government caucus. I said at that time that after becoming Minister of Health, travelling the country and looking at the situation on the ground, I came to the conclusion the real threat of two tier medicare in Canada was not so much between the rich and the poor but between the urban and the rural.

Supply

Access to services in rural areas is a major issue. The one-third of Canadians who live in rural Canada or in the more remote regions are demographically older, have poorer health status, are more subject to accidents and injuries, and yet have less access to the whole range of services from ambulances to emergency rooms to diagnostic equipment and family physicians, let alone specialists.

The purpose of my appearance in Chesterville with members of the rural caucus of the government was to receive their report on recommendations for action the Government of Canada could take to address some of these issues. I accepted all their recommendations and I undertook to implement those that were within my sphere of authority as federal minister.

At the same time I announced \$130 million for concrete steps which I will believe will help. First, there is a program devoted to pilot projects for rural and community health with money set aside specifically for innovative practices to be funded in rural communities and looking at new ways to overcome issues of access to services, whether it is training physicians and nurses or paying them differently.

Second, investing in telemedicine would enable us to take advantage of new technology to overcome the challenge of distance. In the member's riding and in rural Canada generally I believe telemedicine holds real promise for helping us overcome some of the problems the member has identified.

[*Translation*]

Mr. Réal Ménard (Hochelaga—Maisonneuve, BQ): Mr. Speaker, before getting into the opposition motion from the Canadian Alliance members, I wish to point out that today is the last day of work of someone whose dedication in helping us with our parliamentary duties has been extraordinary.

I am referring to Pierre Ménard, who has worked with the Bloc Québécois since 1993. I am sure that all members of the House will want to thank him, because we all have colleagues who work behind the scenes to help us to do a better job as parliamentarians.

Pierre Ménard is someone with a solid legal background, who is well versed in parliamentary procedure, who has a very keen sense of humour, and who is charming. I want to tell him that we will miss him very much.

I am sure that all my colleagues share these sentiments, particularly the members for Chambly, for Beauharnois—Salaberry and for Repentigny.

This tribute is not intended, however, to distract from the extremely serious and urgent business of debating in this House the federal government's responsibility in the crisis facing the provinces.

I would like to begin with two cautions. The first is that we believe that the provinces should be responsible for the health care system. We believe that the problems facing the provinces obviously have a lot to do with the question of money and transfer payments.

• (1045)

In no way does the Bloc Québécois believe that we should cut corners in examining the re-organization of the system.

Before going into detail, I wish to tell hon. members that I met with some hospital administrators a few months ago, the ones for CHUM and for Maisonneuve-Rosemount. I understood clearly that the problem was not solely financial. It is mainly financial, however, because if the provinces do not have all the resources they should in order to be able to re-organize the health system, the debate will remain extremely theoretical.

That said, I will offer one example of how the network can be reorganized. Does it make sense that there can be 30, 40 or 50 different collective agreements within one health facility, and that the person who puts down salt when there is a winter storm is not the same one to shovel or clear the entrances to the hospital?

Does it make sense that there is such fragmentation in the health community that, when one person could perform two or three different jobs, at present this takes four, five or six people? We are able to figure out that service delivery needs to be re-organized along with the way the system operates.

The basic reality is that demographic and technological pressures and drug costs will confront all provinces, whether Quebec, Newfoundland, British Columbia or Saskatchewan, and despite their greatly different political leanings, with the same reality: that 4%, 5%, 6%, even 7% more will have to be invested yearly in order to provide exactly the same services.

I would like to show hon. members the factors that contribute to the pressure on the health system. Now we have not just seniors, but increasing numbers of older seniors. In French we call these the "fourth age" as opposed to the third.

It is not exception to run into people in our ridings who are 85, 90 or 95 and in relatively good health. These are the "old elderly", those aged 80 and over.

Since people are living longer, they want to continue living in their own environment. This presents a challenge in terms of home care. This presents a challenge in the way society will organize itself to keep people in their natural surroundings, and I will come back to this.

Quebec has a larger population of people aged 65 and older than do other societies. I have some figures that will provide food for

Supply

thought for the member for Repentigny, who has a good crop of grey hair himself.

In 2011, the number of people 65 years of age or older will have increased by 60% since 1991. The increase in the number of those 85 years of age or older is even more striking. Their numbers will increase by 84%. We might be tempted to think this is far off. We might think 2030 is beyond reach, but 2030 is just round the corner. In 2030, 25% of Quebecers will be 65 years of age or over.

• (1050)

My colleague, the member for Beauharnois—Salaberry, an eternal optimist, has just whispered a very relevant point to me. In 2030, Quebec will be sovereign, but that fact in no way changes the need to organize and consider how we can give our seniors the best services possible.

When we compare things in Quebec with the way they are in Germany, Canada, France and England, we realize that what sets Quebec apart is the rate at which its population is aging.

Proportionally, Quebec's population is aging twice as rapidly as the population of European countries. This means that the percentage of people turning 65 or more will be demographically greater here than in Europe. This will take place at an accelerated rate that is unknown in countries such as France, Germany and the Scandinavian countries.

I also want to mention another reality. The upward pressure on the health budget is around 4% to 5% annually. This means that, by the year 2002, if we want to provide exactly the same services, if Quebec wants to provide exactly the same range of services as it does in 2000-2001, the National Assembly will have to increase its health budget by 4% to 5%.

If we look at this figure, and my colleagues are anxious to do so, we realize that demographic growth accounts for 1.3%, technological change for 1% and inflation for about 2% annually.

But there is a natural growth of 4% to 5% in the health sector. Mr. Speaker, if I asked you, since you are mentally alert, to tell me the rate of Quebec's collective growth, you would have to say 2.5%. Therefore, if we do not restructure Quebec's health system, we will find ourselves in a situation where the National Assembly, the government of Quebecers, will have to allocate more money for health than it can, based on the collective wealth indicator. This is what is disturbing.

This is why the Premier of Quebec, one of the best ever to have held the position, said, in response to Jean Charest in oral question period, that it was not possible for Quebec's health care budget to be open-ended. It is not possible. No government in the world can operate that way and neither can Quebec.

I will return to what the Minister of Health erroneously said in a moment of what I would call confusion and delirium. I will come back to the money which is supposedly being held in trust and which Quebec has not used.

But I wish to say that there are structural pressures on the health system. We have the number: in 1999, last year, for example, emergency rooms saw 50,000 more cases than in 1994-95. Of these, 56% were people over the age of 75. This is where we begin to understand the demographic pressure. When emergency rooms are treating 50,000 more people and three-quarters of them are aged 75 and older, we can see why demographic pressure has an impact on health care.

I will give the example of radiation oncology. Oncology has to do with cancer. Well, the demand for radiation oncology, particularly for those aged 50 and up—baby boomers—is increasing. New cases of cancer are increasing by 3% annually.

• (1055)

The demand in cardiology is also increasing, particularly for those aged 50 and older. Obviously, more seniors are undergoing coronary bypass surgery. The number of heart surgeries is increasing by 3.6% a year.

Mr. Speaker, you are a good-hearted person. You are going to be very upset to hear that the number of angioplasties has increased by 260% over the past ten years. This has an impact on the health care system.

I was totally amazed to hear the Minister of Health, with his dulcet leadership-seeking tones, praising the health ministers' report.

A year ago, all of the ministers of health met together and came to exactly the same conclusion. What was that conclusion? That the federal government must return transfer payments to their 1995 level.

The ministers of health wanted to document what was going on in the various health systems, so they tabled a report. I would like all hon. members here in this House to understand that this report is over the signatures of Bernard Lord, Pauline Marois, the premier of British Columbia and Brian Tobin.

So the same conclusion is invariably reached, whether those involved be Liberals, Progressive Conservatives, New Democrats or Parti Québécois: the federal government has literally robbed the provinces of their due. It has diverted funds. It has turned its back on its most basic of responsibilities.

I would like to share part of the report, beginning on page 16. I find the Minister of Health particularly hypocritical for praising this report without giving us any of its content. I feel obliged to share with hon. members the two main findings of this report, which are most critical of the government.

Supply

On page 16 we find:

Total provincial/territorial health expenditures in Canada increased from \$11 billion in fiscal year 1997-98 to \$55.6 billion in fiscal year 1999-2000, an average growth rate of seven per cent per year.

So, it is not just the provinces that failed to assume their responsibilities. It is not just the provinces that failed to put money into the health care system. From 1977, the year established program funding, EPF, was created, the cost increased from \$11 billion to \$55 billion.

There is a limit, however, to what the provinces can do. There is a lot of federal money and less provincial money.

At page 19 of this report, endorsed by all the provinces, by Brian Tobin, Bernard Lord and Pauline Marois, the figures are stunning. At page 19, the report by the health ministers reads:

Long before the CHST, years of federal transfer restrictions had significantly reduced the federal government's proportional share of provincial/territorial health care programming costs. The federal share, which stood at 26.9 per cent in 1977/78, had fallen to 16.3 percent in 1995/96 at the onset of the CHST.

• (1100)

The report indicates there was a 40% decrease. It went on to say:

The deep cuts accompanying the introduction of the CHST reduced this share considerably, so that it stood at just 10.2 per cent in 1998/99.

Over a period of 21 years, the percentage of health care funding assumed by the federal government dropped 62.1%. Is it acceptable that the federal government cut transfers to the provinces, especially transfers for the health care system, with impunity?

And then the Minister of Health rises in the House and says "In spite of all the harm that I have done to the health ministers and to the provincial health systems, I would like to act as if none of that had happened and invite my provincial counterparts to sit with me at the negotiating table, so that we can discuss together the changes that should be made to health and social services programs".

The Bloc Quebecois believes that there is a prerequisite to the minister convening a meeting with his counterparts, namely the restoring of transfer payments for health.

If the government restored health transfer payments to their 1995 level, the provinces would receive \$4.1 billion for health alone. Quebec's share should be \$1 billion, including \$500 million for health.

I will tell the members who are listening and the people who are watching the debates of the House of Commons what Quebec could do with this additional \$500 million for health.

That amount is equivalent to more than one quarter of the budget for Montreal's hospitals.

The \$500 million owed by the federal government to Quebec represents nearly half the budget for the whole CLSC network in the province.

The \$500 million owed by this government to Quebec is almost the equivalent of the budget allocated to home support.

The \$500 million is four times the annual budget of Sainte-Justine hospital for children. It is three times the budget of the Royal Victoria Hospital, and it represents one quarter of the cost of the prescription drug insurance plan.

I will conclude by saying that if this government is serious, if it really wants to take its responsibilities and help the provinces meet their obligation to maintain the health system and preserve its integrity, it has no choice but to immediately state its intention to restore transfer payments to their 1994-95 levels. Otherwise, it will mean—and voters will remember it at the next election—that this government is a hypocrite and talks from both sides of its mouth. It will mean that the government does not want to help the provinces with their problems in the area of health and social services. And Quebecers will remember that.

Mr. Yvon Charbonneau (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, we have listened to the Bloc Quebecois health critic give an overview of health issues and try to paint a negative picture of what the federal government is doing. At the end of his speech, I heard him say that Quebec was ill-served and underfunded.

I wish to remind the hon. member and all Canadians that Quebec is getting its fair share of the 2000 budget.

• (1105)

With 24% or 25% of Canada's population, Quebec is getting approximately 28% of transfer payments. It is getting 28% of transfer payments with 24% or 25% of the population. I do not think that it can cry wolf and complain about being underfunded compared to other regions in Canada and other provinces. The record must be set straight.

Second, I hear the hon. member basing his arguments on a lack of funding from the federal government. We have before us a motion by the Canadian Alliance members, who talk about a system in crisis, and would have us agree that Canada's health care system is in crisis and vote in favour of their motion.

We have a report before us from the provinces. They are asking for more money. That was already understood. We have known that for some time. In this report, the provinces are saying that Canada's

system is not in crisis. There are pressures, problems, challenges, but it is the provinces, not the federal government, saying this. It is not the Liberal Party saying it. The provinces are saying “The Canadian health care system is not in crisis”. That is the actual conclusion of their report.

I would like to ask my colleague from the Bloc Québécois what comment he has to make on the opinion recently expressed by Claude Castonguay, the father of health reform in the 1970s, and a man with a reputation for wisdom.

All political parties and all consultations defer to Mr. Castonguay. People like to get his point of view. On May 6 he was quoted in *Le Devoir* as follows “In backing the race toward a zero deficit, Quebec won the bet on taxation, but lost the one on health. Quebec has lost its shirt on that one”.

Not only has it not managed to reform the system, it has even lost its shirt. Mr. Castonguay also pointed out that there are a number of reforms that need to be looked at. He pointed out that, not only is the health system inefficient, but also there is absolutely no way to gauge its productivity, its performance.

These are, to my mind, severe criticisms and I would ask the hon. member for Hochelaga—Maisonneuve to consider that there is work to be done in all of the provinces as far as service organization and delivery are concerned. This was also said by the Quebec Minister of Finance, Bernard Landry, a month and a half ago, when it was reported that there were hundreds of millions of dollars, \$850 million at that time, available to finance services for the people of Quebec.

Some Quebec patients are having to go the United States for cancer treatment, and for other treatments, at the present time. There are waiting lists, as everyone is well aware, and there is also \$850 million which could be used. The Quebec Minister of Health was very surprised when this amount became known.

According to the Quebec Minister of Finance, “Our problem in Quebec is not just money, but also the use, the administration of that money”. The minister got that message clearly, because she is commissioning an in depth study, and then of course there is last year’s study, which led to the Arpin report. The Minister of Health and the Government of Quebec are therefore well aware that service delivery and organization must be re-examined, as Mr. Castonguay has also suggested. We must, therefore, focus on a concerted effort to solve these problems.

I would like to know what our colleague thinks of Mr. Castonguay’s diagnosis.

Mr. Réal Ménard: Mr. Speaker, no one is denying in the House that the various health care networks have to look at the delivery of their services and that there is room for reorganization.

Supply

I myself provided the example of the meeting I had with the head of the emergency hospital centre. He explained that, in a winter storm, the person cleaning the entranceways is not the person doing the salting. These are examples of illogical working arrangements we have to reconsider. Situations we see now that are not logical, and not the best way to deliver the service.

My colleague has to agree, however, that the provinces, in their report said unanimously—and this includes Brian Tobin as well—that the federal government did not assume its funding responsibilities.

• (1110)

For every dollar the provinces invest in health care, the federal government, under its commitment, must set aside 50 cents. For every dollar spent, the federal government gives the provinces only 12 cents. We think something has to be done before we talk about co-operation.

Yes, the Minister of Health may want to meet his colleagues to find a way to reorganize the network. Yes, there are pressures that did not exist in the sixties. The so-called fourth age, the group made up of very old people, was not an issue. We did not have the same medical technologies. We can certainly understand that. Back then, people did not wish to remain in their community as long as they do now.

I hope the hon. member for Anjou—Rivière-des-Prairies, who is a Quebecer like me, will agree with the assessment made by the Quebec Minister of Health and Social Services, who is urging this government to assume its responsibilities.

Few stakeholders in the health sector do not agree that the federal government drastically reduced its financial support. I personally talked to Mr. Castonguay myself and I believe he acknowledged that the federal government had reduced its support.

I invite the government to co-operate. We will support its co-operative efforts. I also invite the parliamentary secretary to recognize that the federal government has reduced its support and that restoring transfer payments must be a prerequisite to any dialogue with the provinces. That is our conviction.

Mr. Antoine Dubé (Lévis-et-Chutes-de-la-Chaudière, BQ): Mr. Speaker, my colleague, the hon. member for Hochelaga—Maisonneuve, is very enthusiastic. I am convinced that he still has a lot of things to say.

As regards transfer payments, and I anticipate his answer, would he agree with the suggestion that the federal government should make such a transfer by allocating additional tax points?

Mr. Réal Ménard: Mr. Speaker, our colleague no doubt wishes to remind the House that the Canada social transfer, as it now stands, takes two forms—cash payments and tax points.

Supply

I believe that he, like other stakeholders, has worked out that it would be more advantageous to receive tax points, given deflation and real value.

I know that our colleague, whose primary motivation has always been to defend Quebec's interests, which he considers non-negotiable, has put a great deal of effort in recent weeks into the argument that Quebec should collect all its taxes. That is a characteristic of sovereignty, or one step towards sovereignty.

I have no hesitation in giving him my support and I thank him for publicly pushing this idea, which is as generous as it is enlightened.

[English]

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I am very pleased to have the opportunity to participate in this debate and to begin the input in this discussion on the part of the New Democratic Party caucus.

It is fitting that we should end this parliamentary session with a full blown debate on the question of health care. I want to acknowledge the work of the Alliance in bringing this motion forward. However, in so doing I also want to say "Welcome to the debate" to members of the Canadian Alliance.

Mr. Ken Epp: What about the Liberals?

Ms. Judy Wasylycia-Leis: An Alliance member just said "What about the Liberals?" I too want to say to the Liberals "Welcome to the debate".

If there was any telling comment about the productiveness of this past parliamentary session it has been the lack of a clear discussion and debate on the future of our health care system. I hold the Liberals responsible for this lack of accountability to parliament and to the people of Canada.

I say to the Alliance members "Welcome to the debate". This is something we have been trying to push to the top of the parliamentary agenda day in and day out for the past several months, from the day the federal budget was tabled and we were informed of just how serious this federal government took the crisis in our health care system. The government responded to the most critical situation facing health care in the history of this country by tabling a budget that gave two cents to health care for every dollar it spent on tax cuts.

• (1115)

At that moment there was no one else in this Chamber speaking up, joining us in calling on the government to act appropriately and responsibly in the face of the serious critical situation facing health care.

We were alone, day in and day out, week after week, raising this issue without any support, and we will continue to do so. We have

not only used every question period available to put this question to the government, we have presented to the House two motions using our two opposition days on this very question. We have called for support from all sides of the House for an increase in transfer payments. Did we get the support of the Canadian Alliance? No, we did not. Of course we did not get the support of the Liberals. That seems to be a given.

We presented a second motion in the face of the most critical development in the history of medicare, that being the passage of bill 11 in the Alberta legislature. We put a motion calling upon the government to stand and either enforce the Canada Health Act, or, if that was not possible, to amend the Canada Health Act to prohibit private for profit hospitals.

Did the Canadian Alliance support us? No, it did not. It does not need to be said again that the Liberal government did not support us either.

No one supported us on those motions. We have stood alone, day in and day out, trying to hold the government to account and raising the number one issue facing Canadians today. Thank goodness, at least to this point in time, in the dying days of this parliamentary session, the Alliance has finally decided that perhaps there should be a discussion here in parliament.

We are pleased to participate in this debate. I also want to acknowledge though, because I do not want to issue total blanket statements about lack of involvement by the Alliance on this critical issue, the work of the health critic of the Canadian Alliance, who has tried along with others to have this matter addressed by the health committee.

Members will know that during the whole period that we were dealing with the fall-out of the abysmal federal budget and the rise of Ralph Klein's for profit private agenda the minister avoided the debate here in parliament. He avoided the health committee. In fact, he deliberately manipulated our agenda at the health committee so we could not have the debate.

Let it be absolutely clear that at the point when it was the most pressing time for all of us to come together to debate health care and deal with the serious threats to the future of medicare the Minister of Health took every measure he could to dictate to the Liberal members on the health committee to prevent us from having the debate.

Where is the debate taking place? Not in parliament. Not in the health committee. Except for the one or two days that we presented motions, there has been no ongoing, serious, long term discussion about this issue. Where is that taking place? In the other chamber. In the Senate.

This is the most pressing issue for Canadians. Surely to goodness it ought to be before parliament. Why did the Minister of Health,

when he knew the concerns of all parties in the House, when he knew how Canadians felt, come to the committee and try to dictate what it should be studying? It certainly was not our universal public health care system. It certainly was not.

When confronted about why he did that he said “The committee is master of its own destiny. It can choose to do what it wants”. If we can choose, how is it that he tried to deliberately influence the agenda? How did he manage to get through to every Liberal member of the committee so that we did not have that opportunity?

This is the last day of the session. The health committee is not discussing this issue. Parliament is hardly discussing this issue, and the crisis continues.

Although this issue has not been thoroughly debated in parliament, the motion today gives us an opportunity to discuss the future of health care and put things into context.

The Alliance motion poses the challenges that we all have to deal with. However, we question what is really behind this motion, obviously. As we have noted in the debate today, time and time again the Canadian Alliance has stood in the House or outside the House to advocate private for profit health care. I mentioned in my remarks earlier that every single leadership candidate for the Canadian Alliance has in one way or another advocated this kind of private encroachment on our health care system. Just this past week Stockwell Day said that we should trim the health care budget. The month before, Stockwell Day said that we should stop the intrusive health transfers. The member for Esquimalt—Juan de Fuca is clearly on record as calling for a parallel private health care system. Today he is quoted in the London *Free Press* as saying “Establishing private clinics in hospitals in Canada is the key to aiding the country’s health care system”.

• (1120)

It does not stop there. We know where Tom Long comes from. He is either the protege or the actual force behind Mike Harris.

Hon. Lorne Nystrom: The candidate from Bay Street.

Ms. Judy Wasylycia-Leis: Absolutely, the candidate from Bay Street. What do candidates from Bay Street want? They want to get their tentacles into the private health care market. They know that this is a lucrative market. It is an \$82 billion golden egg and they want it. Tom Long wants it, not for the good of the public sector, but for commercial interests. As Dalton Camp said so well, when we are talking about Tom Long or Mike Harris, we are talking about the beginning of a concerted effort to change health care from a public interest to a commercial interest.

Then of course there is the other leadership candidate, the member for Calgary Southwest, who has said in this House, and I have no doubt he has said it along the campaign trail, that we

Supply

should look at private sector health care. We can go right back and trace the whole history of that individual and members of the Canadian Alliance, and the Reform before it. All they ever talked about was opening up the Canada Health Act to allow private for profit health care. All they have talked about is the need for private interests to get their hands on the health care system, and my goodness, would it not be more efficient and would it not be better?

I do not need to quote all of that again. I have put those quotes on the record before. We have quotes from the member for Calgary Southwest. We also have quotes from the former health critic, and we have quotes from the present finance critic of the official opposition in response to the last budget. When we were leading the charge in terms of the weakness of the federal budget vis-a-vis the health care crisis, the finance critic of the Canadian Alliance said publicly on February 29, 2000 “Obviously we are going to have to look beyond the money and start to entertain some private sector solutions”.

There is no question that we need this debate in the House, but we are very suspicious of the motives behind the motion. What does this party mean when it talks about the system? What does it mean when it says the system is not sustainable? Is this party refuting everything that was ever studied in terms of our health care system?

Looking at the most in-depth review of our health care system in recent times, the National Forum on Health in its report “Canada Health Action” clearly states “We believe the health care system is fundamentally sound”. What is behind the Alliance motion? Is it questioning the system, that the medicare model is not sound? Is there a hidden agenda? Is this a clever way to create an illusion of concern for health care, all the while advancing the agenda of that party?

The health care critic said that he has solutions which he will present. We are really looking forward to those solutions, because all we have heard from those members to date are basically three models, and they are all variations of the two tier, Americanized style health care theme. One is that we go to the welfare model. Those of us who have the money would pay for our own and look after ourselves. For those who do not, we would make sure they have health care. There would be one system for the wealthy and one for the rest of us, and we can be sure who would get the best quality health care services.

The second option they have presented, which is equally suspicious in terms of any kind of integrity in its argument, is the notion of a parallel private health care system, with the argument that this would take pressure off our public system and, lo and behold, we would have a much more effective and efficient system which would be able to meet the needs of all Canadians in the future because those who could afford to pay would go their own way. They say this, notwithstanding the fact that every study on the issue of private for profit institutions in health care and any study done

Supply

on private parallel health care models shows absolutely and unequivocally that it is not more cost effective, that it is not more efficient and that people get left behind and fall between the cracks.

• (1125)

The third suggestion we sometimes hear from the Alliance members is something about a voucher system, that we should scrap the transfers and give everybody money and they can go out and buy whatever they need. This is just like what they have advocated for education.

How would this build hospitals? How would it build community clinics? How would it provide public health care? Who would pay for it? Where would people go if they have the money and there is no infrastructure? This is equally fallacious in the arguments because all of it would end up being a two tier health care system.

I ask members of the Alliance, what do they really mean when they talk about the present system not being sustainable? Do they mean medicare? Do they mean universal public health care? Or, do they mean something else? Do they in fact question the very root of Canada's health care system? Are they running counter to the sentiments of Canadians and throwing those longstanding values to the wind? Are they in fact advocating something that Canadians absolutely abhor and would be repulsed by if it were put on the public agenda? Are they trying to advance an agenda in a clever way, pretending to create concern for health care, when in fact they are not?

Getting back to the Liberals for a minute, it is too bad that we are not here debating a constructive proposal, an initiative to respond to this crisis. All the Minister of Health does is stand in this House and say that there is no crisis. He uses the report put out by the provincial and territorial health ministers just last week to say there is no crisis.

He uses the report selectively, even though the report clearly leaves the impression that, with the rising costs in our health care system, we know that we could still manage the needs in our health care system if the federal government provided the leadership we have been calling for for so long.

Perhaps in pure fiscal terms one could say that there is no crisis. We have argued that if the government put the money where its mouth is we could sustain our health care system. To say there is no crisis in health care is to totally deny the feelings, the sentiments and the experiences of Canadians. The Liberals cannot do that. They cannot stand in the House and say there is no crisis.

How could they say that to someone who has spent time on a gurney in a hallway waiting for medical attention? How could they say that to someone who has had to be shipped to the United States for cancer treatment because we do not have the specialists in this

country? How could they say that to the families who are spending more and more out of their own pockets to cover prescription drugs and home care? How could they say that to the Canadians who are now paying, on average, \$36 per month for prescription drugs because the Liberal government has refused to advance the value of a universal health care system?

It is a shame that we do not have this government advocating a serious position in this parliamentary session. It is too bad the Minister of Health did not have the courage that Monique Begin had in 1984 when we had a similar crisis. What did she do? She brought legislation to this House. She addressed the issues. We had the debate and we moved forward.

I want to acknowledge the work of my colleague, the hon. member Winnipeg—Transcona, who was the health critic for the NDP at the time. He did an enormous amount of work to ensure that the concerns of Canadians and the threats to medicare were brought to the attention of the government. He worked actively to hold the federal government to account and to push for the kind of changes we finally saw in 1984 in the Canada Health Act. That should be a lesson to the Liberals.

In his speech on March 29, 1983, the member said:

This is one of those rare opportunities one is presented with in political life, and I hope there are more, when one has been able to follow a political issue through what we might call a chapter in history—in this case of medicare. I believe that chapter began in 1977. What we are seeing now is an effort on the part of the federal Government to shore up and correct some of the consequences of the mistake it made in 1977—

It is too bad that government could not have been here today in this parliamentary session with a similar piece of legislation—with an initiative to deal with the crisis at hand. What have we got instead? This spread of mythology and propaganda about how transfer payments have not really been cut and all the money has been put back. It is creating more and more antagonism at the federal-provincial level, instead of leaning toward a more co-operative approach.

What do the Liberals have to gain by continually denying the fact that there is a shortfall? The Liberal government took the biggest single bite out of medicare funding in the history of this country in 1995. What do they have to gain by saying that money has all been put back when it has not? That is where their selective reading of reports comes in.

Let us look at the report which the health ministers delivered last week entitled "Understanding Canada's Health Care Costs". The report clearly talks about the shortfall. There is no question that there is a \$4.2 billion shortfall. What do we have to gain by not admitting it and getting on with the job? It seems pretty straightforward if the government has the money, but it is obviously waiting

for an opportune moment, probably an election. Why does it not do it now when the crisis is at hand and we can get on with the job?

• (1130)

Why did the government not stand up to bill 11? Why did it sit back and say, time and time again, that it was going to study it and take action when it had to? The bill has now been passed and still the government has done nothing about it. It is now going to wait to see how it will be implemented.

It is too late. It is over and finished. The Liberal government and the health minister will go down in history as being responsible for overseeing the death of medicare. I say to them that they should wake up, start the debate and do something today. Action is what we need, not more of the rhetoric that we have heard time and time again from the health minister.

I do not need to tell members our position. We have advocated time and time again, not just for money to be added to the health care system, but that a twofold obligation and strategy on the part of government is required. The government needs to at least keep its word in terms of restoring transfer payments and bringing some stability to the federal-provincial table to allow provinces to deal with the critical situation they are facing right now.

However, we need more. We need leadership from the government to actually reform, renew and strengthen our medicare model. We have presented idea after idea on how to achieve that. We have talked about how one has to look at health care on a continuum and ensure that coverage is there for people who are in the hospital or outside of it. We have talked about the need to address the root causes of ill health and trying to get the government to deal with the fact that poor health comes from poverty, and on that, we note the recent statistics and this government's record. Ill health also comes from people living in deplorable housing situations or on the streets. It comes from a lack of clean water, which we see on many of our reserves. It comes from many things and the government sits back and lets it happen.

We have called on the government to do some very specific things when it comes to renewing our medicare model. We believe that the medicare model is sustainable. We believe that with financial commitment and political leadership we can sustain our health care. If we look at all the studies, we know that when we invest in community care and preventative measures, and when we ensure that home care, pharmacare, community care and maybe even dental care are provided, we can sustain the system. Would this not mean people would be less of a drain on our health care system in the long term?

Our system is one of the most cost effective and efficient in the world. Let us keep it that way. I agree with the Alliance, we do have a crisis. I agree that we do have serious problems but it is not the public sector aspect of our health care system. It is because 30% of our health care system is now in private hands. It is because drug

Supply

costs have gone through the roof. It is because the government and Alliance members, with their complicity, have not stood up to the multinational drug companies that have a hold over our health care system.

There are many things we can do and much that can be done. I hope that in presenting this motion the Alliance is genuine and sincere, and that it will state today that it is committed to the medicare model, that it will work to make it sustainable, that it believes in a universally accessible public health care system, and that it will join with us in championing this cause and ensuring that health care, the number one priority of Canadians, is addressed and addressed soon.

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, I listened with great interest to my colleague's speech. I have always respected this colleague because she is obviously very passionate about health care and very focused on what needs to be done. However, I was disappointed in her speech. For some reason, she chose to spend the most of it in a diatribe, a rant against the Alliance Party, which is the only party that has brought forward the opportunity to talk about real, constructive proposals for health care.

I want to tell the hon. member that the Alliance members get sick and their families get sick. They want health care and need health care. They care about medical services as passionately and as deeply as any member of any other party. I urge the NDP and the hon. member to focus their remarks and their fire on the government. The government is the only one that can actually do something about this issue other than advise, which is what we have tried to do.

• (1135)

I would suggest that to use half of a 20-minute speech to tear down an opposition party that is simply working honestly and openly with all parties to try to fix a broken system, is a misuse of time, which is pretty unwise and disappointing.

In addition to the member putting forward conspiracy theories, I noticed that she did make two suggestions: first, that the government should put more money into health care; and second, that the government should show leadership in reforming and strengthening it. That is exactly what this motion is about. It is about reforming and strengthening the health care system to ensure that all Canadians have health care when they need it regardless of their ability to pay.

I would ask the member to focus on the solutions that we are trying to reach so that we can then put pressure on the government to actually do something. I also would ask the member to spend a couple of minutes on solutions, for which can all get behind and support and which would really help Canadians, and not just more political rhetoric.

Supply

Ms. Judy Wasylycia-Leis: Mr. Speaker, I am delighted to answer the question. The first thing I want to say is that this is not the first opportunity we have had to debate these issues. The NDP has presented two previous motions and we have had two full days of debate. We have presented options and solutions but we have not had the support of the Canadian Alliance. One option was as fundamental as trying to get a change to the Canada Health Act to stop private for profit hospitals. If that is not a concrete solution what is, given the crisis we are facing and the threat by American multinational corporations to get their tentacles into our health care system?

We have tried very hard over the last number of months to engage everyone in the House in this discussion. I have not just focused on the Alliance. I have focused just as much on the Liberal government. I say, a pox on both your houses. I worry when two parties start to sound exactly the same. In fact they are both prepared to passively allow for the privatization of our health care system and oversee a climate of negligence. That is the fundamental issue here. We have presented many solutions.

If I was given another hour I could go into line and verse over the health care proposals offered by the New Democratic Party. I could go into detail about how we believe home and community care should be an integral part of our national health care system. I could talk about our plan for introducing a national pharmacare plan in conjunction with measures to contain drug costs. I could go into our proposals for developing national health goals to guide co-ordinated action in collaboration.

I could go into our proposals for creating new ways to integrate federal policy in support of national health goals. I could talk about our proposal for establishing a ministry of state for public health within Health Canada. I could talk about our proposal for a forum to work with all senior civil servants providing an integrated, co-ordinated approach to health policy.

I could talk about our proposal for requiring formal health impact assessments of all related federal policy. I could talk about our need to democratize the development of health policy at the national level. I could talk about our recommendation for appointing a national public health commission.

I could talk about our recommendations for stable funding for public education, policy research and advocacy for health consumer groups. I could talk about the need for a broad public dialogue on the ethical challenges facing all of us in the face of these burgeoning technological changes.

I could talk about the specific suggestions we have for dealing with the absolute deplorable conditions among the remote and northern communities. I could talk about the situation facing aboriginal communities and what needs to be done. I could go for hours giving members very specific details—

Mrs. Diane Ablonczy: Why didn't you?

Ms. Judy Wasylycia-Leis: The member asks why I did not. I think I did a pretty good job outlining our proposals in my 20-minute speech.

However, all members of the Alliance have to understand that what is at stake here, first and foremost, is our ability to stand up and preserve medicare.

What I have not heard, and what I am still waiting to hear from that party, is: Does it or does not support the medicare model? Does it support universally accessible, publicly administered health care? Do not give me the line that we do not have it now. We know we do not have totally universal health care system. We know we have two tier health care. We know we have people going to the States for coverage.

The question is: Where does reform stand on where we go in the future? Do we try to deal with those problems? Do we try to convince the federal government to not only put in more money but to show leadership around innovative ways to meet the needs of Canadians, or do we cave in, as the Alliance appears to be doing, to the forces of multinational corporations and the global corporate agenda, and actually say "the market is open, come in and get your share and let whoever goes by the wayside, let it be?"

• (1140)

What it really comes down to is whether or not we want that kind of system. This is the turning point in the history of the country.

[*Translation*]

Mr. Yvon Charbonneau (Parliamentary Secretary to Minister of Health, Lib.): Mr. Speaker, the New Democratic member for Winnipeg North Centre speaks with passion about health care.

I would point out a certain contradiction in what she is saying. Today, the House has before it a motion moved by the official opposition, the Canadian Alliance.

This motion is based on the assumption that the health care system is in a critical state, in crisis, and that, as a result, it needs to be overhauled.

The member for Winnipeg North Centre waxes eloquent against the Canadian Alliance stand on health care but is getting ready to vote with the Canadian Alliance, against the government, on this motion. I am trying to follow her logic.

Mr. Speaker, you, who follow our debates closely, heard her as well as I did. She spent most of her time shooting down in flames the positions of the Canadian Alliance and then, at the end, suggested that she was going to support the motion because the

opposition parties must stand together. Is she serious? Is not her greatest threat the Canadian Alliance and its proposals?

She is well aware that the government has done everything necessary to maintain the basic characteristics of our health care system. It is getting ready to increase the level of funding. It is working with the provinces to improve the system. There will be more discussions this afternoon between ministers. She knows all that.

We are being told to listen to the provinces. That is another contradiction because what are the provinces saying?

[*English*]

Canada's publicly funded health care system is not in crisis. Canadians continue to be well served by their health care system, but it is under serious challenges due to rising demand, et cetera. We know that. This is what the provinces have said. Among the provinces, there are three governments led by the New Democratic Party.

We are paying attention and listening to what the provinces are saying. The system is not in crisis but we have to prepare new responses for the new challenges and new pressures we are feeling now.

Ms. Judy Wasylycia-Leis: Mr. Speaker, perhaps the member did not catch all my remarks because I was speaking so quickly, but I want to be very clear about a couple of things.

First, we take umbrage with this government's suggestion that the system is not in crisis. The member can argue the statistics. Yes, I do have the report he quoted from and I do not disagree with him in terms of that selective quote. However, as I have just said, the people who use the system, the people who want to know health care is there when they need it, are not at ease with what is happening. They are worried, anxious and fearful. When that kind of level of fear and anxiety occurs, we have a crisis. Whether we can back it up in terms of statistical numbers or not, it is a human fact and it is a problem we have to address.

Second, the Liberal parliamentary secretary tries to suggest that the whole system is sustainable. We say that the medicare model is sustainable, and we have shown documents that back that up. The real question is, which was also stated in the provincial document the minister quoted from, that the rising need for additional health services is not sustainable without significant new federal funding.

Time and time again we have said that there is a crisis in the health care system because of failed federal leadership and a climate of negligence. We can address the problems and ensure that medicare is sustainable, but it takes the federal government to put its money where its mouth is and to show federal leadership and political courage.

Supply

Mr. Greg Thompson (New Brunswick Southwest, PC): Mr. Speaker, it has been an interesting debate. At the outset, I do want to thank the member and the party who introduced this motion. I think it is a motion worthy of debate and it is a motion that most of us on this side of the House can and will support. Let us take a look at the wording in the motion. I know the government has trouble with, but the motion reads:

That this House recognize that the health care system in Canada is in crisis—

• (1145)

The government has a problem with the word crisis, but there is no question that the system is in crisis.

I compare it to a home or a building burning down. At some point the fire can be put out and the structure saved. It is the same with our health care system. It is in a crisis and the truth is that on the government's watch it has done nothing to save it. It has not come up with any innovative ideas. Basically the government has been running on empty for seven years on this file. The truth is that it is responsible for the state of anxiety that we are seeing in our health care system from coast to coast.

We debated in the House bill 11 in Alberta. We are hoping the government will take a position on it one way or the other. The criticism we are throwing back at the government in relation to bill 11 is that it is forcing the provinces to perform radical surgery on their health care system. The reason for this is that they have been in an animated state of suspension since 1993. The provinces have no idea where we are going on the health care file.

Most premiers probably believed that the Liberal red book promises in 1993 or in 1997 would count for something. The Liberals promised to look after our cherished health care system, and obviously they have not. It is just one more red book promise they have not honoured.

Getting back to bill 11 in Alberta, it is simply a case of provinces doing what they have to do to salvage their health care system, to save their health care system.

You may know, Mr. Speaker, a bit about the policies and platforms of the NDP. From time to time I think you have made the statement that your party is sort of the father of health care. We could talk about Diefenbaker and the work that our party and the Liberal Party did. I think we all want to take credit for it, but the fact is that the NDP had a lot to do with the creation of health care in Canada. It is a basic reality and we all acknowledge it.

We want to preserve a health care system based on the five principles we often mention in this place: universality, accessibility, comprehensiveness, portability and public administration. We want to preserve it, as does your party, Mr. Speaker. Horror of all horrors, yesterday in Saskatchewan, your home province, Premier

Supply

Roy Romanow had to look this thing straight in the eye and say they had a problem and had to do something about it.

I will quote from the *National Post*. I know it is a newspaper that you and I do not have much love for from time to time, Mr. Speaker, but here is the story headlined "Health care under review in Saskatchewan":

Commissioner appointed.

Premier looks to remodel system, keep the dream alive.

Saskatchewan, which created medicare nearly 40 years ago, is launching a far-reaching review of health care that will include an examination of what services should be publicly funded.

• (1150)

Most NDP members would have hid under their desks if they heard that a few years ago, and I would not have blamed them. The truth is that the federal government is forcing the provinces to do exactly what the Premier of Saskatchewan would have to do: take a hard look at their expenses, where they are going and whether they can sustain the system. My belief is that they cannot.

Following the 1993 election this government extracted \$17 billion out of the system. If it is allowed to stay in office until the year of 2001, it will have taken \$30 billion out of the system. No province, NDP, Liberal or Conservative, could live under that type of severe cutback to the funding of its health care system.

We must remember that the provinces are the primary health care givers. They depend on the federal government to help cost share health care. When it was introduced many years ago it was a 50:50 formula in which the federal government paid 50 cents on the dollar to help the provinces provide primary health care. The Liberal government has reduced that to an average of about 20 cents on the dollar. In some provinces it is as low as 15 cents on the dollar in terms of the federal share of health care spending. It is not much wonder the system is in trouble.

Let us consider what is happening in New Brunswick in terms of the leadership of this government and what it has done in the last number of years. I will quote from June 10 edition of the *Telegraph Journal*. The health care minister of the province of New Brunswick, Dr. Dennis Furlong, has been in the health care field as a professional, as a doctor, for at least 25 years.

An hon. member: He is a good Newfoundlander.

Mr. Greg Thompson: I am told he is a good Newfoundlander. That tells us something about the quality of care we will get in New Brunswick from this gentleman. We are quite impressed with his credentials. The story in the June 10 edition of the *Telegraph Journal* was headlined "Health-care cost spiral can't go on" and started out by saying:

Health Minister Dennis Furlong expects the province's annual health-care bill to top \$2 billion in five years.

The article indicated that was in the best case scenario because presently New Brunswick spends about \$1.5 billion, which will rise to \$2 billion in the best case scenario, and that the province would be forced to spend almost 50% on health care for its citizens. Referring to the federal government, the article continued:

We're at a stage now where we have to tell them that we can't go on. If it continues to go on it's them that are putting pressure on the Canada Health Act, not the provinces.

I think all of us in the House, at least those of us on this side, are in agreement with that issue. The federal government is putting the provinces into a situation where they cannot sustain their system. According to the article, Dr. Furlong went on to point out what was going on in Ontario in defence of his case:

Dr. Furlong said Ontario is estimating that 60 per cent of its provincial budget will be taken up by health care spending by the year 2010 unless something changes.

When we have the premiers doing what is being done in Saskatchewan, as an example, it tells us something is wrong. It tells us that these people across the aisle in the Liberal government have mismanaged that file despite the promises they made back in 1993 and 1997 via the red book. That was a convenient sort of political thing to do, was it not?

Let us go on. In terms of criticism of the government Tom Kent, who is sort of the social architect of the Liberal Party and I believe a resident of Kingston, Ontario, and despite the fact that he is a Liberal, most of us in the House would agree has a social conscience. When people like Tom Kent speak most of us listen because he does have a statesmanlike stature about him on the issue of health care. He said that federal action was required. Brian Stewart on *The National* interviewed Tom Kent last evening on the news. He said that federal action was required, because he is smart enough to know what the present Prime Minister does not understand, that the Liberals are in the driver's seat and that they have to show leadership on this issue. They have not done so for seven consecutive years.

• (1155)

What amazes me is that they are suddenly realizing that we had better start talking to the 10 provinces, our partners back home. We have to get them into the same room and come up with a solution. It has taken them seven years to realize that there has to be some kind of meaningful dialogue between the provinces and the federal government.

The truth is that they poisoned the atmosphere back in the 1993 era when they started to make draconian cuts to health care after having promised that they would not do it in the 1993 election campaign.

An hon. member: And then they bragged about balancing the budget.

Supply

Mr. Greg Thompson: Exactly, and we know how they did it. It was on the backs of ordinary Canadians and on the backs of the health care system in our respective provinces. Then they have the audacity to stand in the House and say that they balanced the books. It is fine that they balanced the books, but at what expense? It was at the expense of putting our health care system in a crisis situation from which we may not be able to recover if these people stay in office.

Obviously there is a solution to the problem: replace them when the next election comes around. That is what we are hoping we can do because we need federal leadership in this regard. That is exactly what Tom Kent was talking about last evening and continually spoke about over the last five or six years after witnessing the horrible things his party did to the health care system. I am saying good for Tom Kent. He should keep speaking up because those are the types of people we want to hear from on this issue.

The interesting point about the cutbacks in the 1993 to 1997 era and the damage they did to the health care system is that the provinces had nothing to say about it. The government just simply went ahead and did it. The provinces suddenly woke up to find that the money was not there and asked how it could be done.

In fact, every member of the Liberal caucus nodded in silent agreement as the government did it. They stood on their hind legs in this place and supported those draconian cutbacks to our health care system. That is deplorable. As Liberals, I do not know how they could have sat there and allowed it to happen.

The hon. member for St. John's West certainly knows the Premier of Newfoundland who campaigned hard via another candidate to try to keep that member out of the House of Commons but did not succeed. The Premier of Newfoundland, for goodness' sake, stood in this place in 1995 and voted for cutbacks to the health care system. Now he is regretting it. One of the strongest critics of the federal government in terms of what it has done to health care is the Premier of Newfoundland. He goes by the name of Brian Tobin, just for the record.

The Liberals bragged last year when the budget came down about putting \$11.5 billion in the health care budget. In writing about last year's budget in the February 3 edition of *The Globe and Mail* Jeffrey Simpson stated:

Anyone who believed the \$11.5 billion pledged in the last budget would suffice did not understand the economics of health. That increase amounted to a 4% yearly increase in public sector health care spending. Four per cent is about the medical inflation rate, so the additional spending would only prevent the system from deteriorating further.

• (1200)

We have gone a year with \$11.5 billion which would basically keep up with inflation, if it did that; in some jurisdictions it did not

even do that. This year the government put in \$2.5 billion to keep the system going for four years. It was \$2.5 billion over four years or take it all up front. For example, if the province of New Brunswick took it up front, it would keep its system going three days. It is the same in Newfoundland.

That is not leadership. That is attempting to salvage political careers. That is exactly what the Prime Minister is famous for doing. The Liberals did the same thing in 1997 on the eve of the federal election. When the Liberals were in trouble right up to their eyebrows, they came up with a deathbed reprieve. They suddenly threw a bunch of money into health care to make up a fraction of what they had taken out of it, only a fraction.

That is exactly what is wrong with the system. It is ad hoc, make it up as they go along, fly by the seat of their pants. Our leader Joe Clark is suggesting that we have a sixth principle in addition to the ones I mentioned. That principle would be predictable sustainable funding.

No business can run that way. A business cannot be run by saying, "We do not have a plan. We are just going to run and hope that it works". Usually when someone runs a business like that, at the end of a year or two it is bankrupt.

That is what the Liberals have done with health care. They have bankrupted it because of no direction, no ideas and no plan. They have done it now for seven solid years. In the meantime, they have poisoned the atmosphere with the provinces. The Prime Minister cannot get into the same room with the first ministers or the health ministers to solve the problem. Why? They do not trust him. Would anyone trust him? It is like someone who sneaks into a house in the middle of the night and steals the furniture. That is what he has done with health care.

I want to say a couple of things about the health minister. On a personal basis I like him. He is a good man. There is no question about that. He is very articulate, well coifed, well dressed, maybe not rock solid on this file but he is a good person nonetheless. I am not attacking him on a personal basis.

What he reminds me of is the little man on the wedding cake. He is properly dressed, well attired, like the perfect little gentleman on the wedding cake. That is exactly how the Prime Minister treats him. But the icing is melting. The Prime Minister does not give his minister one ounce of support. How he could stand up in this House day in and day out and prop up a Prime Minister that pulls the legs out from under him on a routine basis, I cannot fathom. I cannot understand that.

If I were the Minister of Health, I would resign. I would not allow the system to deteriorate or allow someone to take a wrecking ball to the system under my watch. If the Prime Minister wanted to do it, he could go ahead but it would not be on my

Supply

shoulders. If I were the health minister, that is exactly what I would say to the Prime Minister. I would walk up to him with my resignation in my hand and tell him to show some leadership on this issue and do something about it.

Of all the issues in this country, this is the number one issue on the minds of Canadians. As the minister mentioned this morning, and I agree with him, we do not want to go down the road of Americanization of the Canadian health care system.

There is an article which states that the American people are one sickness away from bankruptcy. I live right next to the American border. I have worked in the United States. I have lived there and some of my family members have been bankrupted by the American system. That is one point on which we agree.

• (1205)

What he has to do is show some leadership to avoid us moving in that direction because on his watch we are going to do it. The health care system is in a crisis. We support the motion. We want the government to fix the health care system.

Mr. Paul Szabo (Mississauga South, Lib.): Madam Speaker, the member used a lot of general terms, such as provide leadership.

The member will know that when the government was elected in 1993 one of its platforms was the creation of the national forum on health. During the national forum on health study the best health care experts in the country worked for two years consulting with Canadians. One of the findings in the report issued at the end of 1996 was that money was not the problem. There was enough money in the system. It was how wisely were we spending it.

The member also said that we should provide leadership and work with the provinces. That is exactly what the Minister of Health has done. There have been consultations already with the provinces. There is a meeting tomorrow. In September the first ministers will be meeting to finalize the discussions and negotiations on health care between the federal and provincial governments.

What is the Conservative approach? It is not a matter of money, even though our funding has increased to \$30 billion this year compared to \$28 billion back in 1993. What does the member's party propose? In one of the reports on poverty the member's party said to increase the transfers under CHST but only if the provinces matched that money. In other words, let us only give it to those provinces who can afford to match some federal funding.

Obviously it is just another case of a two tier system: improvements for provinces that have money and no improvements for those who do not. How does the member square his policy with the need for leadership?

Mr. Greg Thompson: Madam Speaker, there is nothing like a lynching in the morning to focus the mind. That is exactly what is happening on the health care issue. The government knows full well that it has mishandled it for seven years. The lynching of course is the election.

The Liberals are smart enough to know that unless they do something about it, they are in big trouble. Support for the Liberals is about a mile wide and an inch deep. The witness to this is sitting next to me, the member for St. John's West. The Liberals went into the byelection 25 percentage points ahead and that member beat them. Why? Because a mile wide and an inch deep is what their support amounts to.

Money alone cannot fix the system. We are smart enough to know that. Our leader has stated that. We need innovative ideas and leadership which Joe Clark is prepared to do. He did that in the House of Commons in 1979 when he had a four year plan to lead the country out of debt and people rejected it. It was a bold initiative which he took at great political risk. He is prepared to do the same thing on the health care file.

One point we agree on is money alone will not fix it, but the government is bereft of ideas. The slogan in the next election should be, no ideas, no votes. It is as simple as that. If the Liberals do have an idea, they should be committed to keeping it. The electorate should hold the Liberals' feet to the fire.

We are getting more into economics than health care, but the Liberals railed against the GST in 1993. How many Liberals said, "If we get elected we are going to eliminate it". Today the GST brings in \$22 billion in revenue. If that is added to the \$30 billion they have taken out of health care at the end of their tenure, that is \$52 billion. I could balance the books with that set of numbers.

It is all phoney baloney. They have nothing to brag about on this file. They are going to bankrupt the system and health care truthfully is in a crisis.

• (1210)

Mr. John Solomon (Regina—Lumsden—Lake Centre, NDP): Madam Speaker, my colleague from the Conservative Party made reference to Saskatchewan Premier Romanow and the great job the NDP are attempting to do in the face of the massive cuts by the Liberals in terms of health transfers. As a matter of fact he made reference to the historic fact that Saskatchewan led the way by initiating medicare and starting a medicare plan for all of its citizens a full six years before NDP and CCF members of parliament persuaded the federal government to adopt such a program for all citizens.

Saskatchewan again is taking the lead in defining a new vision of medicare to meet the challenges of the 21st century. Premier Romanow for a couple of years now has been pushing for a national

Supply

review of the medicare system to improve it. He now plans to concentrate on what is important in Saskatchewan because the federal government refuses to look at this issue in a comprehensive way.

This morning the premier announced the commission on medicare. The commission will be headed by health consultant Ken Fyke and will identify challenges facing medicare, outline potential solutions and engage the public and health care providers in a discussion of new ideas. The premier said that Saskatchewan pioneered publicly funded, publicly administered health care in Canada and today Saskatchewan once again leads the way in finding solutions to strengthen medicare and protect its core values into the future.

New Democrats believe very strongly that a family's health should never have to depend upon a family's wealth. This is the underpinning of our support for medicare.

My Conservative colleague who just gave his remarks on this issue was a member of the Mulroney government which initiated a plan of consecutive three year cuts to the health transfers to the provinces. The plan of the Mulroney Conservative administration, which was roundly rejected by Canadians in the 1993 federal election, would have made Canadians not just money deprived in terms of health care by this year, but it would have eliminated any transfers to the provinces for health care by the year 2000.

Could the member from the Conservative Party share with the House whether he supported that initiative of the Conservatives? His leader Joe Clark supports bill 11 in Alberta to privatize health care. Does he support his leader on that issue? Does he agree with the byelection results in Edmonton, which was run on the issue of bill 11 where the NDP candidate won with 60% of the vote in the Conservative province of Alberta? I look forward to his answers.

Mr. Greg Thompson: Madam Speaker, some if not all of what the member had to say is inaccurate.

In terms of the transfers from the federal government, when we were in power from 1988 to 1993, as an example we planned to cut back on the rate of increase. For example, we would project a 5% increase in transfers to the provinces which might go to 4%. The NDP took that as a cutback. NDP members are very selective in their use of figures. This is one case where I agree with the member for Calgary—Nose Hill. Today, the point is that the feet of the government in power should be held to the fire.

In terms of Joe Clark's position, that is totally inaccurate. Joe Clark supports the five principles of health care. He suggested a sixth one, which no other leader has been brave enough to do. We are convinced that to solve this crisis we have to have open and honest dialogue and that also means open and honest dialogue for the NDP premier.

I talked about Roy Romanow and I tried to be generous, but with those kinds of remarks from the NDP member, it is pretty hard to be generous. The truth is that Roy Romanow will have to do the horror of all horrors. He will have to define what will be paid for by the province. I mentioned this in a speech in the House about a month ago, long before the NDP knew what Roy Romanow would do.

• (1215)

The truth is that he will shorten the list of services that will be provided by the province of Saskatchewan. The truth is that he is being forced to do it by the federal government. It is no different from any other premier. It is no different from Ralph Klein in terms of bill 11.

Basically Ralph Klein said that he did not want to do it but was being forced to do it. I am sure Roy Romanow does not want to do what he will do, but he is forced to do it. On that we could agree, but I am disappointed in the tone and the comments made by the NDP member.

Mr. Werner Schmidt (Kelowna, Canadian Alliance): Madam Speaker, it is a privilege to enter the debate. There are two parts of it that I find disconcerting. Probably the most significant part is that the government of the day does not seem to accept the idea that health care is in crisis.

I took the liberty to get an official definition of the word crisis. There are two parts to the definition which are very significant. A crisis is defined as a decisive moment or a time of danger or great difficulty.

At this point in time the health care system is in danger. Is it the system that is in danger or is it the people who are in danger? I would suggest that it is the people of Canada who are in danger because the health care system is failing them.

I want to approach the definition of crisis from the point of view of the five principles of the health care system as laid out in the Canada Health Act. Those principles are accessibility, portability, universality, comprehensiveness and public administration. I want to look at each of them in turn.

The great danger is that what we are told we have and what we believe we have in terms of health care coverage is not what in fact we have. It is a bit like buying an insurance policy on a vehicle, thinking that there is appropriate and sufficient coverage for public liability, property damage and things of that sort, and then discovering when an accident occurs that the policy does not cover such things. What we thought we had we do not have. That is very dangerous.

We thought we had accessibility. The Minister of Health suggests that the health care system is not in crisis, that we have the

Supply

five principles and that is exactly what it is all about. That is not the case. It is a bit like having a child showing the symptoms of an illness and the parent denying the symptoms by simply saying that the child is not sick. If the child is really sick the child's life is in danger. If we do not deal with it at the time, by the time we are prepared to do so it may be too late.

The time is now to recognize that we have a problem. It is up to the minister and the government to recognize that we have a problem. We are in a crisis situation. The people of Canada are in danger. If we ask the people of Canada whether they think Canadian health care is where it ought to be, they will tell us that it is not.

Does it mean the health care that is delivered is not delivered well? No. There are very good practitioners in Canada. I recently received some treatment from some specialists and they were extremely competent. The difficulty is to get it. It is not universally accessible. Accessibility should be available when it is needed, not some time in the future. That is a very important issue.

I will give the example of a gentleman who went to his family doctor and said that he had severe abdominal pain. The doctor looked at him and said that he would have to be referred to a specialist, which is what he did. When he went to see the specialist he could hardly make it up the stairs. There was no elevator. He was doubled over in pain by the time he got there, and without even looking at him the receptionist asked him if he were a patient of the doctor. He said no. In that case, he was told, he would have to wait at least nine months before the doctor could see him.

This man thought he had a health care system and he thought he would get service. He reminded the receptionist that he had a referral from his general practitioner, and she told him that he could not see the doctor for at least nine months. He left that doctor's office and 10 days later he was in the emergency ward of a hospital and within two days was dead.

• (1220)

Since 1997 there has been a 30% increase in the people waiting for care. In 1998 a total of 212,990 Canadians were waiting for care. In 1993 the average waiting time was 9.3 weeks. In 1998, five years later, the average wait was 13.3 weeks. That is an increase of 43% in a matter of five years. People wait for up to nine months to see a specialist, such as in the case I just mentioned. There are huge shortages in technologies like the MRI.

I refer to another incident that happened recently. We have two health care delivery systems in Kelowna, the general hospital and the cancer centre. There is an MRI machine at each of those locations. One of the machines broke down. Were the patients allowed to go to the other institution for treatment? No. They did not have the people to run the MRI in one case and the others were idle. Could they bring them over? No. It was a jurisdictional dispute. This is serious business.

Some will say that is not the health minister's concern. It is not directly his concern, but indirectly it is because there is an attitude out there that somehow the system is not geared to the patient but is geared to some other standard that has nothing to do with the patient. That is significant.

The second principle under the Canada Health Act is portability. How portable is it? I want to review a couple of facts. Any Canadian has the right to be treated for an injury that happens anywhere in Canada. The concept or the principle is that we should have treatment anywhere in Canada. People living in Newfoundland, British Columbia or the Northwest Territories should have access to health care anywhere in Canada. It should not matter where their health cards were issued.

Unless something has happened in the last couple of hours, Quebec patients outside that province are required to pay upfront because their government did not sign the portability agreement and cannot be counted on to pay. That is very serious issue. I looked around a bit to see if this were really the case, and it is. If Quebec chooses it will pay claims at the rates set in Quebec regardless of the cost of the service provided elsewhere. Many other people who go out of the province have difficulties getting medical treatment.

I happened to come across a family of a child that came from Quebec who had contracted some kind of illness in Manitoba. The child was taken to the medical clinic and the family was asked to pay upfront. The individuals said they were on a trip across Canada, for which they had saved over the last 10 years. They really wanted to travel across Canada. If they had to pay upfront they would have to spend their money on the health bill and would be unable to complete their journey. That was a serious infringement on what they thought they had. They thought they had portability but they did not. It is very serious when that sort of thing happens.

The third principle is universality, which really means that all kinds of issues are covered. What about access in a rural community?

The Acting Speaker (Ms. Thibeault): I apologize for interrupting the hon. member, but is he sharing his time with another colleague?

Mr. Werner Schmidt: Yes, I will be sharing my time. I will deal with the other two principles. On the comprehensive nature of our public health care system, a lot of provinces have had to delist services. If we are to have a comprehensive system virtually all services originally listed should be retained. It should not be arbitrarily decreased.

What about public administration? The largest expenditure in the health care system is the cost of administration of hospitals. In British Columbia it is about 58% of health care costs and the budgeting is done on the basis of global funds. A global budget provision splits the administrators and the government into two

negotiating teams. The administrators say that they need more money than they had last year and the government says they have to get by with less. The patient is lost in this battle between the negotiating teams. It is not in the interest of the patient. That has to be examined very carefully.

• (1225)

Is this something that the Minister of Health can do alone? It is not. He should recognize that there is a crisis. Unfortunately, human nature being what it is, he will do nothing. None of us will do anything until we recognize that there is a problem and that we need to do something.

The minister needs to do something. The government needs to do something. If we achieve nothing else today, hopefully we will impress upon the minister that something has to be done. He has to get together with the provinces to get it done.

Mr. John Duncan (Vancouver Island North, Canadian Alliance): Madam Speaker, I think most hon. members would agree it is fair to say that health care is the number one issue for most Canadians. Political parties grapple and posture over the Canada Health Act, medicare and the delivery of health services. The public sees through most of this and in many ways is far ahead of the political parties in terms of understanding the major problems in health care.

For example, I was in Nova Scotia last week and met a middle aged woman with undiagnosed recent loss of feeling in her midsection and legs. This is obviously a major concern to her and to her family. The doctor's office triumphantly phoned her to say that it had obtained an appointment for her for an MRI on November 5, five months away. These Canadians will be forced to go to Bangor, Maine, and pay approximately \$2,500 on demand for an MRI. Any reasonable analysis would conclude it should be a priority necessity of health care delivery. This is not an isolated story. This story could be replicated across the country. In B.C. they would go to Seattle or to Spokane rather than to Bangor, Maine, and so on from west to east.

The public knows full well that there is rationing and that is a two tier system is in play big time already. Politicians who close their eyes or reject this reality are doing a great disservice. We have seen evidence of that happening here today.

The answer for Canada lies in harnessing the best delivery mechanisms for all Canadians at a cost society can afford. No Canadian should be denied basic health care delivery. Nor should Canadians who wish to step outside the public health care delivery system be told they cannot do so. We do not tell the Vancouver Canucks, the Toronto Maple Leafs or the Montreal Canadiens that their hockey clubs cannot have their private hyperbaric chambers or that they cannot have their team doctor, do we?

Supply

I will reiterate the official opposition supply day motion:

That this House recognize the health care system of Canada is in crisis, the status quo is not an option, and the system that we have today is not sustainable; and, accordingly, that this House call on the government to develop a plan to modernize the Canadian health care system, and work with the provinces to encourage positive co-operative relations.

That is a reasonable and progressive motion. Yet the Minister of Health has already indicated the government will not buy into supporting it.

The Liberals are health care hypocrites and hypocrites generally. The 1997 Liberal red book stated that the Liberals would not allow a two tier health care system and that they were committed to a continuing role in the financing of medicare.

• (1230)

What is the Liberal track record on financing health care? The provinces know their federal transfers have been cut since 1993. The Liberals spin the numbers and say, "Well, no, not really". Meanwhile, the naked truth is that the Liberals cut health care to avoid other program reductions in the 1990s in order to balance the annual budget. The deficit was eliminated by the finance minister by off-loading a bigger burden for medicare onto the provinces, and the Liberals have never made good for those cuts.

Now the Liberals want to portray themselves as the great defenders of medicare and place impossible constraints on the provinces. The provinces are in an increasingly difficult set of circumstances and we are witnessing some things that are coming from that. We have bill 11 in Alberta. The Saskatchewan health care review was announced yesterday. All the provinces are demanding that the federal government reinstate funding to 1993 levels before the provincial governments will co-operate on other issues with the federal government.

Health care delivery is a provincial responsibility. The only way to focus on the patient is to encourage the provinces and the federal government to check their politics at the door and concentrate on stabilizing the funding and modernizing the Canada Health Act. This will only happen through innovation on the part of provinces and a flexible federal government that provides freedom to the provinces to push ahead.

Here is a partial strategy that we should consider. The provinces need leadership from the federal government to help orchestrate change. Respecting the existing jurisdictional framework is the surest way to begin building a sustainable, enviable health care system. The long term funding base must be restored. The provinces are calling for a \$4.2 billion annual increase.

The feds must initiate relations with the provinces to support and encourage a health care system that works in the best interests of

Supply

Canadians. Co-operation is the key but that is not what we have been seeing coming from the government recently, in particular from the minister. We must dedicate our efforts to a universal, portable, comprehensive and accessible health care system. Does that remind you of the Canada Health Act, Madam Speaker? It certainly does to me.

We must examine the roles of administration for better efficiency, productiveness, and overall better service for the patient. We must create standards and independent auditing for greater transparency and delivery of health care. Without that transparency we do not have accountability.

Our present health care delivery system has one fatal flaw: the average consumer who utilizes that service has no idea what that service actually costs. If the consumer does not know that, most often the deliverer does not know that either. One cannot begin to reform a system until both sides of that equation are well aware of what the costs are. Canadians deserve no less. Health care hypocrites, like the Minister of Health, should actually get out of the way.

I now want to review the five basic principles of the Canada Health Act, in particular the accessibility provisions. In 1993 we had an average wait of 9.3 weeks and in 1998 it went up to 13.3 weeks. People are waiting up to nine months to see a specialist. We are also losing on the technology front.

Earlier I gave an example of what is happening with MRI waiting lists in Canada and how different it is from the U.S. We are failing on that score.

• (1235)

In terms of universality, I have pointed out in this place and in correspondence how remote communities are so discriminated against in terms of their ability to access health care. Very often it is the federal government, which is removing federal infrastructure, that is actually working against the universality of health care provision by its other actions. I have a major concern on that front. The government is really not addressing that and, in many ways, is discriminating against remote communities.

The final thing I want to talk about is public administration. Eighty per cent of health care costs are labour component, whether it is doctors, nurses or administrators, and we must look at that whole area in a constructive fashion.

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Madam Speaker, I want to ask my colleague in the Canadian Alliance whether or not he is familiar with the announcement made yesterday by Premier Roy Romanow in my province of Saskatchewan. Does the member support the initiative taken there, which is to establish a commission that will spend the next six months doing a

study, issuing an interim report and then a final report in one year's time? All that is within the parameter of abiding by the principles of the Canada Health Act and perhaps expanding those principles in order to meet the challenges of the 21st century.

The important thing about the Saskatchewan study is that it believes in a single tier system, which is the premise of health care in the country, and a publicly financed system.

As the member is probably aware, medicare was started in the province of Saskatchewan by former Premiers Woodrow Lloyd and Tommy Douglas of the NDP and CCF, and, of course, carried on through Allan Blakeney and now Roy Romanow. Saskatchewan once again is the only province that has struck a commission to do a study on the future of health care.

I just want to know if the member supports the Saskatchewan initiative and the parameters of the study. Does he think it would be a helpful example for the federal government to perhaps emulate at the national level?

Mr. John Duncan: Madam Speaker, I did touch on that initiative in my speech and I do support it. I think the provinces are actually doing things in a vacuum from the standpoint that the federal government should actually be the one providing the leadership for that.

When the premier of Saskatchewan was asked that question last night, he said the same thing. He agreed and was hoping that the province of Saskatchewan's initiative would move the federal government to show leadership and launch a similar national review. We agree with that.

The provinces are doing things that they have no choice but to do at this point because they have a disproportionate share of the burden. It has all happened in a hurry. They have had to increase their spending and take on added responsibilities at a time when the cost of delivering health care was escalating anyway. It is crunch time.

Hon. Lorne Nystrom: Madam Speaker, I think it is very important that the Saskatchewan study is within the confines of the principles of the Canada Health Act. It is important for us to have a public health care system and not a two tier American style system. We need to have a single payer system, which is the public. Health care must be accessible to everyone. Health care must be portable. Access to health care must not be based on income, where one lives, the size of one's bank account or the thickness of one's wallet. Those things are extremely important.

The other thing that is very important is that the federal government provide more funding for health care. Many years ago, when health care came in as a national program, the federal government funded 50% of the cost.

• (1240)

Today, in terms of cash transfers to the provinces, the federal government funds 13 cents, 14 cents or perhaps 15 cents to the provinces depending on the province.

If we are going to maintain health care as a universal program that is accessible to all, portable and publicly financed, then the federal government, with its huge and ballooning surplus, must come to the plate and put \$4.2 billion more into the fund every year. This would be equivalent to the money it has taken out over the last number of budgets. I think that is very important. I hope my friend in the Alliance Party would support that point of view as well.

Mr. John Duncan: Madam Speaker, I can only conclude that the member for Regina—Qu'Appelle did not hear my speech because I did touch on basically all of those issues and I do support the \$4.2 billion.

The one concern I have with the member's comment deals with what I call the mantra of the single payer system from the standpoint that if there is not a pre-existing two tier system in Saskatchewan right now, then it is the only province that does not have it. Canadians are buying health care with their own money where they choose because they have no choice but to do so.

Mr. Bryon Wilfert (Oak Ridges, Lib.): Madam Speaker, I am pleased to have the opportunity to address the motion today. Let us remember what is important for Canadians. This issue comes down to access to high quality care in our public and universal system.

Canadians value our health care system above all other social programs and it is what sets us apart from other countries around the world. To achieve that, Canadians expect governments to work together, openly and with transparency. A lot of work has been done between the federal, provincial and territorial governments in the past, and that is how this government intends to approach the health care system renewal now and in the future.

In the last two years alone much concrete work has been done to lay the foundation for sustaining Canada's health care system and the health of Canadians. In September 1998 the federal health minister, with provincial and territorial ministers of health, agreed to a number of key federal, provincial and territorial priorities to facilitate governments working more closely and collaboratively. Ministers identified the following future directions and key priorities and emphasized the need to achieve concrete results and improve accountability to Canadians.

Ministers agreed to joint action on maintaining a financially sustainable, publicly funded Canadian health care system; supporting high quality, integrated and continuing community based health

Supply

services; implementing population approaches to improve the health of Canadians; promoting the development and efficient use of information and research technology, and planning and reporting systems; and, collaborating in areas such as health, human resource planning, identifying best service practices, research evaluation, primary care reform and public health policy.

At their 1999 September meeting, federal, provincial and territorial ministers of health reviewed the work accomplished and noted concrete progress on their joint priorities. They endorsed intensified collaborative work in primary care reform as an essential element to ensuring the sustainability and accessibility of our health care system; tasked federal, provincial and territorial officials with preparing options for strengthening the development of the health human resource professionals; and, undertook to improve collaboration between governments and health care providers.

As part of that commitment, last November the Minister of Health co-chaired meetings of health ministers and representatives of the medical and nursing professions. Furthermore, in the past year federal, provincial and territorial ministers of health released by significant reports on the health of Canadians and the importance of investing in early childhood development; endorsed a national strategy for collaborative action on tobacco controls in Canada; released several reports on pharmaceutical issues to ensure that drug prices are fair and reasonable, and that drugs are prescribed and used appropriately; and, approved the establishment of a council of organ and tissue donation and transplantation.

• (1245)

Madam Speaker, I also point out that I will be splitting my time with my colleague from Waterloo—Wellington.

Provincial ministers of health noted that the federal-provincial-territorial ministers meetings in the fall of 1999 were productive. They supported strategic direction in the ministers' key priority areas such as sustainability of the health care system, health human resources and preparation for an aging population. Today, 12% of Canadians are now over the age of 65. This is obviously a very important area and initiative we will work on with our provincial and territorial colleagues. This is only a partial accounting of the depth and breadth of the federal-provincial-territorial collaboration of the health sector on important health issues.

The government is committed and dedicated to working with the provinces and territories to find common solutions to ensure the future of the publicly funded health care system for the benefit of Canadians. I stress that does not mean that as important and complex issues are being considered, there is not room for different points of view to be expressed and for open and frank discussions to take place. Our focus is to renew the public health care system. Working together on joint objectives and priorities, consultation,

Supply

and transparent information sharing are some of the ways to strengthen the collaborative partnership. This is what the government will continue to do.

The Prime Minister and the health minister have spoken about the Government of Canada's commitment to sustaining, strengthening and preserving public health care in Canada. The federal minister is actively working with provincial and territorial ministers to lay the groundwork for an agreement on health by first ministers this fall. The federal minister has had positive one on one discussions with provincial and territorial ministers. He is speaking with them collaboratively this week to continue their dialogue and to set out a concrete plan of action to prepare recommendations on health for the first ministers' consideration.

We are confident that this important work will succeed in ensuring that the kinds of broad innovations that are necessary to renew health care in this country are put in place with the support of all governments acting together in the interest of all Canadians.

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Madam Speaker, I listened with great interest to my hon. colleague. He made a number of very good points as they relate to health care in Canada.

He has done research and information gathering in his own riding and perhaps other parts of Ontario near and close to where he lives. Could he confirm for me whether Canadians really do want the federal government simply to throw more money at health care or whether, as I believe, people in his riding and elsewhere would rather see the federal, provincial and territorial governments roll up their sleeves and work together to come up with a strategic long term plan? Once that was done, then put in the money, the resources necessary to sustain that plan.

● (1250)

The hon. member is very learned and one with great experience. He was head of the Federation of Canadian Municipalities and he has a great wealth of knowledge. I wonder if he could comment on that question.

Mr. Bryon Wilfert: Madam Speaker, I had the pleasure a few weeks ago to attend the Federation of Canadian Municipalities annual convention. Many mayors and councillors gave me the same message which was very clear. Canada's health care system needs more than tinkering with. We need to deal with the structure. Money alone will not solve the problem.

It is very clear that when we talk about pharmacare, primary care and a lot of the structural issues that are delivered by the provinces and territories, we as a federal government are prepared to talk two streams. One is money, but most important, is to make sure that

this time next year or even five years from now we are not talking about the same structural issues.

I want to clarify an erroneous impression given by my colleague from the New Democratic Party. This government does not give 13 cents, 12 cents or 15 cents on the dollar. I would point out it is a combination of cash and tax credits. The provinces very conveniently forget about tax points and tax credits because they know they total about 33 cents to 34 cents that the federal government contributes.

If we are going to solve the problem, as my hon. colleague suggested, we have to make sure that those issues are solved for future generations. This is too important an issue to simply talk money which we have already indicated we are prepared to do. But we cannot do one and not do the other. We must solve it for the future. That is what the government intends to do. That is what the government will do. With the support of Canadians and the provinces and territories, we will get the job done.

Mr. Lynn Myers (Waterloo—Wellington, Lib.): Madam Speaker, I rise today with great honour to participate in this debate. This issue is of great interest not only to me and to all members in the House, but to Canadians wherever they live in this great country of ours. We must ensure that we look at the whole issue of health care and that we have the facts straight when it comes to the things the federal government is doing in this very important area.

Most of us will agree that the state of health care in Canada is the most important and pressing question in the country today. Canadians wherever they live are looking for leadership. They are looking not only to the provincial and territorial governments, but to the federal government as well to play a leading role in this important area and justifiably so. It is something that is so fundamental. It goes to the very core of who we are as a people and who we are as a nation.

Canadians wherever they live expect the federal government and its territorial and provincial partners to work together to make sure that there is a health care system in place not only for us now, but for our children and our children's children. Canadians expect that and rightfully so.

I appeal to everyone to redouble their efforts to make it happen and to make it work. We must get together and have the meetings required to set the long term strategy in place. It is too easy simply to throw money at the system. I have travelled in the last little while in British Columbia, New Brunswick and Newfoundland and I can tell the House that people in all of those places are consistent in what they say. They do not want us simply to throw money at the problem. They want us to put in place a long term strategy and a good plan. They want us to put in place a long term view as opposed to simply throwing money at the system now.

• (1255)

Once that plan and long range vision is secured and most people have agreed to it in terms of what we should do and how we should do it, then put the necessary resources and money behind it to make sure that it happens. It should not be just for the short term, but a sustained process where people can look with confidence at the health care system and know that it will be in place for a while.

We can be justifiably proud of our great health care system. We do not have to travel very far around the world to know that we take an awful lot for granted here in Canada, and health care is one of the things we take for granted. Yes, there are problems. Yes, we need to make adjustments. Yes, we need to work with others. Yes, we need to adjust the whole system to tailor it into the 21st century.

There are a lot of new things happening in technology. Demographics change and affect the system. All kinds of things need to be done. We need to double or triple our efforts to make sure that it happens and put in place the long term plan and strategy and then put the money in place to sustain it.

I, along with the residents of Waterloo—Wellington and others, insist and demand that the federal government take a lead role. I am confident that is precisely what we are doing now and in projections into the future we will certainly do precisely that. That is what Canadians expect of the federal government in this all important area. It is a fundamental core value of this great country of ours that people go out of their way to proclaim and to celebrate. It is certainly something I celebrate and I know other members do as well, and we do so because it is of such great value to all of us.

New demands are being placed on the system. I have already mentioned demographics and how they will affect the health care system in the future.

I also want to talk in terms of care being delivered in new ways. With new technology and new things happening, that is precisely what is taking place. We need to be part of that. That is why when we developed the Canadian Institutes of Health Research in Bill C-13, we did it with vision and foresight. Under those institutes all kinds of things will be coming out, new medical procedures, new cures for diseases and new technology.

We do not have to take a back seat to anyone when it comes to medical science and the great medical community that is right here in this country. One of the proudest things I did as chairman of the health committee was to call in witnesses from the United States. There were five of them. Young Canadians had gone to the United States for experience and might have stayed, but as a result of Bill C-13 and the Canadian Institutes of Health Research, they are coming back to Canada to bring the knowledge gained in other places, in this case the United States, back to their home country. How very, very proud we can be of those young people and the

Supply

others who will do the same as a result of the good work of the government when it comes to medical research.

We have all heard the stories of emergencies and the backup of people waiting especially during flu season. We know about having to wait for specialists. These are huge problems in the medical system. Quite frankly I cringe when I hear them because it is not what we have come to expect. We need to do the necessary work to make sure that is not the case.

In an interesting poll, Canadians were asked if they had firsthand experience with the medicare system. Of those who said yes, 80% said that it had been a good experience for them. But when they were asked if they had heard stories about problems or if there had been dissatisfaction with what they perceived the system to be, it was the reverse, because 80% said there have been problems and only 20% said there was confidence.

There is a real dichotomy between the reality of 80% of Canadians getting good service and the 20% who feel that they have confidence in the system. Between reality and perception there is this kind of dichotomy.

• (1300)

We need to work hard to change that perception and make it into a reality that all Canadians can enjoy. We need to restore this confidence. That is part of our challenge in this very important health care debate, to make sure that we provide the kind of quality care that is affordable, accessible and beneficial to Canadians and their families.

As my colleague the Minister of Health has stated, this is going to require more than just money. I have already talked about that. We need to put in place a plan. More to the point, we need to put in place some linkages among the various sectors in health care service delivery. We need to ensure that people are receiving appropriate types of care at appropriate settings and at appropriate times. The care has to match the settings, which have to match the times. That is what is required for Canadians wherever they live in Canada.

One of the ways we will go about doing this is by building a more patient-centred approach. Currently, for example, patients who receive prescription drugs free while in hospital have to pay out of their own pockets for those same drugs when they go home, unless they have access to such benefits through their employer, province or territory.

Our mothers and fathers leaving the hospital may not have access to the home and community services they need. Or, if they can find them, they cannot afford them. These are all problems.

One in five Canadian women are providing care for someone at home, on average, 28 hours a week. Half of those women, many of whom have children, also work outside the home.

Supply

Too often patients have to navigate the bureaucracy by themselves, without any kind of guidance in a very complex and complicated area. We need to help these people, not hinder them. For some, in fact many, it is much too complex and confusing. Laboratory tests are often repeated unnecessarily. Patients are asked to recount their medical history time and time again. Records are not immediately available when needed.

The point I am making is that all of these are signs and symptoms of a health sector where instead of linkages there are silos. We need to break down these silos and provide the linkages. That is the important part of this whole equation.

What would an integrated health care system look like? That is really getting to the essence of what we should have. What would it look like?

An integrated system would, first of all, bring together health promotion, disease prevention, treatment and care. The full range of medically required health services would be properly funded and closely connected, from primary care delivered by an interdisciplinary team to the hospital bed, to home and community care, and to long term facilities, ensuring Canadians a smooth transition from one health service provider to another. That is important.

By way of conclusion, let me say that this past week I attended a conference on tele-medicine in the riding of Stormont—Dundas—Charlottenburgh. It was as a result of the work done by the Minister of Health, the minister responsible for rural development and the chair of the rural caucus, the member for Hastings—Frontenac—Lennox and Addington, who have put in place tele-medicine for rural Canadians. This is what we are talking about. These are the good things.

Mr. John Solomon (Regina—Lumsden—Lake Centre, NDP): Madam Speaker, I listened with interest to the comments of the member for Waterloo—Wellington. There appeared to be a different person giving that speech from the person we have come to know as chair of the Standing Committee on Health.

Let me quote a few things from the member's speech. He said that we should be looking at health care, that people are looking for leadership in health care and justifiably so, and that it is at the core of what every Canadian believes is important. He said that we should be re-doubling our efforts, that we should make it happen, that we should make it work and that we should put in place a long term health strategy.

That is incredulous. This very member, the member for Waterloo—Wellington, who was chair of the Standing Committee on Health, refused time after time after time to consider a request from all parties to study the situation of medicare in Canada.

• (1305)

For three years now, the NDP has asked the government to commission a study, as quickly as possible, to look at the crisis in medicare, to look at some of the challenges in medicare and to look at some of the solutions. This so-called member for Waterloo—Wellington has on every occasion denied, blocked, shut the committee down and censored it.

The Saskatchewan NDP, led by Premier Romanow, also tried to help us get a commission. After two years he gave up and commissioned his own study. This morning he announced that Saskatchewan was taking the lead in defining a new vision of medicare to meet the challenges of the 21st century. He is not waiting for the Liberals to do something about health care because they are the ones who have butchered it.

Mr. Romanow also believes that medicare faces many challenges, including new medical treatments, rising costs, an aging population and shortage of key health professionals. The commission the premier struck today will identify those key challenges. Secondly, it will recommend an action plan for the sustainable delivery of health services across the province. Finally, the Saskatchewan commission will identify longer term opportunities for reform that will ensure a strong future for a publicly funded and administered medicare system.

This is my question for the member for Waterloo—Wellington. He talked about all of these things, which he was in a position to do something about for the last two years. Why has the member not undertaken to do what he thinks has to be done? He got up and gave his little speech, which was not worth two cents or the paper it was written on because it did not relate to any of his actions in the past.

Can the member define the comment in his speech that he is going to re-double his efforts?

Mr. Lynn Myers: Madam Speaker, members of the NDP are blustering and huffing and puffing as usual. They caterwaul, bray and squeal like stuffed pigs at the slaughter house.

The point is that I was very happy—

Mr. John Solomon: Madam Speaker, I rise on a point of order. I think the member is taking this personally. I am not sure if you know this, but in *Beauchesne's Parliamentary Rules and Forms* making reference to members as animals is really not allowed. I would ask you to interject and raise this with the member.

The Acting Speaker (Ms. Thibeault): Yes, I believe the hon. member has a good point. I would ask the hon. member for Waterloo—Wellington to choose his words more judiciously.

Supply

Mr. Lynn Myers: Madam Speaker, I did not say he was; I said he acted like it. There is a difference here and I will be judicious in that regard.

Let me point out to him that I was very happy to be part of the health committee that looked at natural health products. I was very happy to be part of the health committee that looked at organ donation. I was very happy to be part of the health committee that brought in the CIHR, Bill C-13, which I reported in the House, which NDP members did not want to fully understand. More to the point, they did not want to support it. I scratched my head and asked why the NDP would not support research and development and the doubling of money.

Look at how Bob Rae destroyed health care in Ontario. He closed hospitals and delisted all kinds of services. That is who NDP members are. They are the Bob Raes of the world. They would wreak havoc, left, right and centre—mostly left. They would do it in the most egregious fashion, leaving people decimated in their wake.

In answer to the hon. member's question, I was happy to bring in the CIHR, Bill C-13. Last week I was very happy to bring in tobacco regulations concerning labelling and other requirements. If he thinks that we are not doing anything, he should attend the committee. He should come and look at what we are doing. He would be gratified to see that the health committee is not only working effectively, it is doing the right things for Canadians.

• (1310)

Mr. Reed Elley (Nanaimo—Cowichan, Canadian Alliance): Madam Speaker, I rise to speak to the official opposition supply day motion.

I would like to read the motion again. We are partway through the day on this debate and I think it is important that we have this kind of exchange in the House. It may be the only time we will get to talk about health care in this parliament. We certainly cannot talk about it in the health committee. The motion reads:

That this House recognize that the health care system in Canada is in crisis, the status quo is not an option, and the system that we have today is not sustainable; and, accordingly, that this House calls upon the government to develop a plan to modernize the Canadian health care system, and to work with the provinces to encourage positive co-operative relations.

Normally I am delighted to rise to bring the concerns of the constituents of my riding of Nanaimo—Cowichan, and indeed all Canadians, before the House of Commons. However, today I am saddened that we have to have this kind of debate.

Canadians know and cherish the health care system that we have in Canada. For many years we have had a "made in Canada"

solution which ensures that all Canadians have access to quality health care. Generations of Canadians have grown up expecting that their loved ones, their families and they themselves will have adequate health care available to meet their needs.

Thanks to the Liberal government, Canadians no longer have this comfort. The cold reality is that the health care of yesterday has been destroyed by the Liberals of today and the system will not meet the health care requirements of tomorrow.

For a few moments I would like to describe the problems which I have seen resulting from the government's uncaring approach to health care over the last seven years.

In 1993 when the Liberals came to power the federal portion of the Canada health and social transfer was \$18.8 billion. Within four short years the Liberals had slashed away over \$6.3 billion annually. Today the transfers are still \$3.3 billion lower than when the Liberals came to power in 1993.

In total they have stripped away \$24.7 billion and, according to their budget plans, will continue this pattern with the removal of another \$9.9 billion over the next three budget years. The total is an incredible \$34.6 billion gouged out of Canada's health care system over a projected 11 years. That works out to \$1,100 less in health care for every man, woman and child in Canada today.

Mr. Speaker, can you imagine what another \$1,100 spent on health care for every person in your riding would do to alleviate the pain, the suffering and the discomfort which many Canadians feel?

In my riding of Nanaimo—Cowichan there are approximately 100,000 people. That translates into \$110 million missing from health care that should go to the people of my riding. That \$110 million could have been used to hire more nurses, to maintain and reopen operating rooms. This is money that could have been used to ensure that more people were not subjected to longer than necessary waiting lists, and for the opportunity to purchase or upgrade new medical technology equipment.

There is not a region in this country that has not been negatively affected by the callous financial approach that the Liberal government has inflicted upon Canadians from coast to coast.

At the Cowichan District Hospital in Duncan a dialysis unit sat idle. The primary reason it sat idle, simply put, was because there was not enough money in the system to hire trained personnel to operate the equipment. I ask my hon. colleagues here today to imagine the sense of concern that runs through a parent's heart when their child requires a dialysis machine to live and yet the equipment in the local hospital has never been used because of the lack of funding by the federal government.

Supply

I know what that feeling is. My daughter is one of those who may have required dialysis, and yet, even though the dialysis unit was only 15 minutes from our home, the stark reality was that if her one remaining kidney had shut down we were over one hour away from the nearest dialysis unit, and that was not always available to children.

• (1315)

It costs approximately \$630,000 to purchase a dialysis unit. The annual operating costs for 36 patients totals approximately \$1 million. Can we imagine if a portion of the \$110 million the Liberals have ripped out of the system in my riding alone over the last seven years could have been used for dialysis in the Cowichan District Hospital? Can we imagine the sense of relief a parent or patient feels when a unit is finally opened and put into operation? Unfortunately this unit is already approaching capacity and it is expected that in less than one year new dialysis patients will once again be required to make the one hour trip to Victoria for dialysis treatment.

Here is another situation. In 1991 in my riding of Nanaimo—Cowichan Mr. Pat Carson donated \$861,000 for the purchase of a CT scanner. Unfortunately Mr. Carson's wife had died of cancer. While there are no guarantees it was thought that earlier treatment for her could have been initiated through a faster diagnosis by way of a CT scan.

I know hon. members are wondering how the scanner is working and if it has indeed saved lives. I am sad to say that the scanner has never been purchased. The money has now accumulated to over \$1.3 million and will continue to grow until the operating budget is put in place that can operate this equipment.

What budget is needed? All that is needed is approximately \$500,000 annually. On behalf of the constituents of Nanaimo—Cowichan I can easily imagine \$500,000 could be found in the \$110 million the Liberal government has taken out of health care for my riding alone over the last seven years.

If these were the only stories then the story of health care in Canada today would not be such a sad tale of woe. Unfortunately this is only one of thousands of stories across the nation. Through the rest of today as we speak to this most important subject the House will hear of surgery waiting lists, cancelled surgeries, long waiting periods to see specialists, pain, suffering, and unfortunately even death.

In my home province of British Columbia we have had patients lying on gurneys in the hallways and in the linen closets of local hospitals. Cancelled surgeries at the hospitals in my riding in Nanaimo—Cowichan are a daily occurrence. We have done better in the past but we must do better than this in the future.

The track record of the Liberal government speaks loud and clear. On the occasions when I have raised at the Standing

Committee on Health the issue of studying the overall system of health care in Canada unfortunately the Liberal majority said no. During the discussion at the agenda planning subcommittee one day one Liberal member actually had the audacity to state that health care was too big a topic for the committee to study.

Can members imagine that? Canadian health care was too big for the House of Commons Standing Committee on Health to study. If the Standing Committee on Health cannot study health, may I ask who should study health?

Earlier this month the Canadian Institute for Health Information released a report which stated that the number of health professionals from 1988 to 1997 did not keep pace with Canada's population growth, resulting in fewer health professionals per capita in 1997. Over that 10 year period the number of professionals per 10,000 population declined by 1.7%, from 185 to 182. Based on these numbers today we are short 9,000 health professionals in the country.

I further ask hon. members to consider our aging population. According to Statistics Canada the demographics of Canada for 2001 will have 13% of our population aged 65 or older. By 2026, just a few years down the road, this same age group will rise to 21% of our overall population. In real numbers this is a rise from 3,945,000 to 7,759,000, almost a complete doubling of this age group.

• (1320)

I remind hon. members that with a few exceptions it will probably include all of us here. It includes our peers, our personal friends, our neighbours and many family members. If we really want a universal health care system when we reach age 65, we must do something to heal the hurting health system right now.

Currently the Canadian Medical Association has noted with concern that the number of doctors leaving Canada is roughly equivalent to the graduating classes of six medical schools per year. That amounts to almost 40% of our medical school graduates. It now takes half the output of all Canadian medical schools to replace the physicians who leave the country annually.

One reason is simply the high cost of medical education. The president of the CMA asserts that the debt of a graduating medical student can rise as high as a \$140,000. Other reasons given by the former director of research at the Association of Canadian Medical Colleges of Canada are health care cuts and plunging morale.

Here are some other facts. Some 731 doctors left the country in 1996 and 659 in 1997, for a total of 1,390 doctors in just two years. Doctors moving south of the border represent one-quarter of all medical personnel leaving the country every year. Most of those leaving are nurses. A 1997 study of 489 orthopedic surgeons graduating between 1985 and 1994 show that one-quarter had

Supply

moved to the U.S. and 70% of the rest were considering it. The most common reasons were restrictions on operating time, unavailability of beds and other frustrations with practice restrictions.

CMA has also stated that there is a severe shortage of high tech physicians capable of reading the results of the latest findings in medical technology. There is currently a shortfall of 150 full time radiologists in Canada with an expected shortfall of 500 over the next four years.

Let us not forget that it takes a great deal of time to train the doctors and nurses we need in Canada. Regular training for a general practitioner is at least seven years and specialist training takes thirteen or fourteen years. We are short of trained staff now, not in seven to thirteen years. A crisis looms on the horizon. Yet the government remains intent upon destroying rather than renewing our stressed health care system.

The Liberal government has attempted to make the claim that it is the only party willing to support the five tenets of the Canada Health Act. That is just not true. The 1997 red book stated the Liberals' commitment to:

—the five fundamental principles of our medicare system, and on our commitment to the continuing role, in financing and other aspects, of the federal government in health care.

If that is indeed what the Liberals meant in 1997, why have they misled the Canadian public? How far is that from the reality of today when the government is truly the architect of the demise of the Canada Health Act?

Across the country there are examples of abuses of the Canada Health Act. In my province of British Columbia where the NDP government reigns supreme the workers' compensation board is allowed by the Canada Health Act, and supported by the government, to send its patients with knee problems to a private clinic either in the United States or the province of Alberta. To me that is queue jumping. To me that violates the whole principle of universality. The government ought to do something about that if it is indeed the protector of the Canada Health Act.

People who need MRIs should be careful. There may be a three or four month line-up, or perhaps they can pay \$800 cash at a private clinic and avoid the line-up. If they do not like the waiting time involved, they can take their credit cards and head south of the border. Many Canadian doctors and nurses are there already. When they get there, there will perhaps be a reunion of friends they have not seen for a while.

• (1325)

Who then is responsible for the two tier system in Canada today? It is not this side of the House. It is the other side of the House. Has

the Liberal government attempted to resolve these issues? The simple answer is no. Rather than working with the provinces and attempting to ensure that all Canadians have quality health care, the Prime Minister and Minister of Health prefer to antagonize, to cause dissension and not to build unity.

In a press release yesterday and in an article in the *Ottawa Citizen* the Premier of Saskatchewan, Mr. Romanow, is quoted as saying that he has been pushing the federal government for several months to create a national inquiry but was turned down. I am not surprised. I was turned down in the health committee over the last two and a half years. Why should it give me that privilege when it will not even give it to the Premier of Saskatchewan?

Canadians are starting to see past the Liberal smoke and mirror show when it comes to health. I think they are getting tired of it. Canadians are now starting to turn to other people, to other groups in the country and to other levels of government to try to right the wrongs the Liberal government has forced upon them. Corrective actions cannot be implemented immediately, but they could begin immediately if there were some kind of consensus building shown by the leadership of the government to do something about the most important problem for Canadians today.

My colleagues and I recognize that money alone is not the whole solution. We cannot deny that many of the problems were caused by the significant reduction in funding that the Liberal government has slashed from health care. What a drop it has been from 1996 when it committed to a 50:50 split to now when approximately 11% of health care dollars going into the system come from the Liberal government.

Many of the solutions will require funding. Yes, further efficiencies can be found in the system. Certainly we need more trained professionals. Indeed we face challenges that we have not even previously encountered. Yes, we have an aging population. Yes, the delivery of health care services remains a provincial responsibility.

What positive role has the federal government put forward? Can we name one thing it has done? To date it has been nothing. It has been irresponsible in its lack of solutions to the health care crisis we now face in Canada. It has been inconsistent in the enforcement of the Canada Health Act.

An hon. member: They do not think we have a problem.

Mr. Reed Elley: Yes, they do not think we have a problem. The Minister of Health stood in the House today and said there was not a crisis. I was on a radio talk show not too long ago. That is not what Canadians are saying.

The government has been hypocritical in its actions with the Standing Committee on Health. Even past Liberals such as Tom Kent state that the Liberal government is the biggest threat to

Supply

medicare in the country. In short, the Liberals have continually thrown roadblocks in front of every possible means of finding a positive solution to the greatest problem we currently face in Canada today. It is time to walk the talk, but talk is all we seem to get from the Liberal government on health care.

What can Canadians expect to receive from the Canadian Alliance when it becomes government? As my hon. colleague from Red Deer previously stated, health care has been on the back burner for far too long and must be moved to the front. It is the issue that concerns Canadians the most. It is the issue, contrary to Liberal rhetoric, on which Liberals have spent the least amount of constructive time, energy and financial resources.

The Liberal government has made every effort to destroy any possibility of a healthy, co-operative relationship between the federal and provincial governments in health care. If it were really concerned about co-operating with the provinces, it would have had a high level meeting between the Prime Minister and the premiers a long time ago.

Under the Canadian Alliance, Canadians expect two central themes, patient centred and results based health care. I believe that for far too long the patient has taken the backseat in health care, and yet the patient is supposedly the focal point of the entire system.

I believe we need to move beyond traditional thinking. We need to remember why we have a health care system. Is it to create newer technology? Is it to create jobs for health care professionals? Is it to create an industry for the drug companies? The simple answer is, no. The health care system should be centred on the patient first.

• (1330)

The second issue is one of a results based health care system running tandem with the centrality of patient care. If we started to zero in on both of those things in this country we could expect to have results and a better health care system than we have right now.

Mr. Larry McCormick (Hastings—Frontenac—Lennox and Addington, Lib.): Madam Speaker, I thank my hon. colleague for having put such an important issue in front of this House on the opposition day. It is something we need to work together on.

As a member from Ontario, I think about the hundreds of thousands of dollars, perhaps millions, that Premier Mike Harris spent on advertising to attack the health care system.

When my hon. colleague returns to his riding would he consider asking his provincial colleagues to work with the federal government because, yes, we do need to fix this problem and we do need to work together on it?

Mr. Reed Elley: Madam Speaker, to begin with, I am surprised that this member heard my speech considering the fact that he carried on a fairly long, loud conversation with somebody else while I was speaking, which disturbed me greatly. Other than that, I will try to answer his question.

Mr. Larry McCormick: Madam Speaker, I rise on a point of order. It is probably the last day in the House and I see some smiles opposite. I proudly say, when I go back to my riding or across this country, that I do have friends in all parties of this House. However, it is not right to make a comment like that. In the six years that I have been here, it would be untrue for me to say that I have not been interrupted vocally and loudly during one of my debates.

The Acting Speaker (Ms. Thibeault): I am afraid that is not a point of order.

Mr. Reed Elley: Madam Speaker, I will try to answer the question put by my hon. colleague.

We have been informed by the provincial health ministers that they have asked, on several occasions, for a meeting with the Minister of Health and the Prime Minister on this issue and have always been refused. The dates keep being put off and are being put further and further in the future.

The government, through the Prime Minister and the Minister of Health, should be concerned about the health care in Canada. All Canadians believe it is in a crisis, contrary to what the health minister may think. The government has had seven years to deal with this deteriorating health care system and it has done exactly the opposite. It has let this thing go and go, to the point where the provinces now have to take matters into their own hands and do things themselves. All one has to do is to look at bill 11. Whether we agree with it or not, the provinces had to take things into their own hands and finally do something.

Just look at the inquiry that the province of Saskatchewan has to do because the Liberal government is not showing leadership on this issue.

Mr. Bob Mills (Red Deer, Canadian Alliance): Madam Speaker, I appreciated a lot of what the deputy critic said about health care, and he said it so well.

Does the deputy critic have the same interpretation as I do concerning the fact that the Minister of Health got up today and said that he was going to oppose this motion. The motion says that health care is not sustainable in its present form, the status quo is not an option and that the health care system is in crisis.

By saying he is opposed, is he in fact saying that the status quo is just fine, that it is sustainable and that there is in fact no crisis? It seems to me that is what he is saying, or what the Liberal members across, who will be opposing the motion, will be saying with their

vote. They should really think about their vote if that is the message that they are sending today.

Mr. Reed Elley: Madam Speaker, I must say that I was appalled to hear the minister's comments. It was like me going to my doctor with a severe case of pneumonia and him giving me a sugar pill instead of penicillin. That is the way his speech came across today. It was syrupy sentimentalism. It spent a quarter of the time on the American system. We do not want to hear about the American system. We do not want the American system. We want a fixed, made in Canada system. We have people in the House who are willing to work toward that solution. We would like the Liberals to get on board.

• (1335)

Mr. Paul Szabo (Mississauga South, Lib.): Madam Speaker, I will be splitting my time with the member for Hastings—Frontenac—Lennox and Addington.

I am pleased to participate in a dialogue in the House today on our health care system. It is the most important challenge that members of parliament have before them. Some may describe it as crisis, others will describe it as a challenge, but I will describe it as dynamics.

Canadians understand that we are not a static nation and it is a truism to say that the status quo is not an option, which is part of the motion before us.

We are a dynamic system now. We do have an aging society. The technology of medicine has changed dramatically. The cost of pharmacare is very significant now and it is growing because of the technology of drugs. As an example, there is a drug called TPT which is for heart attack victims. It costs something in the range of \$3,000 for one dose, whereas the standard drug used in the past for heart attack victims cost only a few hundred dollars.

There is no question that the members and the motion are correct, the status quo is not an option. I cannot imagine that anything that we have in Canada will remain the same forever and a day. We obviously have to respond.

Part of the premise of the motion, which I think the prior speaker stated when he closed off his speech, was what positive role has the federal government played on behalf of health care. The member's answer was "nothing".

As a member of parliament and a member of the health committee throughout the 35th parliament and for the last year or so, I have taken a special interest in the issue of health. Prior to becoming a member of parliament, I served on the board of directors of my local hospital for nine years. I was vice-chairman, the treasurer and I was involved in the finances. After nine years I felt very comfortable that I had an idea of what the costs were of delivering health care through a hospital to Canadians, our constit-

Supply

uents. When I became a member of parliament I wanted to follow through on the experience I had in my community and become part of the health committee.

One of the first things that happened in the health portfolio, and in direct response to the member's rhetorical question about what the federal government has done, in 1994 the National Forum on Health was established. That was exactly what the government had included in its platform of the 1993 election. The forum had health experts from all across Canada who spent two years consulting with each and every vested interest group in the health care sector to determine what the state of health care was, to determine what resources were there and to determine what the needs or deficiencies were.

One of the significant things that they found about the health care system was that, in their words, "There seemed to be enough money in the system". At that time, the forum reported that there could be as much as \$11 billion of waste in health care spending because of how it was being spent. It was not being spent wisely. It was not getting good value for the dollar. The forum identified a need to change the system and to start thinking about what fundamental principles had to be dealt with in order that our health care system would continue to be dynamic.

• (1340)

Much of the debate that has gone on so far has had a lot to do with money. Members will know that the province of Quebec had, from the 1998 budget, some \$800 million available for health care which was in a bank account in Toronto. This money was never used. The province of Ontario was sitting on \$400 million that it never used. The province of Newfoundland was sitting on money that it had not used, money that was transferred and available to it immediately as a result of the budget initiatives in 1998.

I do not think members here will argue with the premise that dollars alone are not the solution. We have provinces that are in surplus positions. How can they say they need the money? If health care is the number one priority of Canadians, why is it that the provinces have priorities which do not match those of the people themselves? Why does Ontario say that its priority is to give \$4.3 billion in tax cuts to Ontario taxpayers when they are also saying that health care is in a crisis. If health care is in a crisis, why have the provinces not responded? The money was there. If it was simply a matter of money, they would have done it.

By their actions alone, the provinces do not agree that there is a crisis. The provinces do not agree with the premise of the motion. However, they do agree, as do all Canadians, that we do have some challenges. The health care system has to respond to the growing realities of Canadian society, an aging society, a society where technology is taking over and non-invasive practices are taking place. The costs of MRI machines and CT scanners are substantial. Canadians have to understand that the cost of pharmacare is growing.

Supply

When I was first on the board of directors of the Mississauga Hospital, the average length of stay per patient was something like 7.2 days. During the nine years that I was on the board, the average length of stay of a patient at the Mississauga Hospital went down to 4.8 days. Concurrently, the 650 bed hospital was reduced down to 550 beds. However, at the very same time that 100 beds were reduced, and this is a significant number of beds, they concurrently introduced an ambulatory care system that provided day surgery. Instead of people arriving at the hospital a day before the operation, being there for their operation and then convalescing at the hospital, this was eliminated with the ambulatory care system. People now come in the day they need surgery and convalesce at home. However, this has created other problems and other challenges for us to deal with.

As all members know and understand, if patients have shorter lengths of stays in hospitals and convalesce at home, this puts a tremendous burden on families because they are supposed to be there to provide support. Home nursing care may not be readily accessible. There may be some difficulties in providing that kind of service. These are some of the challenges that we have to face.

What else has the federal government done? In 1993 we started with a \$42 billion deficit. There was no question that we had to deal with that fiscal crisis so that we could sustain the kind of health care, and social program and support systems for Canadians that reflected the values of Canadians. As soon as we fixed that, what happened in 1998? Some \$11.5 billion was injected into health care. In the last budget, \$2.5 billion went into health care.

The health minister has met with his provincial counterparts, exactly what the motion says we should start to do. We cannot agree with the motion because we cannot say we should start doing something that we are already doing. To agree with the motion would be to say that we have not done anything.

• (1345)

We have met and negotiated with the provinces. Tomorrow there is another meeting. Canadians will be pleased to know that in September there will be another first ministers meeting that hopefully will bring to a conclusion the negotiations between the federal government and the provincial governments on the next step.

Let me assure everyone that the next step will not just be the transfer of money. It will be how we are going to make our health care system more dynamic so it better meets the present needs of Canadians.

Mr. Paul Forseth (New Westminster—Coquitlam—Burnaby, Canadian Alliance): Madam Speaker, I wanted to put some propositions to the member about the big squeeze the federal government made in the reduction of transfer payments concerning the health care envelope.

Was it in the parental mode saying that it knew best, implying that Canadians were getting too much health care, that the provinces were actually wasteful and that the federal bureaucrats in Ottawa knew how to run local hospitals in a much better way? Was it implying that there was a lot of slack and excess in the system because of what the federal government gave? Is it asking now for a more dynamic system, yet saying it is not money?

How are the five principles of the Canada Health Act going to be enhanced and maintained unless we are prepared to give the provinces the wiggle room? The federal government cannot have it both ways saying that it is going to cast things in cement but it is not going to give them much more money and it is not going to give the provinces who have the constitutional jurisdiction to deal with health care any wiggle room either.

Mr. Paul Szabo: Madam Speaker, the member implies that somehow the federal government operates hospitals. He should know that the provinces have the responsibility for the administration of the health care delivery system. The federal government's responsibilities are to maintain the five pillar principles of the Canada Health Act.

The member also should know that in 1993 the transfers to the provinces for health care were about \$28 billion. In 2000 the transfers to the provinces for health care will be \$30 billion, more than they were in 1993. Over the last two years there has been a full 25% increase in the cash.

The member should also know that the federal government has made it very clear that there is more money available for health care. The federal government will be contributing more money to health care. All we need to do is make sure that the health care money that is going to be transferred to the provinces will be spent wisely and that there are standards that can be monitored so that all people, whether they be in federal or provincial governments, will have the means to demonstrate to all Canadians that their health care dollars, their tax dollars, are being spent wisely.

Mr. Peter Adams (Peterborough, Lib.): Madam Speaker, I listened to my colleague's remarks with great interest. I know of his knowledge of the financial side of health care. It is my understanding that although Canadians are more than willing to pay for good health care, the most economical way to deliver good health care to all citizens is a single publicly funded system. Would he care to comment on that?

Mr. Paul Szabo: Madam Speaker, that conclusion was reached by this House in its discussions on Alberta's bill 11.

The Canadian Alliance party is demanding that Canada look at some of these innovative two tier models. The fact remains that the two tier philosophy of the Canadian Alliance would create longer waiting lists and would be more costly and less productive for Canadians in terms of health care. That is a fact based on those

jurisdictions in which there is a parallel private two tier health system.

There is no question this government is committed to the principles of the Canada Health Act: universality, portability, accessibility, comprehensiveness and publicly funded, to the exclusion of the two tier health system that is being proposed by at least one Canadian Alliance leadership candidate. One of the reasons the Canadian Alliance web page on the health initiative is blank is that its members have not decided what they will do until they find out who their leader is.

• (1350)

Mr. Larry McCormick (Hastings—Frontenac—Lennox and Addington, Lib.): Madam Speaker, I appreciate the opportunity to speak to the number one concern of Canadians and that is health care.

I want to take the time to recognize the great work of the health care professionals in my riding and across Canada. We live in a better country because of the work of our professionals. In rural and small-town Canada they often go the extra mile without a lot of thanks and I say thank you.

One of the key roles of the Government of Canada is helping Canadians to maintain and improve their health. It does so in several ways, most notably by ensuring the continuing availability of our publicly funded health care system.

Providing leadership in the areas of health protection and promotion, the federal government fulfils its mandate in health through various approaches, always respecting the primary roles of the provinces in health care delivery. For example, it contributes financially to the provinces and territories in support of their health care systems and through fiscal measures for individuals such as health and medical expense allowances.

It interprets and enforces the principles of the Health Care Act. It ensures that Canadians have the benefits of timely access to safe, effective drugs and products, and that Canadians are protected from health risks associated with pharmaceuticals, blood products and various medical devices and consumer products. It conducts and funds health research. It develops national disease control strategies in collaboration with the provinces and territories. It ensures access to the community based health care services for first nations and Inuit.

When exercising its leadership and responsibilities in the areas of health promotion, disease prevention and overall management of risks to health, the federal government acts in the spirit of partnership with the provinces and in collaboration with health stakeholders and Canadians.

Some recent concrete examples of federal-provincial collaboration include the development of a strengthened blood system in

Supply

Canada, intergovernmental action on tobacco control and smoking cessation, and initiatives such as the health transition fund supporting provincial-territorial innovations in home care, pharmacare, primary care and better integrated health services for all Canadians.

The Government of Canada often acts as a facilitator and at times as a co-ordinator on health issues with pan-Canadian dimensions. It has done so on a range of issues in the past, for example to support the development of universal health insurance dating to the 1940s and research and support in areas including child, maternal, mental and dental health also dating to the 1940s. In fact, there is a long tradition of federal-provincial co-operation in the health sector.

The principles and values which have long guided the federal government in intergovernmental collaboration in the health arena are also consistent with those outlined in the social union framework agreement.

An excellent current example of the benefits of federal-provincial co-operation are two initiatives announced recently by our federal Minister of Health. They are the innovations in rural and community health and the Canadian health infrastructure partnerships program, known as CHIPP. Both initiatives are meant to ensure that all Canadians no matter where they live in Canada have access to top health care.

The innovations in rural and community health is a \$50 million investment. Two-thirds of this money will go toward supporting innovations in community health care such as access to home and community care, affordability and accessibility of pharmaceuticals, and improvement in integrated service delivery.

Another \$11 million will go toward rural health. The objectives of the rural health grants and contributions programs are to promote integration and accessibility of health services, to explore ways to address workforce issues and to examine system reforms to improve the delivery of health services.

Health Canada has been working closely with the provinces and territories in the development of our rural health grants and contributions program to identify areas of shared concern. All provinces and territories agreed that the objectives and priorities for the funding program complement and support their own.

• (1355)

The Canadian health infrastructure partnerships program, CHIPP, is a two year \$80 million shared cost incentive program which will support the implementation of innovative applications of information and communication technologies in the health sector. It will focus on two priorities: telehealth and protected electronic patient records.

Telehealth is a key element in improving access to health services for all Canadians, especially those in the rural and remote

S. O. 31

areas. It represents a great opportunity for our country to improve access to care, as well as to develop a cutting edge industry.

Electronic patient records will also facilitate improved patient care through improving the integration of services, avoiding needless tests, and better prescription benefits.

As chair of the rural caucus on this side of the House and as someone who lives in a rural area of Canada, I have had the opportunity to speak to a lot of my constituents and often with other rural Canadians across the country, about the health care challenges which face rural and remote Canada. We know about the difficulties that rural areas have in attracting and keeping health care professionals.

After a long period of consultation we recommended to the Minister of Health that an effort be made to move to multi-use or multidisciplinary primary care approaches. The minister supported our recommendations and I thank him. It will be a priority area of discussion at the federal-provincial level. May I also say that I am delighted that the Canadian Institutes of Health Research interim governing council has recommended the creation of an office of rural health to promote and support rural health research.

These are only a few ways that federal, provincial and territorial co-operation has produced results in this country.

Let me conclude my remarks by saying that Canadians no matter where they live expect health services of the highest quality. They want their governments to work together and not play politics. They want them to come up with lasting solutions to ensure the future of publicly funded health care. The Government of Canada is committed to federal-provincial partnerships to serve the health care interests of all Canadians.

The Deputy Speaker: The hon. member will have five minutes for questions and comments when debate is resumed on the motion.

STATEMENTS BY MEMBERS

[English]

LEGACY OF LOGAN

Mr. John Richardson (Perth—Middlesex, Lib.): Mr. Speaker, I appreciate the opportunity to present what is happening across Ontario on the development of a history during the millennium period.

As part of Canada's ongoing millennium celebration, I was fortunate to attend a book launch for the Logan township history book entitled *Legacy of Logan*.

The lifeblood of any community is the people who live there. The *Legacy of Logan* has captured that mood. The book covers the area's history from the beginning of the Canada Company to the present by providing rich detail on the lives of everyday people from the area, such as farmers, businessmen, war veterans, teachers and clergy, and the institutions they created.

Special congratulations go to Barbara Scherbarth, the chair of the Logan Township History Book Committee, and especially to Hilary Machan who worked tirelessly to edit the 700 page tome. Congratulations to all those in Logan Township.

* * *

PROGRESSIVE CONSERVATIVE PARTY

Mr. Gary Lunn (Saanich—Gulf Islands, Canadian Alliance): Mr. Speaker, once again we are reminded why the federal Tories went from 211 seats to two in the House. The House leader of the fifth party has tabled motions to reduce the operating expenditures of specific government departments. Let us look at these specific motions.

The Tories want to take \$1 billion out of health care. They want to slash the operating budget of our military by \$7 billion. However, when it comes to the mismanagement of the human resources department which has been wasting taxpayers' dollars all year, would the Clark Tories significantly reduce that department? No.

Once again Joe Clark is proving just how out of touch he is with ordinary Canadians by gutting health care, destroying our defence department, yet ensuring there is plenty of money to continue with the legacy of the billion dollar boondoggle in HRDC. With policies like that, it is no wonder that 130,000 people have signed up to join the Canadian Alliance in hopes of a new government, a change they have been looking forward to for a long time.

* * *

NATIONAL INFRASTRUCTURE PROGRAM

Mr. Peter Adams (Peterborough, Lib.): Mr. Speaker, I am delighted that the government is going ahead with a national infrastructure program in co-operation with the municipalities and the provinces.

The federal funds were committed in the budget. The government is negotiating with the provinces to determine how the program will be conducted.

● (1400)

I urge again that the municipalities play the major role in the selection of projects which qualify under the program. I also urge

that, where appropriate, colleges and universities be able to participate, as they did in our first national infrastructure program.

There is a crisis in the core funding of colleges and universities across Canada, despite considerable increases in federal funding. Infrastructure support would help with this crisis. Colleges and universities are a key part of the infrastructure of Canada.

* * *

NATIONAL PUBLIC SERVICE WEEK

Mrs. Nancy Karetak-Lindell (Nunavut, Lib.): Mr. Speaker, during this National Public Service Week celebrating valuable contributions that federal public servants make, I was happy to attend an awards ceremony where the Nunavut team was honoured, among others.

Public servants from all government departments, plus our Nunavut organizations who worked so hard in the creation of Nunavut received an award of excellence for their outstanding contribution. The award was presented by the President of the Treasury Board. These hard-working individuals were creative and dedicated to the creation of Nunavut. Their efforts helped to change the map of Canada. Helping to create Nunavut is an achievement they can certainly be proud of.

I also want to take this opportunity to wish all of my colleagues a good summer. *Mutna*

* * *

LAURIE THRONESS

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, as you know, it is the opposition's job to hold the government accountable. We have been doing that for the last 20 weeks on the HRDC file.

Today I would like to stand in my place and acknowledge the sterling work of our HRDC researcher, Laurie Throness. MPs look good mostly because their researchers and assistants help them to look good. I am sure, Mr. Speaker, you can attest to that fact. We appreciate Laurie's work. He has become an expert in the use of the Access to Information Act, so much so that the department is now stonewalling and denying his requests.

Laurie Throness is a dedicated public servant. We appreciate his work and Canadians owe him a great debt of gratitude for what he has done.

* * *

[*Translation*]

MAYOR OF HULL

Mr. Marcel Proulx (Hull—Aylmer, Lib.): Mr. Speaker, on Tuesday, the United Nations Centre for Human Settlements,

S. O. 31

Habitat, paid a very special tribute to his honour the mayor of Hull, Yves Ducharme, appointing him special advisor to the United Nations.

Mr. Ducharme is the only mayor in North America to sit on the UN local authorities advisory committee, a body set up by the UN to consolidate the role and increase the involvement of cities in the Habitat program.

As the ambassador of the City of Hull to the world, Mr. Ducharme will thus have the privilege of sharing his expertise on urban development with the mayors of such cities as Moscow, Barcelona, Venice and Johannesburg.

I therefore take this opportunity to congratulate Mr. Ducharme on this prestigious appointment and I am sure he will worthily represent his citizens in providing advice on the challenges and opportunities in growing urbanization at the dawn of the new millennium.

* * *

THE PRIME MINISTER

Mr. Paul Mercier (Terrebonne—Blainville, BQ): Mr. Speaker, so our Prime Minister in a speech in Berlin to an international audience proposed, with a straight face, Liberal compassion as an example to the world as a whole. History does not say whether his host, Chancellor Schroeder, managed not to laugh when he heard this astounding remark. Liberal compassion—mind boggling.

The man who savagely cut benefits to the unemployed, the man who, despite a unanimous request by the National Assembly, refuses to discuss extended parental leave for all couples, the man who is largely responsible for the staggering number of poor children in Canada, this man dares set himself up as an example of compassion to the world. What arrogance, in what contempt he must hold his peers in order to dish out such revolting untruths.

Let us be fair, however. One category of citizen has benefited from Liberal compassion: the shareholders of our major banks. The Minister of Finance is giving them tax relief to the tune of \$500 million.

Our Prime Minister's compassion is for billionaire companies. Everything for the rich and as little as possible for the poor. More of a hypocrite than that is not possible.

* * *

CANADA

Mr. Irwin Cotler (Mount Royal, Lib.): Mr. Speaker, every year, one of the oldest and most respected NGOs in the area of human rights, the American Jewish Committee, honours one country for its contribution to human rights, democracy and the rule of law.

S. O. 31

• (1405)

This year, that country is Canada, and the award was presented to His Excellency, Raymond Chrétien, Canada's ambassador to the United States, on Monday evening at the Canadian embassy in Washington.

Canada was selected because of its human security program, its respect for religious diversity and collective identity, and its fight against racism and anti-Semitism.

As the guest speaker, and the day before I was to speak here on Bill C-19, I devoted my speech to the human security program, focusing on the protection of civilians during armed conflict.

* * *

[English]

THE CANADIAN ALLIANCE

Miss Deborah Grey (Edmonton North, Canadian Alliance): Mr. Speaker, I want to thank you, my colleagues in the House and all Canadians for the opportunity to serve as the Leader of the Opposition for these last three months. It has been a great honour, and it has been a great spring.

I want to thank the House of Commons staff also for their excellent service to us. I also thank my entire staff who have worked so hard to help me and our whole caucus team.

We have kept the Prime Minister under the glare, shaking in his boots. He has been running for cover over the billion dollar boondoggle, backbench revolts and leadership brawls. It must be a terror to sit on that side of the House these days.

Summer will arrive next week and it is going to get even hotter for the government. Over 150,000 members of the Canadian Alliance are going to unite the bright and elect a new leader. I want to wish our new leader the very best.

We are dedicated to achieving what Canadians want but what Liberals cannot give—the best economy, the best democracy and the best society in the best country—the Canadian Alliance.

* * *

MERIDIAN TECHNOLOGIES

Mrs. Rose-Marie Ur (Lambton—Kent—Middlesex, Lib.): Mr. Speaker, the good news continues for the town of Strathroy as the doors to the world headquarters of Meridian Technologies were opened last Saturday.

The new global technology centre is 24,000 square feet of advanced engineering, planning and program design departments, serving all of its factories around the world.

The firm's CEO, Paolo Maccario, stated that the new Strathroy plant is the cradle of knowledge for Meridian worldwide.

The company has six plants around the globe, including one in Strathroy since 1980, producing a variety of aluminum and magnesium parts for the auto industry. A seventh plant is currently under construction.

For a town of 12,000 people, Strathroy certainly has something to celebrate, as Meridian's new technology centre is just one of several new factories and expansions that have been announced in the past year.

This is another outstanding example of global firms recognizing the qualities of a rural community.

* * *

THE WAVE 94.7 FM

Ms. Beth Phinney (Hamilton Mountain, Lib.): Mr. Speaker, jazz enthusiasts in Hamilton are celebrating now that The Wave 94.7 FM has been approved by the CRTC. This new station has decided to locate on Hamilton Mountain in my riding.

The station is the first in Canada to use the new adult contemporary or smooth jazz format. The station is going to spend \$25,000 annually to promote and showcase jazz in the Hamilton area.

It is because of this government's commitment to small business that The Wave 94.7 FM is able open its doors and provide full time work for approximately 20 people. These new employees will have the challenge of building a successful new radio station from scratch.

I am sure all hon. members will join me in congratulating the people at The Wave 94.7 FM and wish them a successful launch for this new station.

* * *

PRIVACY

Ms. Louise Hardy (Yukon, NDP): Mr. Speaker, this Liberal government has collected and disseminated private information on Canadian citizens. This Liberal government takes private income tax information and gives it to HRDC. It takes sensitive health care information and records and gives them to HRDC to use against Canadians. Courtesy of this government, a young woman's medical history, social insurance number and income tax information was posted on grocery store bulletin boards.

Who gave Revenue Canada the right to pass out confidential information, and why can the government misuse this information while MPs have to get ministerial approval to get public speeches they have made?

These tactics are something we would expect of a military regime, not a democracy.

S. O. 31

[Translation]

QUEBECERS' FÊTE NATIONALE**Mr. Ghislain Lebel (Chambly, BQ):** Mr. Speaker,

Our love runs deep, in colours bold
 And flowers are its language proud
 In many forms we let them say
 What often is not said aloud
 The fleur-de-lys, our flag, flies high
 Accomplishments are taking shape,
 And as our special day draws nigh,
 Ourselves we should congratulate
 Bonne fête nationale, Quebecers.

* * *

● (1410)

JEWISH COMMUNITY

Ms. Raymonde Folco (Laval West, Lib.): Mr. Speaker, January 17, 2000 marked the fifth year anniversary the Lubavitcher Rebbe, Rebbe Menachem M. Schneerson, as head of the Hassidic movement Chadad Lubavitch and of international Judaism.

[English]

Fifty years is a jubilee, biblically associated with freedom and redemption; freedom to practise and propagate one's faith and beliefs, freedom from oppression and freedom from self-imposed limitations.

[Translation]

The Rebbe's objective was to promote education, and in particular to inculcate a conscience and a moral ethic based on the authentic and immortal values of the Bible.

[English]

The Rebbe inspired a generation of leaders who have impacted the world with over 3,000 educational and outreach institutions globally, of which over 50 institutions are in Canada.

The Lubavitch community has proclaimed the week of July 1 to 7, 2000 to mark the sixth anniversary of the passing of the Lubavitch Rebbe, Lubavitch Week in Canada.

* * *

COLIN WHITE AND JON SIM

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, the NHL's New Jersey Devils captured hockey's Holy Grail Saturday, beating Dallas 2 to 1 in overtime in game six of the Stanley Cup finals. This year's final showcased passion and excitement for every player who stepped on the ice, and two players in particular epitomized the very best of that spirit.

Colin White and Jon Sim of New Glasgow, Nova Scotia played big parts in their team's performance. Colin, a towering defence-

man, and Jon, a fearless banging winger, took regular shifts and were solid performers in the playoffs.

As teammates in the Pictou County minor hockey system, particularly with Scott Weeks Triple A Midgets, both Sim and White acquired the skills and determination that made them outstanding hockey players and poised young men. Add to that maturity and class, and they are local and national fan favourites. Both players won the recognition and praise of many, including Don Cherry and Ron Maclean, for their play.

With the New Jersey win, Colin's name will be engraved on the cup, joining Jon's as a result of New Jersey's victory. Adding to Colin's joy, he is getting married this summer. All expect a fabulous homecoming for both native sons.

* * *

TREVOR SNYDER

Mr. Rick Limoges (Windsor—St. Clair, Lib.): Mr. Speaker, I rise today to recognize Trevor Snyder, a student athlete at St. Joseph's Secondary School in Windsor.

Trevor recently celebrated his 18th birthday by winning a gold medal at the OFSAA track and field championships. His winning javelin throw of 71.22 metres broke a 34 year old record of 70.12 metres.

I commend Trevor and all of the other local gold medal winners at the track and field championships for their performances as student athletes.

* * *

GUN REGISTRY

Mr. Gerry Ritz (Battlefords—Lloydminster, Canadian Alliance): Mr. Speaker, the justice minister's political assets have been saved again. The supreme court upheld her flawed gun registry.

The minister claims her registry has stopped hundreds of undesirable characters from obtaining firearms permits.

One of those undesirables was from my riding. He was repeatedly rejected because his name appeared on too many files where firearms were involved. The computer did not realize this applicant was an RCMP corporal and the firearms verifier for his detachment, hence his name on the firearms files. I know that I will sleep better knowing the system will not licence an RCMP officer's sporting rifle.

The minister's outrageously expensive outreach program is another sham. A quick check of her Internet site found shopowners and individuals who received cartons of registry files in the mail from the minister with no explanation as to what was expected. That is a lot like the heritage minister's flag fiasco.

The registry budget has skyrocketed and public support has plummeted. The Canadian public is aware that this whole exercise

Oral Questions

is more about saving political face than public safety. The majority of Canadians say “Just scrap it”.

* * *

[Translation]

LE BALUCHON ALTERNATIVE SCHOOL

Mrs. Madeleine Dalphond-Guiral (Laval Centre, BQ): Mr. Speaker, in France on May 19, at the Carambolimages film festival, the Basket d’Or trophy was won by a film called “Une mystérieuse odeur de pin”.

It was produced by an alternative school in Laval, Le Baluchon, and was judged by an international jury made up of 10,000 children. It won over the next submission by 900 votes.

This adventure, wholly conceived and produced by primary school pupils, is a wonderful illustration of children’s extraordinary capacity to combine fun, creativity and performance.

I am pleased to extend the congratulations of the Bloc Québécois to the young creators of “Une mystérieuse odeur de pin”. I also wish to congratulate their teacher, Christian Desjardins, for his excellent guidance and the parents, François Tardif in particular, for their invaluable support. With their belief in the genius of childhood, they have contributed to the creation of a magical project.

To all the Baluchon school team, bravo! We are proud of you all.

* * *

● (1415)

[English]

ATLANTIC CANADA OPPORTUNITIES AGENCY

Mrs. Michelle Dockrill (Bras d’Or—Cape Breton, NDP): Mr. Speaker, yesterday the performance of the the Minister responsible for ACOA around Scotia Rainbow was an embarrassment to not only Canadians but to his own caucus colleagues. He referred to a petition signed by what is left of the Liberal Party in Cape Breton, clearly showing that where Scotia Rainbow is concerned the government has everything to hide.

Let us review Mr. Lafrenière’s track record: two companies bankrupt, one company in receivership, rubber cheques to employees and others, and environmental disasters in Quebec and Nova Scotia. The ACOA minister has overlooked this and instead considered his Liberal connections: a picture with the Prime Minister, an \$8,000 donation to the Liberal Party, and using company time and staff to assemble lawn signs for Liberal campaigns. Mr. Lafrenière may be a good Liberal but it appears he is not a good businessman.

The government should ask for a refund for its dance lessons because, try as it might, it can no longer do the two step around Scotia Rainbow.

ORAL QUESTION PERIOD

[English]

HUMAN RESOURCES DEVELOPMENT

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): Mr. Speaker, I got the sense yesterday that a certain veterans affairs minister was just a little too excited about answering HRDC questions. He must have already heard about the cabinet shuffle.

Liberal sources say, though, that the government is finally admitting defeat and demoting the HRDC minister and dismantling, or at least masking, the boondoggle of the jobs fund. They also said, though, that the government is looking for new ways to spend money on job creation in Quebec.

Are there still any unemployed friends of the Prime Minister in Shawinigan?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the minister of human resources has done a great job, but the sanctimonious opposition is always complaining.

I see that in the riding of Bonaventure—Gaspé—Îles-de-la-Madeleine—Pabok it has sold 2,800 memberships, and everybody says that is as phony as a \$3 bill. The Leader of the Opposition is a responsible person in the House of Commons. When there is such a flagrant abuse of democratic rights, I hope she will have an inquiry about it and she will call in the RCMP.

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): I think that is a great idea, Mr. Speaker. Canadians would like to say thanks a billion. Let me refer to what is a famous quote by now:

—when we form government, every Minister in the Cabinet that I will be presiding over will have to take full responsibility. . . If there is any bungling in the department, nobody will be singled out. The Minister will have to take the responsibility.

That was this Prime Minister in 1991 when he was sitting right here. Is that why he is finally getting around to demoting the HRDC minister?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, it is because of what I said in those days and because I kept my word that I moved from there to here.

It is because the member has a reputation of throwing dirt in the House of Commons about anything, without any consideration for the reputation of anybody, that she will move out of that seat very soon.

We will keep defending the programs that have been put in place by the government to help the poor, the people who need help in our society.

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): Mr. Speaker, let me assure the Prime Minister that I will be keeping it warm for him. I promise.

The Prime Minister is planning on dismantling HRDC in a desperate attempt to hide the mess created by the entire government and the HRDC minister, but it is too little too late. The government's bungling and boondoggling have caused taxpayers billions of dollars so far. How in the world would a cabinet shuffle ever change that?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, they have only one problem. They take this one little problem and when their leadership was asked to look into what is obviously a fraud they said they would do nothing.

They have one problem and they cannot handle it. We have thousands of problems, and we are solving them on this side of the House.

• (1420)

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, today there is a new HRDC fiasco. A Sault Ste. Marie firm that got nearly \$1 million from HRDC over the last year has now closed its doors.

HRDC says it does not know where the public's \$1 million went, or even whether the company met the terms of the grant. Once again the minister has been caught asleep at the switch. The boondoggle just never ends.

This session began with the human resources minister running away from questions about her competence. Why is it ending the same way?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I am very happy to review the facts of the last six months. I want to remind the House that it was this government that brought the results of the internal audit forward, not because anybody told us we had to but because we believe in openness and transparency.

I want to remind the House that the Department of Human Resources Development Canada has committed to the Canadian public that it will fix this problem. If the opposition would just take the time to see all the changes that have occurred, it would see that we are true to our word. Finally—

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

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, for 20 straight weeks evidence has mounted of HRDC incompetence in handling literally billions of public money.

Oral Questions

The minister's attempts to convince Canadians that there is nothing to worry about have failed to square with the facts. The government may make some cosmetic changes to try to paper over the ugly mess at HRDC.

It will just get rid of the jobs fund pork barrel, dismantle the department and shuffle the minister off to fresh pastures, but why does it fail to deal with the root problem, which is lack of respect for taxpayers and their money?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, on the contrary. It is out of absolute respect for the Canadian public that we chose to tell them that we had a problem within the department. It is out of respect for the Canadian public that we stand firm behind their values, that Canadians will support each other in times of trouble.

The member speaks about cosmetics. I just wonder how big the cosmetic bag will have to be when they try to explain to the Canadian public their membership boondoggle.

* * *

[Translation]

PARENTAL LEAVE

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, one of the arguments used by the Prime Minister to refuse to negotiate parental leave with Quebec is that the federal program will come into effect on January 1, 2001, and that Quebec families would lose one year.

But that argument does not make sense. No one is opposed to the coming into effect of the federal program—

Some hon. members: Hear, hear.

Mr. Gilles Duceppe: But there is more. Let us see if they are going to applaud.

The provincial program will come into effect on January 1, 2002. This means there a year and a half left to negotiate.

Will the Prime Minister do the right thing, will he think about the future and negotiate?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, there is nothing to negotiate. We have a program that will be implemented and that will benefit Quebecers who want to avail themselves of that option. Instead of a 6 month period, they will receive money from the federal government during 12 months.

The provincial government can complement the federal program if it so wishes. That happened in the past with family allowances. There were family allowances from the federal government and the

Oral Questions

Quebec government of the day added provincial family allowances. It can do exactly the same thing with parental leave.

• (1425)

Mr. Gilles Duceppe (Laurier—Sainte-Marie, BQ): Mr. Speaker, the Prime Minister obviously does not understand the whole situation, the modern reality of young families. Even *The Montreal Gazette* agrees with the Quebec government, something which rarely happens.

I am asking the Prime Minister to not look at the past, to not remain frozen in the past. Let historians deal with the past. Will the Prime Minister think about the future, about young families and sit down to negotiate in good faith, as he must, under his own legislation? Will he think about young families, not his own personal interests and those of his party? That is all we ask of him.

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, a few years ago, we undertook negotiations on this issue with the Quebec government. Its officials left the negotiating table, so we acted accordingly.

The federal program is in effect. The money is collected by the federal government across the country and is distributed in the same fashion in all the provinces.

If the Quebec government wants to add on to our program, fine. Nothing prevents it from doing so. Families will then receive money from the federal government and whatever amount the provincial government is prepared to give them.

Mrs. Christiane Gagnon (Québec, BQ): Mr. Speaker, the federal government's parental support program is far less advantageous than that proposed by the Government of Quebec. Ottawa's comes from the employment insurance program, and is therefore funded by the contributions of employers and employees.

Why is the Prime Minister, stubborn as he is, acting as if this were his own money, when it is the money of young families?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, the EI fund is contributed to by all workers and all employers in Canada.

As I said earlier, it is my understanding that the provincial program they want to put into place requires more contributions by employers and employees. That is up to them.

We have our program, and if they want one that is more specific, they can add very easily onto what we are already doing. The families of Quebec will be very nicely covered, with both the money from the federal government and the money from the provincial government. We are going to respect the jurisdictions of both.

Mrs. Christiane Gagnon (Québec, BQ): Mr. Speaker, privately, the Prime Minister's own colleagues are telling us that they are interested in seeing the federal program brought in line with the Quebec one, when it is in place.

Could the Prime Minister commit to agreeing to negotiate with Quebec and could he state here in this House that the federal government will agree to join with the Quebec program, once it is in place, as his colleagues and certain of his ministers would like him to?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, we have a program in place. Let them join with ours, and improve it. They are welcome to do so.

They have our permission. There is no problem. We each have our own jurisdiction. If they feel our program is not satisfactory, then let them adjust it. They are responsible for social programs in Quebec, just as other provinces are responsible for theirs.

* * *

HUMAN RIGHTS

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, my question is for the Prime Minister.

It is clear that, for this government, money comes before people and profits come before quality of life.

Yesterday, we had proof of this again. The Minister for International Trade stated in committee that trade agreements had nothing to do with human rights.

Does the Prime Minister agree with his minister's surprising remarks?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, what the minister said and what we are saying is that programs and economic and trade problems must be negotiated in this context.

There are other forums for the other issues. We firmly believe that if we have trade relations with other countries whose systems are not as good as ours, we are in a better position to influence them than if we were to completely isolate them. This is the case with many countries.

We always refer to human rights, but we try to create jobs for them and for us.

[English]

Ms. Alexa McDonough (Halifax, NDP): Mr. Speaker, whether it is labour, environment or human rights, the government is all for it as long as there is no teeth and no enforcement. Listen to what the trade minister said:

Can we deprive countries of South America of one of their assets which is cheap labour?

Cheap labour is not an asset. It is deprivation. It is exploitation. It is human misery. Such conditions should not be applauded; they should be condemned.

Oral Questions

• (1430)

Will the Prime Minister agree that labour, the environment and human rights must be essential elements in any trade deal involving Canada?

Mr. Bob Speller (Parliamentary Secretary to Minister for International Trade Lib.): Mr. Speaker, I want to assure the hon. member and all Canadians that the Government of Canada takes this issue very seriously.

Our goal is to ensure there is a coherent approach with the ILO on labour, with UNEP on the environment, with the IMF and the World Bank. We want to get these groups all talking together to ensure that these issues are in the forefront of the international agenda.

* * *

[Translation]

PARENTAL LEAVE

Mr. André Bachand (Richmond—Arthabaska, PC): Mr. Speaker, increasingly the spectre of a legal battle between Quebec City and Ottawa on the question of parental leave is raising its head. It is not up to the judiciary to decide whether the federal system is working well, but rather the electorate.

Could the Prime Minister of Canada not follow the example set by his Minister of Finance, who agreed with his provincial counterpart and found a common ground they could agree upon, or should we quickly replace the Prime Minister with his Minister of Finance?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, we gave Quebec the opportunity to negotiate a number of years back. They left the table. We have a federal program that applies to all Canadians. I think the people in Quebec are happy to have a federal government that looks after their social problems.

Oddly enough, when the federal government wants to do something, what does the Government of Quebec want? It wants the money from the federal government so it can distribute it. I think that the electors are better served when they know that their money is distributed by the government that collected it.

* * *

[English]

NATIONAL DEFENCE

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, the specifications for replacement of the Sea King helicopters were signed off two months ago by DND and then sent to the Minister of National Defence, who I understand has also signed off and forwarded them to the Prime Minister's office.

Would the Prime Minister inform the House today what is holding up the final approval of these specs? Is it because the Prime Minister does not want to have the Cormorant as part of the tender process?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, my answer is very long. No.

* * *

HUMAN RESOURCES DEVELOPMENT

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, we all remember René Fugère, the guy who is under police investigation for being an unregistered lobbyist. We also remember when René Fugère, the Prime Minister's body double, worked with the Prime Minister's favourite Shawinigan lawyer, Mr. Gilles Champagne, to create an illegal trust fund that benefited a third prime ministerial crony in the Placeteco Inc. deal.

At the conclusion of this session, would the Prime Minister care to explain once again why HRDC was forced to break the rules that then benefited his close friends?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, we remember that party talking about \$3 billion being missing. We remember that party talking about \$1 billion being missing. We know now that is not the case at all.

We remember members of that party talking about the fact that they are not interested in supporting Canadians in need. They said that through grants and contributions we are wasting taxpayers' dollars to support young people who want to find employment, to support Canadians with disabilities, to support Canadians who want to improve their literacy. We remember that and so do Canadians.

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, we really wish the hon. minister would do more than just remember and actually fix the problems in her department.

A full one-third of those who donated to the Prime Minister's personal election campaign ended up getting grants, contributions or contracts from his government, in other words, from the taxpayers of Canada. Was that because the other two-thirds just did not donate enough?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, I would like to use this occasion to say how hypocritical those people are. They have a little problem in their own party where it is evident that some people are trying to steal the leadership while they sit there and do nothing. That is the only problem they have to deal with and they do not know what to do.

Oral Questions

• (1435)

We had problems and we have solved them. That is why at the end of this session we can say that when we started, unemployment was at 11.5% and now it is down to 6.6%. When we started, there was a \$42 billion deficit and the Minister of Finance has informed me that he now has a very big surplus.

* * *

[Translation]

PARENTAL LEAVE

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, the solution proposed by the Prime Minister regarding parental leave reflects his vision of Canada.

He is proposing a two-tier system and a duplication of programs that will only, as evidenced by years of experience in other areas, generate useless costs and inefficiencies.

Does the Prime Minister not agree that, together, we could negotiate to use the money contributed and create a simple and comprehensive program, strictly for the benefit of Quebec's young families?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, we have a program that has been working for 30 years. Everyone was very pleased that, thanks to this government's good management, we were able to extend the period from 6 to 12 months.

Again, it is very easy for the Premier of Quebec and others to want to implement good policies with money provided by the federal government.

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, is the Prime Minister giving us a demonstration of the inflexibility of Canadian federalism, by stubbornly refusing to take into account the interest of young families?

Does he realize that this is all that matters here, now that the time has come for this government to get along with Quebec?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, if they truly care about Quebec families that are not covered by employment insurance, let them take their responsibilities and create a new program with their resources.

We have responsibilities toward those who contribute to employment insurance. We use the money that they put into it to help these families. If those who are not covered by the employment insurance have problems, let the Quebec government assume its responsibilities.

[English]

HUMAN RESOURCES DEVELOPMENT

Mr. Eric Lowther (Calgary Centre, Canadian Alliance): Mr. Speaker, we all know that last August, HRDC officials were in full damage control mode over a billion dollar boondoggle audit. Their communications department had prepared an action plan to handle the crisis and officials were hunkering down for the coming storm. The minister was obviously terrified of the consequences of this audit becoming public.

Was it that fear of the public finding out that prevented the minister from telling Canadians about the audit for a full six months after it was completed?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I can only be amused that after six months we are still back where we started.

I can say that again we see unsupported allegations being repeated and repeated and repeated. Repetition does not make things true.

If those members would take the time to actually look at the facts where indeed we made the report public, where we have taken action to improve the administration of the department and where we have defended and strengthened grants and contributions in this country, they would see that things have been done. We have taken leadership and we are doing the right thing.

Mr. Reed Elley (Nanaimo—Cowichan, Canadian Alliance): Mr. Speaker, I do not know what the minister finds so funny about missing \$1 billion. The Minister of Human Resources Development waited until two days after we submitted an access to information request before she announced the existence of the billion dollar bungle audit. She then tried to postdate the acknowledgement of our access requests.

Was the minister more ashamed about her billion dollar bungle or her attempt to cover it up?

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I would suggest that it is the hon. member who should be embarrassed.

First, here again he reiterates the falsehood that \$1 billion is missing. It is not. He reiterates the fact that they think the access to information request spawned the audit. It did no such thing. That was discussed in this House many months ago. Again we see the reiteration of falsehoods and misdirection.

Those members talk about draft reports. If they would take the time to look at the facts, to see the progress, to see the actual results of the work, they would understand that things have been taken into hand and are in much better shape today than they were.

• (1440)

[Translation]

FRANCOPHONE ATHLETES

Ms. Caroline St-Hilaire (Longueuil, BQ): Mr. Speaker, the Secretary of State for Amateur Sport is loudly praising his exploits as a minister.

Yet the Commissioner of Official Languages has given him a really poor grade on his report card. She has even told him that he has a lot of homework to do in order to foster equality of opportunity for francophone athletes.

Given the relatively short career of athletes, and the fact that coaches can work for 10 to 20 years, would it not be normal to require that the latter be bilingual?

Hon. Denis Coderre (Secretary of State (Amateur Sport), Lib.): Mr. Speaker, I can understand the hon. member's frustration. Yesterday she was questioning my credibility and today she is looking for some for herself.

Clearly, in the past ten months, with all the concrete actions in which we have been involved, there is one thing I can say: ask any athlete, regardless of their coach, and they will say one thing for certain: we are "on the right track".

Ms. Caroline St-Hilaire (Longueuil, BQ): Mr. Speaker, it is all very fine for the secretary of state to speak to us of agreements he has signed making knowledge of French a criterion. It is all very well for him to boast of his work as a minister but will he admit that these agreements will not be valid unless an obligation is also in place for trainers and coaches to be bilingual?

Speaking French must not be just any old criterion but an obligation.

Hon. Denis Coderre (Secretary of State (Amateur Sport), Lib.): Mr. Speaker, may I take this opportunity, since we are finishing today, to extend the best wishes of the Government of Canada to the Quebec and Canadian athletes who are going to represent us so well at the next Olympics.

I will be at the opening ceremonies. I have a memorandum of agreement and everything will be in both official languages.

* * *

[English]

HUMAN RESOURCES DEVELOPMENT

Mr. Darrel Stinson (Okanagan—Shuswap, Canadian Alliance): Mr. Speaker, now that the scope of the mismanagement in HRDC has come to light and created the dismantling of the department in the government's attempt to cover its tracks, my question is, without HRDC how does the Liberal government plan on financing its next election campaign?

Oral Questions

The Deputy Speaker: That question is beyond the competence of the government and is out of order.

Mr. Myron Thompson (Wild Rose, Canadian Alliance): Mr. Speaker, René Fugère lobbied for a TJF grant for a hotel in Shawinigan. Fugère is an unregistered lobbyist being investigated by the RCMP. Ten days after the first \$100,000 was received, the hotel cut a cheque for \$11,500 to Mr. Fugère.

My question is for the Prime Minister. Was October 25, 1993 the day that kickbacks became acceptable?

The Deputy Speaker: In my view, that question is also out of order but the hon. government House leader may reply.

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, both questions just asked beg the following answer. In a recent *Hill Times* article the member for Prince George—Peace River said that one of the reasons he supported changing the name of his party to the Canadian Alliance was that "it seemed to hold out the promise for more corporate contributions".

Some hon. members: Oh, oh.

The Deputy Speaker: We can see the difficulty the House can get into when questions are out of order.

* * *

[Translation]

PERSONS WITH DISABILITIES

Mrs. Madeleine Dalphond-Guiral (Laval Centre, BQ): Mr. Speaker, since May 26, disabled youth in Quebec taking part in the federal opportunities fund for persons with disabilities have been without jobs.

As a result of the new accountability rules imposed unilaterally by Human Resources Development Canada, all participants in the fund's various programs—more than 1,200 people—will lose their jobs by June 30.

Given the uncertainty in which these 1,200 people find themselves, what measures does the minister have planned to help keep them in the labour market, apart from EI?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, the question gives me the opportunity to share with the House the importance of the opportunities fund, a fund that makes sure that Canadians with disabilities have the chance to get employment opportunities.

• (1445)

If I understand the question properly, the hon. member has raised the issue about a certain organization in the province of Quebec

Oral Questions

before. We continue to work with that organization in support of disabled Canadians.

Surely, however, she wants to ensure that accountability structures are appropriate.

* * *

FIREARMS ACT

Mr. Larry McCormick (Hastings—Frontenac—Lennox and Addington, Lib.): Mr. Speaker, today the Supreme Court of Canada ruled on the reference regarding the Firearms Act.

Can the Minister of Justice tell the House what this decision means to Canadians?

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, I am pleased to say that today the Supreme Court of Canada unanimously confirmed the constitutional validity of the Firearms Act.

Some hon. members: Hear, hear.

Hon. Anne McLellan: Mr. Speaker, I am particularly pleased because this is a victory for all Canadians and it is a victory for public safety.

We on this side of the House know that the firearms registry and licensing system enjoys the support of the vast majority of Canadians.

At this point, I would ask all Canadians who are firearms owners and users to comply, and in particular, I would ask our friends in the official opposition—

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

* * *

HUMAN RESOURCES DEVELOPMENT

Mr. Gurmant Grewal (Surrey Central, Canadian Alliance): Mr. Speaker, on November 3, 1999 the HRDC minister said that the TJF projects had been managed properly, but they were not. She then said that the TJF projects went through the acceptable review process, but they did not. She then said that the process had been fully addressed, but it had not.

Why was the minister so economical with the truth but not with taxpayers' dollars?

The Deputy Speaker: I think the hon. member for Surrey Central will recognize that he will not want to get into discussions about economy with the truth. He might want to finish putting his question very directly. We will not carry on in that vein.

Mr. Gurmant Grewal: Mr. Speaker, why was the minister not straightforward with the taxpayers? Why was she trying to misguide the House at that time?

Some hon. members: Oh, oh.

The Deputy Speaker: I see there are a lot of cases of foot in mouth disease this afternoon. The question is out of order as framed. However, there was a question there, and if the Minister of Human Resources Development wishes to reply she may do so.

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I have always tried to be straightforward in my responses.

Today I would continue to reiterate the fact that the transitional jobs fund and the Canada jobs fund have created opportunities for Canadians that would not have otherwise been there.

I would reiterate the fact that the investments that we make through our youth programs have made a difference in the lives of youth, particularly youth at risk.

I would reiterate the fact that we are focused and, together with our partners, we are making a difference to ensure that Canadians with disabilities have a chance to participate in what we know to be one of the greatest economies in recent years and country with the lowest unemployment levels in—

The Deputy Speaker: The hon. member for Nanaimo—Alberni.

Mr. Bill Gilmour (Nanaimo—Alberni, Canadian Alliance): Mr. Speaker, the audit identifying the HRD fiasco found that 15% of the projects did not have an application form, a full quarter did not have a description of what the project entailed, and eight out of ten had no financial monitoring.

Was it the actual findings within the audit or was it the minister's bungling of the audit and the fallout later on that has caused her to be shuffled within the cabinet or perhaps outside the cabinet?

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, I know that the opposition is not looking at what is needed there because it knows it will never have to deal with this problem.

* * *

THE ENVIRONMENT

Mr. Dennis Gruending (Saskatoon—Rosetown—Biggar, NDP): Mr. Speaker, the environment minister continues to insist that protecting the drinking water of Canadians is not his business. We do not believe that and neither do Canadians. Even Liberal backbenchers, and here I am thinking of the member for Oxford, have begun to speak out.

The Environmental Protection Act gives the minister the power to act when the health of Canadians is at risk.

When individuals contact the minister this summer, as surely they will, about the concerns for safety in their drinking water, what action is he prepared to take?

• (1450)

Hon. David Anderson (Minister of the Environment, Lib.): Mr. Speaker, the tragic events at Walkerton should not be used for crass political advantage.

The member knows that the federal Department of Health, in conjunction with the ministries of health in the provinces and the territories, sets the standard for various substances in water. For E. coli it is zero parts per million.

He also knows that the system of distribution of drinking water in the province of Ontario is essentially the responsibility of the municipalities, supervised by the provincial government. If he wants to have a system where all three levels of government get in one another's way allowing the—

The Deputy Speaker: The hon. member for Winnipeg North Centre.

* * *

HEALTH

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, the government seems to have learned nothing from the lessons of the past.

Its attitude of indifference to tainted water is no different than its attitude to tainted blood. It cannot even keep its commitments to the victims of hepatitis C. It has been two years, two months and twenty days since the government made its limited compensation offer. To this moment, not a penny has flowed and victims are getting sicker and weaker and many are dying.

Since we are almost at Canada Day, a day of national pride, will the minister undertake to flow the money before July 1?

Hon. Allan Rock (Minister of Health, Lib.): Mr. Speaker, the member knows that it is because of the leadership of this government that thousands and thousands of people who were infected with hepatitis C were not required to go through a decade in court.

We co-ordinated governments across the country to make an offer to compensate them appropriately. That has now been approved by the courts and we are now at the point where the courts are going to supervise the distribution of those moneys.

The member should acknowledge that this government, under the leadership of the Prime Minister, saved those people years before the courts.

* * *

GUN REGISTRY

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, as the Liberal election readiness team gears up

Oral Questions

and the cabinet shuffle demons rear their heads, the justice minister plans to announce a reduction in gun registration fees.

That is a nice gesture, but it will create further confusion for those who have already paid. Add to this, the list of spiralling costs, huge rates of error, low participation and a backlogged system, and the justice minister is going to revel in her supreme court slap on the provinces and the territories.

Perhaps she could explain to Canadians in simple terms just how this expensive, ineffective registry system will protect Canadians.

Hon. Anne McLellan (Minister of Justice and Attorney General of Canada, Lib.): Mr. Speaker, it is too bad that the vast majority of Canadians get it, this side of the House gets it, the Supreme Court of Canada seems to get it but the member opposite does not get it.

Some hon. members: Oh, oh.

The Deputy Speaker: Order, please. It is very difficult to hear the reply of the minister. I know she is struggling against a lot of noise at the far end of the Chamber that is almost out of my hearing, but I cannot hear her. The hon. the Minister of Justice has the floor.

Hon. Anne McLellan: Mr. Speaker, as I said earlier, the supreme court unanimously confirmed today, our Firearms Act is about public safety.

Canadians support this legislation because they know it is about public safety. Therefore, I would encourage everyone in the House, in particular the hon. member, to encourage Canadians wherever they live to comply with this law.

* * *

EMPLOYMENT INSURANCE

Ms. Angela Vautour (Beauséjour—Petitcodiac, PC): Mr. Speaker, my question is for the Prime Minister.

While the Prime Minister was in New Brunswick last week, he confirmed that the reason why there are only three Liberal seats left in the province is because of the negative impact of the cuts to the EI program.

Now that the Prime Minister has realized his mistake, when will he instruct his ministers to rectify the unfairness caused by the EI reform toward workers dependent on the seasonal industry? I ask the Prime Minister to give an answer to the people of New Brunswick.

Right Hon. Jean Chrétien (Prime Minister, Lib.): Mr. Speaker, during my visit I found out that we will win a lot of seats next time. I am sorry for the member who may not be back as the member from Beauséjour.

We have had to deal with some very difficult problems in Atlantic Canada and we are working on a strategy. I am sure the

Oral Questions

member will be pleased with that and may want to become a Liberal after that.

* * *

• (1455)

FOREIGN AFFAIRS

Ms. Colleen Beaumier (Brampton West—Mississauga, Lib.): Mr. Speaker, for nearly 10 years Canada has participated in military and economic sanctions against Iraq. These sanctions have had little impact on Saddam Hussein's regime but they have devastated the civilian population.

I ask the Parliamentary Secretary to the Minister of Foreign Affairs, as a member of the United Nations Security Council will Canada lead the fight to finally end these destructive economic sanctions?

Mr. Denis Paradis (Parliamentary Secretary to Minister of Foreign Affairs, Lib.): Mr. Speaker, when Canada joined the Security Council in January 1999 we immediately raised concerns about the humanitarian conditions in Iraq. We facilitated the setting up of panels to study the conditions in Iraq and we re-opened the resolutions.

In April, Canada commissioned a study and set up a task force to investigate how sanctions could be better targeted. Recently in Ottawa the executive director of UNICEF said that it was not just sanctions but the government of Iraq that was responsible for the suffering of the children.

* * *

HUMAN RESOURCES DEVELOPMENT

Mr. Paul Forseth (New Westminster—Coquitlam—Burnaby, Canadian Alliance): Mr. Speaker, the human resources minister sticks to her improbable claim that she was not briefed about the billion dollar bungle until November 17.

If we are to suspend this belief just for a moment and take her at her word, could the Prime Minister explain why she then blew another \$3 million on the same broken programs within weeks after the briefing? Why did the people's money keep flowing? Who was being paid off?

Some hon. members: Oh, oh.

The Deputy Speaker: The hon. member will want to withdraw any allegations of paying off people. I think he recognizes that is improper. I would invite him to withdraw those words.

Mr. Paul Forseth: Mr. Speaker, I will withdraw those words, but I would like an answer to the substance of the question.

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I would like to share with the House some words on the Canadian Alliance website. Their lead page starts like this:

Throughout most of the last century the Government of Canada was dominated by the Liberal Party. Particularly throughout the 1990s the people of Canada saw no viable, electable alternative.

I would like to say that after six months of attacking my department, the Canadian Alliance has proved two things: first, that this government is prepared to take administrative issues seriously because we are accountable; and two, that it does not believe that investing in Canadians is the right thing to do. That party sees it as a waste.

[Translation]

Mr. Bernard Bigras (Rosemont, BQ): Mr. Speaker, with respect to the Placeteco affair, the Minister of Human Resources Development solemnly declared here in the House that she had paid the \$1.2 million grant to Placeteco upon receipt of invoices.

But despite our repeated requests, we have still not received copies of any invoices, whether through access to information or through the minister herself.

Is the government not ashamed of its behaviour in the Placeteco affair and of its defence that it paid \$1.2 million based on invoices that we know do not exist?

[English]

Hon. Jane Stewart (Minister of Human Resources Development, Lib.): Mr. Speaker, I think it has been agreed that the appropriate way to access those invoices is through the access to information process. The opposition understands, as everyone does, that this is an arm's length undertaking. I can confirm that any information that can be made available, will be made available as time permits.

* * *

SCOTIA RAINBOW

Mrs. Michelle Dockrill (Bras d'Or—Cape Breton, NDP): Mr. Speaker, for five months questions have been asked about this government's involvement with Scotia Rainbow. The HRDC minister passed the buck to the ACOA minister. The ACOA minister does a sloppy Liberal two-step around questions regarding Scotia Rainbow.

Given these ministers' inability to answer any of these questions, will the Prime Minister do what his ministers cannot? Will he tell us today why it is that businesses with bad track records can access public funds as long as they have a picture of themselves with the Prime Minister in one pocket and a Liberal Party donation receipt in the other?

• (1500)

Hon. George S. Baker (Minister of Veterans Affairs and Secretary of State (Atlantic Canada Opportunities Agency), Lib.): Mr. Speaker, the total amount of money given by the federal

government to this project was one-fifth of that given by the chartered banks, one-quarter of the equity put in by the financiers, and one-half of what was put in by the provincial government.

The federal government involvement was just a whisker, just a whit, just a tittle of what the other agencies put in.

* * *

FISHERIES AND OCEANS

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, my question is for the Minister of Fisheries and Oceans. In spite of the fact that the minister is getting warnings from fisherpersons, the few scientists he has left and people in the industry about the state of the northern shrimp stock, how can he justify a new entrant when it flies in the face of all sensible advice from the industry, in the face of opposition from the premier and the fisheries minister of Newfoundland, and in the face of common sense?

Hon. Harbance Singh Dhaliwal (Minister of Fisheries and Oceans, Lib.): Mr. Speaker, in any fishing plan, particularly in the shrimp managing plan for this year, conservation is our priority. I want to assure the hon. member of that.

Of course, we also respect the adjacency principle. That is why 70% of the harvesting will be done by the people of Newfoundland and Labrador. This is the same as in 1999.

The peoples who will be involved who were not involved before include the Innu nation of Labrador, who have been trying to get access to the resource for many years, the province of P.E.I., which has never had any access compared to others, as well as the Fogo Island co-op. That is reasonable.

* * *

FOREIGN AFFAIRS

Ms. Eleni Bakopanos (Ahuntsic, Lib.): Mr. Speaker, recently the President of the Hellenic Republic visited Canada at the invitation of our government.

During his very successful visit the President discussed the Cyprus issue with both the Prime Minister and the Minister of Foreign Affairs.

Given the upcoming round of proximity talks in July, can the Minister of Foreign Affairs reiterate this government's position and tell us what we are doing to help secure a prosperous future and enduring peace for the people of Cyprus?

Mr. Denis Paradis (Parliamentary Secretary to Minister of Foreign Affairs, Lib.): Mr. Speaker, Canada supports the UN Security Council resolution calling for the establishment of a bizonal, bicomunal federation on Cyprus.

Business of the House

Canada joined with the other G-8 members at last year's Cologne summit to invite the leaders of the two parties to comprehensive negotiations. We have advanced a de-mining initiative to the parties and offered to provide constitutional expertise. Canada is open to provide any other assistance it can to help resolve this longstanding question.

The G-8 has Cyprus on its agenda and will be closely monitoring developments in Geneva.

* * *

BUSINESS OF THE HOUSE

Mr. Chuck Strahl (Fraser Valley, Canadian Alliance): Mr. Speaker, inquiring minds want to know what the minister has planned for the rest of the day, and I would like to wish him a reasonably good summer and a good rest because I think that when we come back in the fall, in whatever fashion, it could be kind of a heated little race on to the next stage of political life.

Could he let us know, when we come back on September 18, what would be the first order of business? What is the number one priority of the government?

• (1505)

[Translation]

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I will not dwell at length on all the bills under consideration, largely because of the House's productivity in recent weeks, which is thanks to the co-operation of all parties.

This evening, when we deal with the supply bill, we will have concluded all the work on the agenda for this session.

[English]

Let me take this opportunity to thank all hon. members for their constructive approach in recent days which has produced the results that make it such that the House will be adjourning later today for the summer recess.

In particular, I want to pay tribute to all House leaders and whips of all parties in the House. Their contribution toward parliamentary democracy, notwithstanding our disagreements from time to time on policy issues, has been immense. I think that this is the kind of collaboration the Canadian people expect of all of us in this House.

If I were to address a short list of some of the bills to be addressed in the House, and not necessarily in the appropriate order, I would have to say: Bill C-14, respecting Manitoba claims; Bill C-8, respecting marine parks; Bill C-3, respecting youth justice; the bank bill; Bill C-31, respecting immigration; and Bill

Tributes

C-33, respecting species at risk. Those issues are all priorities for the government, and so of course will be the concerns that Canadians will bring to our attention this summer. All these things will be the subject of the immediate attention of the government when we return in the fall.

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, I have a supplementary question for the government House leader.

I think I remember asking the government House leader about a year ago when legislation would be forthcoming to deal with the multiplicity of reproductive technologies that are available. He said at that time that something would be forthcoming. It is now many months later. Perhaps he could address that matter.

While I am on my feet, could he give us the assurance that after the House adjourns the Prime Minister will not be making a raft of appointments to the other place for various Liberal hacks and flacks that are needed to accomplish the government's agenda there?

Hon. Don Boudria: Mr. Speaker, I will answer the second question first. It is certainly my hope that the Prime Minister, as I am sure he will, will fulfil his constitutional responsibility in ensuring that there are members to serve adequately and very well in the other House. I am certainly very confident that he will do so, but I will take the hon. member's suggestion as representation to ensure that the other House has a full complement of able Canadians to serve this country.

On the second point, there is not a bill on reproductive technologies presently on the order paper. The hon. member opposite will recognize that. I will discuss the issue with the Minister of Justice, the Minister of Health and others in an effort to bring such legislation to the floor of the House as soon as possible.

* * *

**100TH BIRTHDAY GREETINGS TO THE QUEEN
MOTHER**

Mrs. Elsie Wayne (Saint John, PC): Mr. Speaker, I move:

That as we will not be in the House of Commons on August 4, that the Speaker send an address to Her Majesty Queen Elizabeth the Queen Mother expressing the heartiest good wishes and congratulations of all members of the House of Commons on the occasion of her 100th birthday.

Mr. Speaker, we have a very special way in Canada of wishing people a very happy birthday, and it goes like this.

[Editor's Note: Members sang Happy Birthday to the Queen Mother]

The Deputy Speaker: Does the hon. member for Saint John have the unanimous consent of the House to move 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)

• (1510)

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, the House will forgive me if I do not sing. In fact, hon. members may thank me.

I would certainly like to make it clear that my colleagues and I in the New Democratic Party join with other members of the House in expressing best wishes to the Queen Mother on her 100th birthday.

Mr. John O'Reilly (Haliburton—Victoria—Brock, Lib.): Mr. Speaker, having been born on August 4, the Queen Mother's birthday, I want to thank the hon. member for Saint John for such a rousing rendition of wishing me a happy birthday along with the Queen Mother.

Some hon. members: Oh, oh.

The Deputy Speaker: I am sure that all hon. members join the hon. member for Saint John in that expression of good wishes.

Miss Deborah Grey (Leader of the Opposition, Canadian Alliance): Mr. Speaker, I was born on July 1, which was Dominion Day back in the good old days when I was born. Of course, we celebrated the fact that we were the Dominion of Canada. We have the Scripture verse on the Peace Tower here that says "He shall have dominion from sea to sea". That is an exciting part of history for me.

In our family we have loved the Queen Mom and we want to wish her a wonderful happy birthday on August 4.

Some hon. members: Hear, hear.

Hon. Don Boudria (Leader of the Government in the House of Commons, Lib.): Mr. Speaker, on behalf of the Government of Canada, I want to join in the expression of good wishes made earlier this day by the hon. member for Saint John in wishing Her Majesty the Queen Mother our very best wishes on her upcoming 100th birthday.

[Translation]

Ms. Jocelyne Girard-Bujold: Mr. Speaker, I seek the unanimous consent of the House to revert to petitions under Routine Proceedings.

The Deputy Speaker: Is there unanimous consent?

Some hon. members: Agreed.

ROUTINE PROCEEDINGS

[Translation]

PETITIONS

OLDER WORKERS ASSISTANCE

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, I wish to table a petition containing 118 signatures. As union leaders, these petitioners represent 4,951 workers.

The petition reads as follows “In view of the many job losses in pulp and paper plants, already announced or still to come, the government should be developing financial assistance measures for older workers, such as the POWA program, in order to help these workers leave their jobs so that workers with less seniority can keep working, and job losses can be offset”.

[English]

TRADE

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, since we have this unexpected opportunity, courtesy of the unanimous consent of the House, to present petitions, I would like to present a great many petitions. The petitions are very similar to ones I have been presenting for a number of years having to do with the WTO.

The petitioners call upon parliament to secure binding and enforceable rules to protect human rights, core labour standards, cultural diversity and the environment before Canada negotiates any new trade and investment rules at the WTO or any other trade forum. They insist that health care, education and culture be completely carved out of WTO agreements. They refuse to accept any trade rules of the WTO that would include an investor state mechanism which would allow global corporations to sue and intimidate democratically elected governments, and they call for the elimination of this mechanism from the NAFTA.

The petitioners also want to reform the WTO to make it a much more open, inclusive and democratic organization.

Finally, they call for work to be done to build an alternative model of globalization, one designed to help citizens in Canada and around the world to achieve a stable rules based global economy that would protect the rights of workers and—

The Deputy Speaker: Order, please. I hesitate to interrupt the hon. member for Winnipeg—Transcona, but the presentation of petitions is to be based on a succinct explanation of the petition. With all respect to the hon. member, this explanation is not succinct. It may have other virtues. I know the hon. member would want to comply with the rules.

Routine Proceedings

Mr. Bill Blaikie: I would, Mr. Speaker, and for that reason I would just utter the last several words of the petition: “and ensure the ability of governments to act in the public interest”.

THE QUEEN’S OWN CAMERON HIGHLANDERS

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, I have another petition, an entirely different one, which calls on parliament to reject the plan of the Department of National Defence to abolish the Queen’s Own Cameron Highlanders of Canada or to amalgamate them with another militia regiment.

These petitioners from Winnipeg believe that Manitoba’s only highland regiment should be retained. They believe that the Camerons are useful to all citizens of Manitoba. They believe that a strong militia is the basis upon which capable national defence is built.

• (1515)

THE SENATE

Hon. Lorne Nystrom (Regina—Qu’Appelle, NDP): Mr. Speaker, I have a petition to present which is signed by a number of people from across the prairies.

The petitioners are calling upon the House of Commons to abolish the unelected Senate. They are saying that the Senate is undemocratic. It is not elected. It is not accountable. It actually costs taxpayers some \$50 million a year. It is now redundant. It undermines the role of members of parliament.

They say we need to modernize our political and parliamentary institutions, and because of that they say we should begin the process of the abolition of the undemocratic Senate.

[Translation]

GENETICALLY MODIFIED ORGANISMS

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, I wish to table two petitions signed by 588 people who are calling on this House and on parliament to quickly pass legislation making it mandatory to label all foods that are wholly or partially genetically modified.

IMPORTATION OF PLUTONIUM

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): I have two other petitions calling on this House and on parliament to take all necessary action so that Canadians and their representatives are consulted on the principles of importing MOX plutonium.

[English]

Mr. Derek Lee: Mr. Speaker, I rise on a point of order. There have been consultations and if you would seek it I would hope you would find unanimous consent for the following motion dealing with the tabling of committee reports: Provided that on any day

Privilege

prior to June 30, 2000, if the Standing Committee on Natural Resources and Government Operations has a report ready for presentation in the House, the said report may be deposited with the Clerk of the House and shall be thereupon deemed tabled in the House.

The Deputy Speaker: Does the hon. parliamentary secretary have unanimous consent of the House to propose the motion?

Some hon. members: Agreed.

An hon. member: No.

* * *

POINTS OF ORDER

COMMENTS DURING QUESTION PERIOD

Mr. Bill Blaikie (Winnipeg—Transcona, NDP): Mr. Speaker, I rise on a point of order arising out of question period and arising out of many other question periods.

I would like to ask the Chair to take some time over the summer to reflect on the advisability of a practice which has grown up in question period of the Chair ruling or observing that questions are out of order and then asking ministers of the crown whether or not they would then like to answer the questions that are out of order.

If the Chair rules a question out of order, it seems to me that should be the end of the matter. It is not a question of the question being out of order and answering it anyway, or he may answer it anyway. It puts the minister on the spot. If the question is out of order, if it is so ruled, that should be the end of the matter. The time of the House should not be consumed with ministers answering questions that have been ruled out of order.

I would ask the Chair to consider that matter over the summer. Perhaps a new practice, depending on what conclusions the Chair arrives at over the summer, might be implemented in the fall.

Mr. Dale Johnston (Wetaskiwin, Canadian Alliance): Mr. Speaker, I rise on the same point of order. I noticed the same thing as the hon. member for Winnipeg—Transcona. I also noticed that on the first question the Speaker ruled out of order the Prime Minister was signalling to the House leader of the government to answer it. The Speaker did not allow an answer at that point.

On the second question ruled out of order, the House leader for the government was on his feet, very anxious to answer the question. I do not think that it was a discretion of the Speaker at all. It was a matter of the minister asking for an opportunity to answer the question.

The Deputy Speaker: The hon. member for Winnipeg—Transcona raises a point that obviously has been of some concern to the Chair on occasions in the past. As the hon. member knows, it is not that often that the Deputy Speaker is in the chair for question period, so I do not normally have to deal with this matter. On Fridays members are so well behaved that I very seldom have to rule a question out of order.

However, today, as the hon. member for Wetaskiwin has pointed out, on one occasion the question in my view was beyond the competence of the government and I did not permit an answer. In my view it was an improper question and should not have been asked.

On the other two questions that I thought were out of order, they were out of order because of the language in the questions and not because of the content. In those cases I allowed the government to respond, particularly in the one case where the minister exhibited considerable enthusiasm for responding, not just to the one that was out of order but to the second one which was out of order because of in my view the language. That is why I permitted a response.

• (1520)

I am happy to contemplate this matter in the summer. I know I will spend many nights lying awake thinking about what to do the next time I get one of these questions.

An hon. member: Only you would.

The Deputy Speaker: As the hon. member says, only I would. I suspect there may be others who would do the same. I suspect he may be one of them. I know he will have more advice for the Chair on other occasions, and I appreciate the advice. I know my fellow chair occupants appreciate the advice of all hon. members on these difficult questions.

* * *

PRIVILEGE

DEPARTMENT OF JUSTICE

Mr. John Bryden (Wentworth—Burlington, Lib.): Mr. Speaker, I rise on a point of privilege. I am asking you to rule on whether MPs may have been wilfully deceived by the Department of Justice because of a document received on MPs' desks just prior to the June 6 vote on Bill C-206, which falsely attributed to the privacy commissioner the expressed concern that opening up 30 year old records would make vulnerable to disclosure personal information, including income tax returns, unemployment insurance records, charitable and political donations, and income investment information.

While this document emanated from government, the comments on the privacy commissioner's position can be traced to a justice department talking points document to cabinet of May 26, which

Privilege

reported that the privacy commissioner considered Bill C-206 to be a “serious threat to the privacy of Canadians” and cited as an example the release of “personal income tax returns which would include information on dependants, charitable and political donations, not to mention income investments and so on”.

The problem is the privacy commissioner was not in official communication with the Department of Justice on Bill C-206 until 10 days after the May 26 memo outlining his position and never described his concerns as a “serious threat” nor ever gave the example cited in the document above.

At issue here is whether it is a breach of privilege if the officials of a ministry are found to have given advice to MPs, both the government and MPs in their places in the House, that negatively characterizes legislation based on statements, expressed and implied, that were improperly attributed to an officer of parliament.

I have a number of documents which I wish to table for your examination. The first we will call exhibit A. It was found on every MPs desk at the commencement of the vote on Bill C-206 and comprises 14 pages in English and French consisting of three documents: a one page excerpt from the privacy commissioner’s 1999-2000 report mentioning Bill C-264, the predecessor of Bill C-206; a letter dated June 5 from the privacy commissioner to the justice minister outlining his concerns with respect to Bill C-206; and a covering two page government note entitled “Summary of Bill C-206”.

You will note that the letter to the justice minister is dated June 5. The vote took place in the evening of June 6. Thus it could not have been received by the justice minister much earlier than 24 hours before. Also, and very importantly, the privacy commissioner assures me that this letter is the only official exchange of correspondence between him and the justice minister or between his office and the justice ministry pertaining to Bill C-206. We need look no further for the sum total of the privacy commissioner’s position on Bill C-206.

I might also say the sponsor of Bill C-206, which was myself, put no document on MPs’ desks, relying on his colleagues to know the bill through the debate that occurred in the House and by letters he had sent to their offices. That is a point you might also wish to contemplate.

The paragraph in the government covering letter that I wish to draw to your attention is that subtitled “Privacy Concerns” which then attributes to the privacy commissioner the concern that making 30 year old records accessible could result in the potential release of personal information. Privacy commissioner and personal records are boldfaced for emphasis.

Then it goes on to give examples of personal information that because of the 30 year provision would be “vulnerable”: income

tax returns, unemployment insurance records, charitable and political donations, and income investment information.

These examples had a tremendously damaging impact on opinion of the bill. Two MPs, the member for Carleton—Gloucester and the member for Broadview—Greenwood, told me afterwards that the examples influenced them to vote against the bill. I am sure many other MPs likewise reacted and may have voted accordingly, but nowhere in any official communication from the privacy commissioner will you find reference to a concern linking the 30 year provision to tax returns, unemployment insurance records, political donations and income investment information. Moreover, the privacy commissioner has assured me that he has never personally used these examples, period. Indeed well he would not. The political donations of individuals are already readily available from the Elections Canada website.

• (1525)

It turns out, however, that the damaging examples in this document that was put on MPs’ desks have a history. I refer now to exhibit B. This is a justice department’s talking points memo to cabinet dated May 26 which says that, and I give you the entire sentence, “The privacy commissioner believes Bill C-206 is a serious threat to privacy”. That is the exact quotation.

The privacy commissioner assures me that although he takes all issues of privacy seriously, neither he nor his staff has ever said that Bill C-206 is a serious threat to privacy. Indeed, if you examine his letter of June 5 you will find that he says that his “greatest concerns can be met with by amendments” and that he is looking forward to “outlining his concerns to the appropriate committee”.

I should say that it is directly the privacy commissioner’s mandate to consider all legislation that gets on the order of precedence for its Privacy Act implications. He expresses concerns on legislation all the time, and those concerns are supposed to be dealt with as the legislation makes its way through committee and report stage.

Further in these talking points to cabinet which were shared with some MPs, which is how I got this document, you will see the statement that the privacy commissioner believes “For example, the release of personal income tax returns would include information on dependants, charitable and political donations, not to mention income investments and so on”.

The privacy commissioner assures me he did not say that, and yet three days after the date of these talking points the sponsor of Bill C-206, that is myself, was summoned before the Deputy Prime Minister, the justice minister, the treasury board president and the government House leader and for the first time asked to account for the fact that the privacy commissioner says that Bill C-206 is going to open up personal income tax forms, personal investments and so on more than 30 years old.

Supply

Despite my thorough knowledge of the bill and despite my explanations, how could I make convincing argument against the supposed word of the privacy commissioner expressed in a document that was not then shared with me?

Two days later the government announced to the Liberal caucus that it was not supporting Bill C-206. Then, for the next four days before the vote, the whip and cabinet ministers directly approached backbench MPs and told them not to vote for Bill C-206 while citing the privacy commissioner's alleged beliefs reported in the justice department talking points of May 26.

However the privacy commissioner's actual, official, written position on Bill C-206 was only received by the justice department at most late in the afternoon the day before the vote and two days after the government began whipping the backbench to vote against it.

When I raised these issues with the privacy commissioner he recalled that there may have been informal talks between his staff and justice department staff. He later informed me that on inquiry he had learned that such talks had occurred in October 1999 and that issues related to income tax returns and other types of personal information had been discussed. The privacy commissioner was not at those talks, and they were of so informal a nature that no record of them was taken by privacy commission staff.

I asked the privacy commissioner if such talks by his staff, which occur from time to time on various items of legislation, could be or should be construed as being his opinion. The privacy commissioner replied, and I give the House his exact words, "If it is not under my signature and seal I did not say it".

There you have it, Mr. Speaker. Documents from the justice department which falsely purported to reflect the privacy commissioner's stated position on Bill C-206 came before the government and MPs in the House and probably affected a vote that was before the House. I believe that this constitutes a prima facie case of privilege.

• (1530)

The Deputy Speaker: I want to thank the hon. member for Wentworth—Burlington for raising this question of privilege. I will certainly review the documents that he has presented with his argument. It may be that a member of the government will wish to respond at a later date to the allegations that are contained in the documents that he will be tabling. If that is the case, I will certainly be prepared to hear those arguments before rendering a decision on the question that he has raised. I will take the matter under advisement at this time.

Mr. Bob Kilger (Stormont—Dundas—Charlottenburgh, Lib.): Mr. Speaker, I regret that I was not present but I understand,

and I stand to be corrected if I am in error, that my colleague may have charged that as the chief government whip I would have lobbied or given instructions to government members on how to vote on a private member's bill under his signature. If that is the correct interpretation, I want to unequivocally deny such an accusation in this instance or in any other instance affecting Private Members' Business.

The Deputy Speaker: The Chair may be wrong but I do not think that was the nature of the allegation.

There are documents that were referred to by the hon. member for Wentworth—Burlington which I think he alleged were the ones that were used to influence the thinking of members of parliament. I do not recall from anything I have heard him say that any of those documents emanated from the chief government whip.

As I said, I think it is appropriate that we review the documents. I know the chief government whip may want to look at them as well, but I think a member of the government may wish to respond to this. We will give time for that to happen.

We will take the matter under advisement at this time and we will deal with it when there is some indication of the availability of a response and when we have had an opportunity to review the documents that have been presented.

GOVERNMENT ORDERS

[English]

SUPPLY

ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion and of the amendment.

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, I listened carefully to my hon. colleague's speech on health care. As we all know, the quality of health care really went downhill when the Liberal government made all the cuts back in the early 1990s. Would the hon. member accept responsibility for all the cuts that were made to the health care system which created the situation that exists today?

Mr. Larry McCormick: Mr. Speaker, we on this side of the House accept the responsibility of fixing a system that needs to be

enforced. We ask for co-operation from all colleagues in this House to take the politics out of health care and to fix the situation.

This gives me an opportunity to thank the people of the beautiful town of Chesterville for their hospitality this past Monday. Chesterville is in the beautiful riding of Stormont—Dundas—Charlottenburgh where the government announced the investment of \$50 million into the innovation fund for rural and community health and an additional \$11 million for the projects under telehealth. This is so very important. Telemedicine is necessary to help fix the situation with respect to health care in rural and remote communities.

Mr. John Duncan (Vancouver Island North, Canadian Alliance): Mr. Speaker, we have had much debate today on health care, the subject of the official opposition supply day motion.

I would like to ask the hon. member for Hastings—Frontenac—Lennox and Addington about health in a more general way. It relates to the fact that when people think about medicare and health care services, most often they are thinking about physical health, but in actual fact what has happened in Canada has been a tragedy in terms of mental health care services.

• (1535)

There has been a shrinkage of resources. What the provinces have been able to secure from the federal government, if there has been a prioritization, it has been away from mental health care services. There have been some very tragic examples recently of what has happened. People with obvious and known to themselves mental health problems have been crying out for help but have not been able to receive it. Consequently they have carried out criminal acts.

Mr. Larry McCormick: Mr. Speaker, I have something of interest for the member's riding.

There was an announcement made on Monday this week about rural Canada. It would certainly apply to beautiful Vancouver Island.

A new system has been set up to deliver an ultrasound service into northern Alberta, probably about three hours north of Edmonton. The technology is now available to transfer the ultrasound images from the town via satellite, across the Equator and back into the clinic in Calgary.

We sat in Chesterville and all Canadians were able to watch the ultrasound images being transferred. A doctor who specializes in interpreting these images received them and sent them back to the doctor in the home town. It saved the patient travel time of three and a half hours to have the ultrasound tests conducted. Also, in front of Canada and with television coverage, an hon. member of

Supply

this House said everyone wanted to know if it was a boy or a girl, but someone in northern Alberta said the mom and dad did not want to know. We all have to work together to address health care.

Mr. Inky Mark (Dauphin—Swan River, Canadian Alliance): Mr. Speaker, I will be splitting my time with the member for New Westminster—Coquitlam—Burnaby.

I am pleased to speak to the health crisis in Canada. I want to speak from the Manitoba perspective. Having actively been involved with this issue for many years in Manitoba, I can certainly tell the House that Manitobans are not happy campers when it comes to their health care services.

The cuts from the federal government have had a huge impact on all the people of Manitoba. The whole health care system in Manitoba had to be reconfigured to deal with the drastic cuts the government made to the tune of about \$24 billion in the early 1990s.

It forced the provincial government to centralize the health system. It is sad that this was forced upon the Gary Filmon government. Unfortunately it may have been one of the factors that cost him the last election because people are still angry about the health care delivery system in the province of Manitoba. As a result we now have a number of regional health authorities who are unelected and appointed by politicians. It is another political game which we have to put up with.

What did I do about this, going back six or seven years? At that time I organized a provincial health meeting with municipal and aboriginal leaders to deal with the health crisis. We had a forum on health. We asked the then Manitoba minister of health, Darren Praznik, to appear before the angry delegates and he did. He found himself in a very difficult situation. He had been appointed to that position about a month prior to the meeting.

Unfortunately all the municipal and aboriginal leaders attacked the province of Manitoba and blamed it for the problem, which in essence was wrong. I can see with 20:20 vision in hindsight that the blame should have been put squarely on the federal government. In fact, no one even wanted to hear that the problem was created by the federal government. Can you believe that, Mr. Speaker? We still need to place the blame on the government that created this problem in the first place, the federal government.

• (1540)

Today the problem still exists. People are still not happy with the system that is currently in place. There are still long waiting lines. There are still shortages of beds. There are overcrowded clinics. Doctors are overworked. In other words, we need to remind Canadians how this big problem started in the first place. It all started with the big cuts at the federal level.

Supply

I would like to talk about a client central health care system that exists in my riding of Dauphin—Swan River, the Hamiota District Health Centre. It has been around for at least 50 years.

How do we measure the health of a community? Do we look at the number of medical office visits and days of hospital care and assume that greater activity indicates better health? Or is the reverse true? Current priorities in Canada's health care system are contested by community health centres which nurture health as a positive attribute to be protected, restored and enhanced.

Medical health centres are not new. Most of the dozen or so in Manitoba are unique in scope, ranging from a single specialized service to the Hamiota District Health Centre, the classic example of a comprehensive integrated centre. Located in southwestern Manitoba, the HDHC has been around since 1974. It provides a broad range of services geared to community needs, limited only by available means.

I would like to pay tribute to Dr. Ed Hudson who in 1945 took over his father's practice in Hamiota. His father, Dr. E.D. Hudson, began his practice in 1907. Dr. Ed Hudson is still actively involved in helping to deliver quality health care. Between his horses and the health centre, he certainly keeps busy in his senior years.

The Hamiota District Health Centre began with a belief in the health centre potential for improved quality of care. The providers of that care know the satisfaction of delivering care programs that are effective but definitive assessment is difficult. An evaluation concentrating on results of programs is limited in scope.

The 1972 white paper on health policy states, "a health system must also be judged by the numbers of people who in fact never succumb to disease or accidents or social distress". A method of measuring quality of care is elusive.

Cost saving efficiencies were envisaged. There is the co-ordination of care by many disciplines, resulting in decreased numbers of diagnostic tests, the pooling of supplies and equipment, and more efficient use of physical facilities. There is the ability to use the most appropriate care provider in patient care and the appropriate level of care for the patient. There is the freeing of physicians to use their time and expertise more efficiently in preventive care and health promotion to reduce hospital stays. There is the use of home care, mobile meals and support services to reduce hospital patient days. There is the economy of using only one administration and one governing board in an expanded system of care. There is the active involvement of the community in establishing support for the programs and identifying needs.

Thirty years of experience seems to support all these tenets. Controlled spending has to date precluded any unapproved deficits that would become the responsibility of the municipalities of the district.

The centre lacks the information and statistics required to do a self-evaluation or a comparative one, but has co-operated with governments in several assessment surveys and questionnaires. Results of research, if any do exist, have never been publicized.

Quite apart from statistics but evident to a visitor to HDHC is an atmosphere no one had predicted. Staff morale is exceptional.

• (1545)

The current position is to devote half a day per month to a strategy meeting to critically assess the role in terms of efficiency, effectiveness and goals. It is expected that gains in health care in the next decade will be in preventive care, with emphasis on nutrition, health promotion, physiotherapy and occupational therapy, as resources are geared to keeping people well.

The expansion of existing programs or the introduction of new ones in times of fiscal restraint are largely matters of trade-off between priorities. The flexibility of the system is conducive to change to improve care and to respond to community needs.

Turn of the century health care in rural Manitoba was delivered by the dedicated and selfless family medical doctor. As the century closes we find a burgeoning multiplicity of health disciplines in a tangled web of administration by government departments, subsidized public offices and private agencies. The system has grown without plan or co-ordination in an expensive add-on fashion which encourages health care professionals to concentrate on protecting the turf of their own specialty, competing for limited resources and denying any vision of total care.

One health worker suggests "I am sure if I were to start all over again in health care there would be no doubt as to the direction it would take. Interdisciplinary health care management would be the only way to go".

Wishful thinking, you say, Mr. Speaker? Perhaps, but this small community in Hamiota, Manitoba, has found it to be possible. I would invite hon. members, if they have the time this summer, to visit this place to see how client-centered health care takes place.

I would like to close by quoting from a letter that was sent to me from the Council of Chairs of the Regional Health Authorities of Manitoba. The letter reads in part:

Every day, members of the RHAM see the serious effects that cuts in federal transfers are having on our national healthcare system. The significant decline of public confidence in our healthcare system is compelling evidence that Canadians feel the system will not be there for them and their families when they need it. Federal/provincial/territorial co-operation to build a truly accessible, integrated, client-centered continuum of care is essential to restore the confidence of all Canadians in our health care system.

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, is the hon. member aware of the increase in spending

Supply

through the CHST, the Canada health and social transfer, to \$11.5 billion in the previous budget? As well, the last budget increased spending by an additional \$2.5 billion, for a total of \$14 billion over a period of about five years. Is he aware of that? Does he not consider that to be significant spending for health?

Lastly, I would like to ask the member if he is in favour of private health care for profit, yes or no? If not, does he support the privatization bill in Alberta which could lead to the very situation of a two tier health care system in the future?

Mr. Inky Mark: Mr. Speaker, our health critic indicated this morning in his speech that we are not in favour of a two tier health system. We have said that over and over again. I do not know why the member opposite keeps asking the same question about a two tier, American-style health care system. We are opposed to that.

I agree that we need to put money back into the system. The Liberal government indicated in its budget that over five years it will put money back into it, but it seems to have forgotten that it took out more than \$24 billion. That is what I said in my speech.

Many of the problems we have today stem from the day when the government made that huge cut. I do not blame the government for all of the problems that exist, because there are increasing demands on the system, but certainly that is what started the problems and the crisis we have today.

• (1550)

Mr. Paul Forseth (New Westminster—Coquitlam—Burnaby, Canadian Alliance): Mr. Speaker, I only have 10 minutes to speak to the motion of my caucus, the Canadian Alliance, which states:

That this House recognize that the health care system in Canada is in crisis, the status quo is not an option, and the system that we have today is not sustainable; and, accordingly, that this House call upon the government to develop a plan to modernize the Canadian health care system, and to work with the provinces to encourage positive co-operative relations.

I cannot cover the scope of the problem at this time, but I can briefly say that we must first understand that medicare is the constitutional responsibility of the provinces. The federal government, through the Canada Health Act, controls a declining portion of the funding in exchange for the famous five principles.

As predicted at the start of medicare, the principles have been abandoned by all governments, yet the hollow phrases are fought over for the political advantage of posturing before the public about what party or government is more caring, wiser, and therefore should be trusted and supported by the voters.

The principles are: accessibility, portability, universality, comprehensiveness, and public administration. However, we must look at the five principles of the Canada Health Act and question if they are working.

Concerning accessibility, in the nineties there was an increase in people waiting for care. In 1993 the average wait was 9.3 weeks, but in 1998 the average wait was 13.3 weeks, an increase of 43%. Patients wait months to see a specialist. There is a huge shortage of technology that is available in other countries but is spread thinly in Canada. People are dying because they cannot get timely access, or they suffer needlessly.

What about portability? This supposedly means that every Canadian has the right to be treated anywhere in Canada. However, Quebec patients outside Quebec are required to pay upfront because the Quebec government did not sign the portability agreement and cannot be counted on to pay up.

I am told the reverse is even worse, about a person from B.C. who gets sick in Quebec and about how that person is seemingly discriminated against in the Quebec system. In other words, the interprovincial payment system is full of problems.

Next we have so-called universality. There are great shortages of services in outlying areas of Canada, far beyond the expected concentration of special services in regional centres. Where one lives, how and where one acquired the medical need and one's personal legal status all undermine universality because these affect what one gets from the system.

What about comprehensiveness? That has never been followed from the beginning. Each province has a different list of things that are covered and those that are not. As the pressure has mounted, provinces have been forced to delist services. In other words, there is no operational, national working agreement of core services. Consequently, Canada does not have comprehensiveness.

Finally, what about public administration? Most of it is public, in theory, except that there is a lot of contracting out that goes on for efficiencies such as computer services and financial support, and the labyrinth of personal cash payments for services mixed with tax dollars. As well, about 80% of total public spending for health care is consumed by labour costs for doctors, nurses and administrators.

Public administration of the complexities of medicare should be held accountable for cost and efficiency, but since there is no real competition how do we know what is happening?

The main point of a recent national study was the huge list of things that the system really did not know, could not account for or measure. In other words, medicare is administratively in the dark.

Dr. Heidi Oetter outlined the situation eloquently when she said in the *Vancouver Sun*:

This is the year I turn 40. It is a reflective year, a time to take stock of the past and ponder the future. When I was 20, I chose to stay in British Columbia and finish my

Supply

education at the University of British Columbia's faculty of medicine. When I was 30, I chose to stay in Canada, unlike many of my classmates.

Since then, I've participated in more committees than I care to count, provincially and federally, to try and make Medicare work. Sadly, as my fourth decade comes to a close, I have to publicly say Medicare is decaying rapidly, and if we don't act now, its future is bleak. . .

Each new discovery, medication, diagnostic machine or operating device is expensive. For example, the additional equipment to do laparoscopic gallbladder removals—the cameras, TVs and laparoscopes—typically costs \$100,000. The new neurosurgical equipment that will use computers to assist in brain surgery will cost upwards of \$1 million. A magnetic resonance imaging machine (MRI) costs \$1 million. B.C. has nine MRIs and should have 18. . .

In reality, it is difficult to fund research and new technologies when the Medicare system cannot even keep up with today's demands. Already we have medications and new technologies that Medicare simply cannot afford. Three times last year I referred patients to the United States, not to avoid the long Canadian waits, but to obtain a service that just was not available here. There now is better technology with improved outcomes for the public, but it's so expensive that Medicare cannot provide it.

I doubt my parents' generation will accept anything less than the best for the management of their heart disease, diabetes, cancers and chronic illnesses. Yet, my boomer generation, by sheer numbers alone, will challenge the sustainability of Medicare, as we age into our costliest health consuming years. . .

So, what do I want for my birthday? I would like to see further serious public debate on the issues as we have some serious decisions to make. We have to ask: "How much will we spend on Medicare? How will we fund new medicines and technologies? How do we decide what is necessary? What will our spending priorities be? . . . Our reality is that Medicare is decaying and is at risk of imploding. So, let's talk sustainability".

• (1555)

Dr. Heidi Oetter is a practising family physician in Coquitlam and chair of the British Columbia Medical Association General Assembly.

What can we do, especially for those who really care about health care rather than health politics? We can be very watchful of the motives and the understanding of those who rant and derisively point the finger, saying "Someone wants two tier, American-style health care". All agree that Canadians want great health care that is provided fairly and without catastrophic personal cost.

The constitution of Canada gives the provinces jurisdiction over social services, including health, education and training, and social assistance. We need to respect our constitution and refrain from intruding into the provinces' jurisdiction, including the formulation of social policy. Is Quebec listening?

The public sector now spends about \$60 billion on health. A cheque the size the premiers want would boost that sum by a little more than 5%. Their report says that at a minimum "health spending could increase by close to 5% per year during each of the next 27 years". The premiers estimate that by 2026-27 health

expenditures will be 247% higher than today. That prospect is not sustainable.

We believe all Canadians should have access to quality health care regardless of their financial situation. We need to provide greater freedom of choice because it raises standards. The needs of patients must come first in the delivery of health care services, before restrictive union contracts and administrative empire building. We must work co-operatively with the provinces so that they have the resources and the flexibility to find effective approaches to the financing and management of health care.

We should not be afraid to allow the greatest freedom possible to Canadians in their choice of natural health products. We need to introduce restrictions only on those products that the government can clearly and scientifically demonstrate to be harmful. With the right incentives we can learn to manage for health rather than for sickness.

We can fix the national economy for real growth through tax reduction and spending reallocation so that we nationally can create the wealth to pay for the medicare economic challenge and create a reliable long term funding base.

The provinces are calling for \$4.2 billion, and we need to grow it, rather than borrow it from the next generation. We can bring standards and independent auditing for greater transparency in the delivery of health care. We can initiate relations with the provinces to support and co-operate, not punish. We can examine and challenge the traditional roles of administration to get better efficiency and productivity. We can become more patient focused with the timely use of comparative measures. We must give evaluative tools to patients so they can make the local system more accountable and responsive to them.

The Canadian Alliance believes that families should get the best health care when they need it, regardless of their ability to pay.

Our plan to address the issues will only work if Canadians accept the need to innovate and change through co-operation rather than coercion, local adaptability rather than condemnation of others.

We can change the present dismal picture and place ourselves in the top one-third of OECD countries for health care, with no waiting lists, services that are not in jeopardy of being delisted, reversing the brain drain and ending the shortage of health care providers through wise incentives rather than defensive, punitive rules and barriers.

Who we are as Canadians and our standard of living will depend largely on the quality of our health care system. Instead of resisting change, we need to embrace it to solve the challenge of medicare in our time.

• (1600)

Mr. Alex Shepherd (Durham, Lib.): Mr. Speaker, it is a pleasure for me to engage in the debate today on health care.

I had the privilege of hosting a health care forum in my riding only a few weeks ago, so I am very familiar with some of these issues. In attendance were the former Ontario deputy minister of health, some of the leaders of our hospitals, some primary care workers and some home care workers.

We are now having the debate in the House. Members have talked about money. They seem to think that the simple solution is just to put more money into health care and suddenly all the problems will go away.

Members will be interested to know that the health care workers themselves, while they of course would like more money, made the statement that it was not about money. Indeed, Canada is the fourth highest spender on health care in the world. We spend 9.6% of our GDP on health care, \$86 billion a year. I have heard members of the Alliance, surprisingly enough, who are so cost conscious, say that maybe it should be 12%. I was quite incensed by that.

One of the conclusions of the health care forum that I put on was that we could not continue to put money in the top of this thing because it was not coming out the bottom and it was not being delivered to the patients.

Do we have a problem in health care? Yes, we do. We have a problem getting the newest technology. If we look at the waiting lists, we see that they are getting longer and, at the same time, we are paying more money for the system. There is definitely something wrong with the system.

We also see that our health care costs have been rising at the rate of about 5% a year and are scheduled, because of our demographics and our aging population, to continue to rise. People say it will rise as high as 6%.

Mr. Speaker, I do not have to tell you, as I know you have studied the economy quite a bit, but our economy is only expanding at the rate of 3% a year. In other words, health care costs are actually rising twice as fast as the economy is growing. Obviously, we cannot continue that because instead of talking about tax cuts, we would be talking about tax increases to maintain a system like that.

There is no question that we need some changes in the health care system but what changes are needed? Maybe some doctors are listening to this today and I do not want to offend them, but one of the comments I heard was that a normal doctor-patient ration is about 2,000 patients to 1 doctor. There are differences depending upon specialization and so forth, but as a general comment, as a quick working tool, based on the province of Ontario's population base, we should have about 5,000 doctors. In fact there are 9,000

Supply

doctors in the province of Ontario and I am told Ontario is screaming for more doctors.

What is the problem when we look at that quantitative analysis? One of the other members actually mentioned some of the structural problems. It would appear that many doctors are not engaged in the practice of medicine or, seemingly, not on a full time basis. In fact, it is thought that almost 40% of their time is taken up with administrative duties, such as filling in forms, pushing papers and so forth because of structural problems. By the way, these are structural problems that provinces have put in place.

I dare say that the whole question of malpractice also creeps into this, the question of how to protect oneself in public liability cases. This has created a big paper burden as well for the medical profession. The reality is that these structural problems have basically created a health care system which, quite frankly, is broken and is not working.

By the way, I will be splitting my time with another member.

We can agree on a number of things. First, I do not think we have full agreement about money. I hear politicians of all stripes saying "Another \$4 billion on the table will solve all of our problems". That is not so. If it were \$4 billion this year, it would be another \$4 billion year after year after year. It will never go away and the system will not get any better because we will not have changed the structural problems with health care.

• (1605)

What are some of the problems in health care as I perceive them? Some of them are that we do not have an integrated health care system. In many of the regions we do not integrate the health care system itself. In other words, when somebody gets sick at home and has to go to the hospital, a bunch of health care providers are involved in that: ambulance drivers, paramedics and so forth. In fact, by the time the person actually ends up in the hospital almost 40% of the costs have got nothing to do with health care workers.

How do we integrate those services to ensure a proper delivery of the system? What occurred to me is that in many parts of this country we do not have a fully integrated health care system. We are not using some of our best technology. We know that we are in a technological revolution but if we go to some of our hospitals, although we do see doctors working on computers rather than working on patients, we also see a lot of people pushing paper around. We also find that we cannot track patients. In other words, we do not have the simple technology of a health card with a computer chip on it that gives information on our health record when we travel from one place to another in this country. We have the technology to do that but we are not spending the money on the technology to make it more efficient. In that sense, we are not using the new technology available.

Supply

Because we have so much inefficiency within the health care system, we have also made choices on how we spend the money. We have spent money in areas where it is not very efficient and we have neglected to spend money on those things that are important, like investing in new technologies. I am not just talking about information systems, but also the newest equipment that we need to keep our people healthy.

There is no question that people are healthier today than they were 15 years ago. We would rather be sick today than 15 years ago. All the talk in the House about the health care system being a terrible system has been a little bit overexaggerated.

What are people looking for? They understand that the system is not up to speed. They also recognize that the Canadian population is an aging population and that this problem is just going to continue to get worse. The reality is that they do not really care.

When I had my health care forum, I was amazed that people did not care whether it was the federal or provincial government that was presenting the health care forum. All they wanted was somebody to take some leadership on this file, solve these problems and stop all the finger-pointing back and forth between governments about who is responsible for what. It is not about private health care as opposed to public health care. It is about how we can make the existing system work better.

There are some ways we can make the system work better. We must have an accountability framework to find out what people are concerned about in this country. People are concerned about getting 24 hour primary care. They are concerned about the long waiting lists that they are suffering in getting to see a specialist, in getting specific knee transplant operations, or whatever the case may be. We can define the targets.

What do we have to do as a government? Unfortunately, or some may say, fortunately, we do not administer the health care system. We are simply the givers of money. People are fed up with that kind of attitude. It is not about giving money. The federal government must re-impose a vision of health care in this country. That vision must be from sea to sea to sea and it must be based on basic standards that people find acceptable.

When we put the money on the table we are going to say that we are putting it on the table but under certain conditions. The conditions will be that these objectives may not be met today, but that over a period of time we must see progress in creating a better health care system or there will be no more money.

Maybe some of the provinces will not buy into this accountability network. We must also get the provinces working together. The provinces must have their own permanent registry system so that they can determine best practices between provinces. One of the other members talked about the inter-transfers between provinces not working well. The sharing of best practices between provinces

does not exist. The sharing of medical records does not seem to exist. We have to do these fundamental things in order to have a better health care system.

I believe that is what the Canadian people want. They want to stop this silly debate that we are having in the House and in the media about money, money, money. This is not just about money. It is a much more difficult problem to solve. We have it within our power to solve it. That is the vision that this government has going forward.

• (1610)

Ms. Louise Hardy (Yukon, NDP): Mr. Speaker, I was listening very closely because I think the whole idea of accountability is an important one. My focus would be on accountability toward the health of Canadian citizens, not necessarily a focus just on money. I do not know if that was what the member was pointing to.

I think we should have accountability and integration. I was one of the MPs at the ecological summit. We heard reports from various doctors saying that to have better health for Canadians, we have to integrate our food, our agriculture, our environment department and our health departments. We cannot exclude any of them or look at them independently because when it comes to our health, they are interconnected.

Along the lines of preventative health, our health care system should include naturopathic doctors. That has not been done. These doctors have to get a bachelor of science degree. They have to train. We have an eminent institution for naturopathic medicine in Toronto. The doctors have to train there for three more years and then they have to specialize. They are doctors in their own right. We should be able to connect with them as well as with our medical doctors and have that integrated to add to the health of our community.

I keep hearing that we cannot just throw money at it. Nobody is saying that we should just throw money at it. That is not happening. Medicine and care is labour-intensive. People cannot be left sick and alone. There has to be money for primary care. I would like the member to respond to that.

Mr. Alex Shepherd: Mr. Speaker, I respect some of the things the member for Yukon has said. Indeed, our definition of health care, if we expanded it, although I think it has expanded, most people, if asked about health care, would include naturopathic medicine even though traditionally it has not been included.

Her concerns about the doctors recognizing naturopathic medicine goes beyond that. I know in my own province, my own audiologist, who grew up in New Brunswick and has a three-year university degree, cannot prescribe a hearing aid without a doctor signing the certificate. This is ridiculous. These are structural problems that would exist within the purview of the provinces.

Supply

While I understand what the member is saying, I have heard her party say that we should simply restore the funding to health care. I do not think that is all that is needed. I think we want to do more than just restore or increase the funding to health care. We want to go beyond that to an accountability framework.

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, when the hon. member was speaking, he talked about certain targets. When we talk about the infusion of money needed into the health care system, quite often we hear people say that the best bargain we have in health care is in proper home care and in such things as personal care homes, which really cost very little in relation to keeping the same individuals in major nursing homes or hospitals.

However, the government seems to hesitate putting adequate funding into programs where we can keep individuals in their own homes and in their own communities where they will be happy, where they will have their own families and where the cost to government would be minimal in comparison to putting them into different institutions. The people who are charged with caregiving are given a meagre sum to carry out their work. It is almost minimum wage.

I just wonder what plans this government might have or what the member's idea would be in relation to developing a health care system where everybody plays a part and those who are involved in caregiving—

The Deputy Speaker: I am sorry to interrupt the hon. member. A one minute response, please.

Mr. Alex Shepherd: Mr. Speaker, I might not have specifically mentioned home care in my speech. Indeed, home care is one of the answers. There is no question that various studies that have been undertaken confirm the member's finding that it is a lot cheaper to maintain an adequate home care system rather than institutional care.

• (1615)

After all those barriers it was also found that patients prefer to be in those places. In my province the estimated average savings is \$2,500 per patient if they were on home care rather than institutional care.

It is part of our government's thought process on how to enhance health care and how to do away with the so-called geriatric beds within our institutions to get those patients out of there and into better areas.

The big problem about universal home care is how to define it and what is included and what is not. We are still—

The Acting Speaker (Mr. McClelland): The hon member's time has expired.

Mrs. Karen Redman (Kitchener Centre, Lib.): Mr. Speaker, I am pleased to speak to this motion. It gives me an opportunity to set the record straight on the federal government's share of Canada's health care funding.

It was announced in the 2000 budget that the government strengthened for the fourth consecutive time the cash transfers to provinces and territories through the Canada health and social transfer.

On February 28, 2000, the federal government announced a \$2.5 billion increase to the CHST for provinces and territories to use over four years for health care and post-secondary education. Let us not forget that \$2.5 billion increase flows from an investment made through the 1999 budget, an \$11.5 billion increase in funding over five years specifically for health care.

The Canada health and social transfer provides support in the form of both cash and tax points to the provinces and territories for health care, post-secondary education, social services and assistance programs. The Canada health and social transfer is block funding. It gives provinces and territories the flexibility to allocate payments and to choose priorities of their own among social programs.

In the year 2000-01 the Canada health and social transfer will reach a new high of \$30.8 billion. Of this amount, \$15.3 billion will be in the form of a tax transfer and \$15.5 billion will be in the form of cash.

Transferred tax points are not easy to understand, but they do form a fundamental part of the federal contribution to establish programs in both health and post-secondary education. This is how we have been transferring money to the provinces since 1970.

The tax transfer occurred in 1977 when the federal government agreed with provincial and territorial governments to reduce its personal and corporate income tax rates, allowing them to raise their tax rates by the same amount. As a result, revenue that would have flowed to the federal government to be redistributed began to flow directly to provincial and territorial governments. It continues to flow in line with the growth of the Canadian economy.

Provinces and territories maintain the flexibility on when they draw down the \$2.5 billion. They can draw upon it to meet the most pressing needs in health care and in universities. At any time over the course of the four years they may do what they see fit. It is anticipated that the increase of \$2.5 billion to the Canada health and social transfer will be drawn down by provinces and territories in a somewhat gradual manner.

What does all this really mean? The bottom line is that the federal government spends in excess of 34 cents of every public health care dollar spent by governments in Canada. That is clearly

Supply

more than the 7 cents or the 11 cents that some provinces and the opposition are claiming the federal government spends.

Let us review the facts. It is projected that governments will spend \$64 billion on public health care in the year 2000-01. The federal government will transfer \$30.8 billion through the CHST to provinces and territories. Based on the historical allocation this will translate to \$18.5 billion for health care in the year 2000-01. In addition, the federal government spends over \$3 billion directly each year on aboriginal health care and health services for the armed forces and the RCMP.

Federal direct funding combined with the \$18.5 billion means that about \$22 billion of next year's projected \$64 billion public health care expenditure, or 34 cents for every dollar spent, will be financed by the Government of Canada.

• (1620)

If we factor in the \$9.5 billion the federal government will transfer to the less prosperous provinces and territories to invest in health care and other priorities, total federal transfers in the year 2000-01 will be over \$40 billion. All told, federal spending on health is at least 34 cents of every dollar spent.

The federal government recognizes the need to ensure that health care continues to meet the needs of Canadians well into the future. However, additional money is not the only solution. In a word, our health care system requires innovation. We must find new ways of responding to the health needs of Canadians. With this in mind, the federal government remains committed to the five principles embodied in the Canada Health Act: public administration, comprehensiveness, universality, portability and accessibility.

Governments at the federal, provincial and territorial levels cannot afford to spend their limited resources on health care ineffectively. This is why the federal government is strongly committed to partnership. It is through these efforts at reform and renewal that our health care system will carry Canadians well into this century.

Many premiers have stated that in their view there is a need to reshape Canada's health care system and make necessary changes to ensure that it is sustainable over time. The Government of Canada welcomes their view. It is their leadership on this subject and our determination to work with them that will give us the vision that is required for health care.

Both federal and provincial governments recognize that over the longer term future decisions about investments in health care must be based on a plan that responds to the desire of Canadians for a more integrated approach to health care. New resources in the future must be based on the shared objective of meeting the needs of Canadians for quality health care.

The federal government is the first to say that innovation in itself will not sustain public health care unless it is supported by adequate funding and a comprehensive plan of action. Let me emphasize, as the Prime Minister and the Minister of Finance have said before me. If more money is needed to ensure an accessible and sustainable high quality health care system in the 21st century, the Government of Canada will contribute its share toward long term financing based on this comprehensive plan.

We agree that the status quo is not an option, but we will not go down the path of the Canadian Alliance. We will not go where it would take the country. The Minister of Health has shown that he is ready, willing and able to work with his provincial and territorial counterparts to achieve the kind of vision that will result in sustainable, renewed public health care for all Canadians. The minister met with provincial ministers in March. He has spoken with many in recent days and will continue to teleconference. As a matter of fact he is teleconferencing with all provincial health ministers tomorrow.

The government continues to work co-operatively. Canadians are tired of having different politicians at the multiple levels of government point fingers at each other. They are interested in a spirit of co-operation in achieving something that will make all Canadians proud and serve our needs as we are an aging population. That is the kind of health care system that the government is prepared to support and defend. We are showing leadership and we will continue.

Mr. Bob Mills (Red Deer, Canadian Alliance): Mr. Speaker, it is my privilege to speak to the amendment. I thank the many members who have spoken to the motion today.

Many members have made somewhat the same points. The system does need a lot help. I am disappointed that the health minister would choose to say that he would not support the motion. Therefore I guess he is saying that he does not believe the system is in crisis, that he believes the status quo is an option and that he thinks the system is sustainable. Obviously by opposing the motion he is saying those things. I am rather surprised that all members of the House could not agree that this is a non-partisan issue. It is an issue that we should be looking at because 78% of Canadians are saying that is their number one issue.

• (1625)

In summarizing what we have heard today, basically there are problems between the federal and provincial ministers talking to each other. We have heard about some of the turf wars that go on, whether it is between governments, between various professions or something much smaller at a very local level. We have heard about the lack of long term funding, the sustainability of that funding, and a major disagreement as to who is funding what and how much.

We have also heard from members that we are spending an adequate amount comparable to many of the OECD countries. We have had comparisons to some of them. We must recognize that the World Health Organization has said that we are falling in terms of our position in the world on health care. The OECD puts us in the bottom third for a great many areas within health care delivery.

We have heard a great deal of rhetoric and promises. We have not heard very many solutions or calls to action. We have not heard what we will do about the brain drain, technology, demographics and increasing drug costs. We really have not addressed a key factor, the extremely growing cost of health care.

Health Canada today says that the costs will increase at 3% a year for the foreseeable future. With our present spending of \$86 billion on health care, by the year 2020 that figure will be \$160 billion. That is our total budget of today. We are saying in some 20 years that will be the figure for health care alone. How will we deal with that? How will we come up with some solutions?

Let me try to put some of them on the table today. Obviously we do not have all the answers, but we are saying that someone had better start looking at them. We are saying it should be non-partisan. We are saying it should be for Canadians. Canadians do not care whether it is federal or provincial. They do not care whether it is one party or another party. They care about a system which 78% of them agree is broken.

Let us look at the solutions. I will try to summarize them. I remind members of the House that the former Reform Party had a task force report on health care entitled "New Directions: Setting the Course for Canada Health Care in the 21st Century". I recommend that people read it. It has been condensed down to about 90 pages. It set some targets and goals. I certainly wish members of the House would quote it as opposed to quoting some of the other fictitious statements we have heard here.

To emphasize what I am talking about, our party would put forward to the House a patient centred, results based health care system. In a patient centred system the patient is number one. What helps the patient? What problems is the patient having? It is not the systems, not the government, not the various organizations, but the patient. The patient is number one. Then we need to look at the results. What are we achieving? We do not need to keep protecting the Canada Health Act and hiding behind it. We need to ask whether it is getting the results for the patient.

Let me start with two recommendations. The first one is to promote federal-provincial co-operation. How will we do that? We could go back in history and obviously say that in the sixties we came up with a formula where the federal government would provide 50% and the provincial government would provide 50%. Then we worked up to another system where we used cash and tax

Supply

points. I do not think I need to go through all those figures. Then of course by 1995 we got to the CHST.

• (1630)

If we look at the 1993 figures, the federal government was transferring \$18.8 billion. In 1998 it went to a low of \$12.5 billion. Now it has been raised back to \$15.5 billion. If we take all that into consideration, no matter how we do the math, had we stayed with the 1993 figures we are \$24 billion short of what we would have been had we kept it at the 1993 figures.

No matter how the government twirls that around and hides that, those are facts that the provinces have recognized and identified. It does not matter whether it is Mr. Romanow's government, Mr. Harris' government or Mr. Tobin's government, they are all telling the federal government the same thing. We have to stop antagonizing the provinces. I certainly commend Mr. Romanow who said, I suppose in frustration, that he wanted to start a national study on this and at least hopefully get the ball rolling.

The reality is that people do not care about whether the jurisdiction is provincial or federal. They want it fixed. The need is obvious. The problems are obvious.

What about the solution to this federal-provincial co-operation? Let me put five things forward for consideration.

First, we believe as Mr. Romanow does, that we need a health care advisory board, a group made up of federal and provincial citizens and of course health care workers. We need to have that advisory group to look at the situation immediately. The federal government should be taking the leadership role, not the provinces.

Second, we need to restore long term stable funding to help federal-provincial co-operation. We cannot go to the table with the provinces and say, "We are not giving any more money". We do not have to say how much we are giving them but we need to put all the cards on the table and talk about the money issue.

Third, we need to have an independent auditing of the health care system. It needs to be audited. It cannot simply have money thrown at it and no one knows what anything costs. I have visited many hospitals in the last three months and I keep asking, "What does that cost? What would that cost? What would it cost if we did this?" No one seems to know.

The health minister talked about the U.S. system and its administration and that all the costs are known. I am not saying that is what we want. I am saying we need to know. We need some accounting. We need to know what things cost.

Fourth, we need to learn about the innovations in other places. I was very fortunate to visit the Swiss health care system a few weeks ago. I was rather shocked at what I found. I was shocked

Supply

that when a gentleman with heart pains came to the emergency ward he was immediately met by two cardiovascular surgeons, two doctors and two trained nurses. There were eight MRIs and he was in an intensive care unit within six minutes. All of his medical history was on a card. They knew exactly what medications he was on and what treatments he had had. Now that is technology. That man's life may well have been saved because of those improvements in that health care system.

We need to learn from those innovations. We need to look at what Sweden, the Netherlands, Germany, Switzerland and other countries are doing. Please, Mr. Speaker, advise the members on the other side to stop talking about the U.S. health care system as the only example. There are many other much better health care systems we should be looking at that are spending the same amount of money that we are. Switzerland spends 10.2% of GDP. We spend 9.8%. That is awfully close for those two different health care systems. We need to look at that.

Fifth, I would recommend that we appoint a health care auditor. He should be empowered by the Canada Health Act to standardize, co-operate and modernize the Canada Health Act. He should have that kind of authority. It is important to Canadians so that should be in place.

• (1635)

Those are concrete recommendations. There is a great deal of detail that can go with those which we will be providing.

We need to modernize the Canada Health Act. That is a complex issue which I can only touch on in the minutes I have left. We oppose a two tier American style health care system, one for the rich and one for the poor. Nobody wants it and nobody is talking about it or suggesting it. It certainly is not this party's position. There, it is said. I could repeat it three or four more times, but I am sure the crowd across the way still will not understand it.

I will state our position on the Canada Health Act. We believe in the tenets of the Canada Health Act, but we are saying it is not working. It needs to be modernized. I have heard many people say that in the House. I have heard many provincial health ministers say that.

The system is not accessible the way it is today. Some 200,000 people are on waiting lists. A lady in my riding wrote me a letter saying she had just come from her doctor and she needed to see a specialist and her appointment with the specialist was scheduled for April 11, 2001. That is not accessibility. That is a system that is broken, that is not working, that is in crisis.

We could talk about the shortage of MRIs and other technology. The average age of specialists is 59. It takes 14 years to train them. We train 1,600 doctors and some years 800 leave. We cut the

number of spaces available for training doctors. We need 2,200 doctors just to replace what the system is going to require. It is not an accessible system. We need to fix these things. We need to fix the brain drain. We need to get the technology. We need to be prepared for what we are going to be facing in the years to come.

It is not a portable system and many have talked about that, whether a person is in rural Canada or whether they need specialized treatment or whether they are in Quebec. I have asked doctors in hospitals here about patients from Quebec. They told me that they encourage them to pay first and then to go back and fight with their government to get the money. That is not a portable system. That is not acceptable.

Is the system universal? In Alberta there are 333 positions open for rural doctors right now. It is certainly not very universal. The presence of specialists is not very universal, as I have touched on.

Is the system comprehensive? There are a number of delisted items from health care. We have a real problem with a comprehensive health care system. We are suggesting again that we must fix it.

Home care is another major issue. My mother is in Saskatchewan and is presently having serious problems. That province was a founder of health care and if that is how people are treated, it is inhumane and very troubling. We need to look at the home care and palliative care issues and see what we can do. The Senate just reported what it thinks about Canada's palliative care system and the report card was pretty dismal.

Let me talk about public administration. It is fine to say that the system is fine the way it is, but we need to look at how we administer health care. We have to open that up. We have to look at the options. I mentioned the Swiss system and I do not have time to go into that. This summer I intend to visit other systems and look at how they work.

We agree with the principles contained in the Canada Health Act, but they are not working. There is not a Canadian who is not touched by that. What are the solutions? Let me summarize them quickly.

One solution is a long term stable funding commitment with a minimum term of five years. We must work out that deal collectively with the provinces.

• (1640)

We must develop technology so that we enter the 21st century and not stay in the 1960s where we seem to be mired. I have talked about that. There is a surgeon who did a heart operation in New York and the patient was in Idaho. A robot did the surgery. The surgeon is able to do three of those a day just by running that equipment.

Supply

On education I have mentioned what we need to do in terms of the financial commitment to fix that problem. It is not the only answer but we must come to the table with some dollars.

We need to show leadership to modernize the Canada Health Act, to demonstrate co-operation between the federal and provincial governments. The health minister talks about it but then he goes out and does something dumb which makes the provinces that much madder. That will not fix the Canada Health Act and it will not fix what Canadians want fixed.

We need a health care auditor. As I said, we need independent auditing to make sure the provinces are abiding by the Canada Health Act and to make sure patients are not abusing the health care system. We need to know what things cost if we are to have a health care system like this.

We do not need to reinvent the wheel; we can learn from others. Many innovative things are happening in Sweden where the system now is 50% public, 50% private. I do not know if that is the way we should go, but we need to look at it. There are various insurance options. We need to look at those. We need to have open minds and not live with a 1960s socialized state run health care system such as those in North Korea and Cuba. We have to move out of that mindset.

We need to modernize the whole system. We need patient centred health care. We need to be prepared to look at medical savings accounts and patient guarantees. We have to fix the waiting list problem. We need to be prepared to look at new technology and decide if that is a solution to the problems we face. Above all, we need to work with the provinces and not work against them. We have to stop the drive-by smears. We have to stop the \$2 million advertising campaign against the provinces. We have to stop antagonizing them.

In conclusion, the Canadian Alliance stands for fiscal responsibility. Members know that. We have developed our principles here but I want to say in the House that we have a social conscience. There are no hidden ghosts, as my colleague from the health committee might intimate. There are no ghosts. There is no hidden agenda. We believe in a patient centred, results based health care system instead of the Liberal two tier, turf dominated, non-sustainable, deteriorating health care system. Remember that we spend the fourth most of the industrialized countries and we are in the bottom third in terms of rating our health care system.

As we develop this policy collectively with the help of other Canadians, with the help of the provinces, we must remember that this patient centred health care system will result in something that is sustainable for Canadians. It shocks me that the government or any member in the House would not support that kind of co-operation to do what is best for health care for Canadians.

Ms. Judy Wasylycia-Leis (Winnipeg North Centre, NDP): Mr. Speaker, I have waited all day for the promise from the

Canadian Alliance of solutions to the health care situation we find ourselves in today. I have waited all day to hear what members in that party really mean when they talk about innovation. I am still waiting. I have rarely heard, except from perhaps the Minister of Health, such empty rhetoric and flowery statements with no substance. I have listened very carefully.

Mr. Jay Hill: Like the NDP.

Ms. Judy Wasylycia-Leis: Mr. Speaker, my alliance friend said, "Like the NDP". This morning we gave him a detailed list of an entire program for renewing our health care system.

● (1645)

I would have expected Canadian Alliance members by now would be somewhere close to the point of putting some flesh on the bones and telling us what they plan to do with our health care system. We are no further ahead today than we were this morning or last week or last month when their leadership candidates talked publicly about creating a parallel private health care system.

I am left with a question. Is the motion today a euphemism for their intent to destroy the health care system? Are they trying to destroy the health care system in order to save it? Is that what they are proposing today?

If we look at the list of suggestions, it is worse than the Liberal government in terms of the studies and reviews they have promised. The solutions are setting up an advisory board, an independent audit, learning about innovations, getting a health care auditor, modernizing the CHA, fixing health care, fixing the brain drain and fixing technologies, with no specifics. Surely by now we should have some details.

When will we see some details from them? When will we know the direction in which they intend to take the health care system? While we are at it, could I have a very clear answer from members of the alliance reform party on whether they support bill 11? Yes or no. At least then we might have a good indication from where they are starting.

Mr. Bob Mills: Mr. Speaker, as I mentioned to the hon. member earlier, she should not have written those questions before she heard the speech. The problem is that they were prepared this morning. Again it is partisan politics. It is a perfect example of why there are so many turf wars.

We have to put partisan politics aside. Many members in the House today, in fact pretty well all of them, dealt with the issue of health care. They came up with what they thought should be examined and what the solutions might be.

I encourage the member to take a look at our health care task force report. I encourage her to sit down with me and go through it

Supply

point by point. We only have 20 minutes to talk about it in the House. I understand her frustration.

Bill 11 is no different from what Mr. Romanow did yesterday. He said he was frustrated. Basically he took Saskatchewan party's idea and said that we needed a study because the feds were showing no leadership. Mr. Klein was desperate and thought we must try something new. We support his going ahead with bill 11 as a pilot project to see if it works. If it does not work, it could be scrapped. If it does work, it could be implemented across the country. If Mr. Romanow comes up with some weird idea, he could try it to see if it works. If it does, he could use it.

That is what we have to do. We need an open mind, not a closed mind, not a mind stuck in the sixties as many of the NDP and CCF policies are.

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, I appreciate the opportunity to say a few words about the Canadian Alliance motion.

An hon. member: Oh, oh.

Mr. Jay Hill: If my hon. colleague from the NDP would quick heckling long enough, she might hear what I have to say. I listened very intently to the comments of the member for Red Deer about what we really needed in Canada. He did a great job of fleshing out the alliance position and providing some real direction for the government if only it were willing to listen.

Let us look at the legacy of Liberal health care funding cuts in my riding of Prince George—Peace River. As many members House know, my riding covers nearly a quarter of the land mass of British Columbia. The communities in my constituency are isolated in relation to those in the rest of the country. Access to adequate health care is not only hampered by geography but by funding as well.

A surgeon must go through a check list of criteria before an operation, so let us look at the check list for health care in Prince George—Peace River. The average ratio of doctors to patients in Canada is about one to a thousand. Yet in my riding it is one to fifteen hundred. Universality, I do not think so.

• (1650)

There is a need for over twelve full time nurses, at least two general practitioners, two internists, an orthopedic surgeon and a general surgeon. There is one orthopedic surgeon to service 68,000 people. The waiting lists for an appointment to see him takes a year, not to mention the wait for the actual operation. The same 68,000 people have access to only one OBGYN surgeon and one psychiatrist. There is such a shortage of nurses that beds are being closed. The critical care unit in Fort St. John, my home town, is contemplating closing due to staffing shortages. There are also shortages of physiotherapist and pharmacists.

This problem is more than just money, despite what the NDP is saying. It is about taxes, access to education, immigration barriers for medical professionals from other countries and the brain drain. Those are all contributing factors to the critical shortage.

Rural Canadians need more than platitudes from the health minister. They need the federal government to take a leadership role and stop playing politics with the health of Canadians. I can say as the representative of a huge rural riding that this is not unique just to northern British Columbia. The problem is inherent from coast to coast to coast, but it is especially reaching epidemic proportions in rural Canada. We need some answers and some assistance from the federal government. For too long it has sloughed it off to the provinces.

I would be interested in hearing specifically from my colleague, the health critic for the Canadian Alliance, what his thoughts are about the problems of health care in rural Canada and the fallacy of the universality of the Canada Health Act.

Mr. Bob Mills: Mr. Speaker, obviously the frustration has been well demonstrated. That is why 78% of Canadians say that the system is in crisis. To have the health minister quote a little paragraph today saying that it is not in crisis is shocking. The other opposition members should be attacking a government that would let that happen.

How do we deal with the brain drain? Who cut the seats in universities for training doctors? Who cut the training in specialist programs? I have talked to a number of hospitals and universities. Sixteen universities teach medicine. All of them have said they have had to cut their programs.

The nursing program in the college in the town I come from had 450 applications but only 60 places for training. That is a problem that has come from the federal government. We need to collectively attack the federal government to fix that problem. The system is broken. We have a two tier health care system or maybe, as most professionals would say, a five or six or ten tier system. That is what we should be focusing on. That is the frustration of Canadians.

I repeat that there will be frustration in the House if the motion on which we will be voting does not receive 100% support. The system is in crisis. The system is not sustainable. Status quo is not an option. If anybody in the House says that it is not true, he or she is saying that the system is not in crisis, that the system is sustainable and that status quo is all right. Those members will hide behind the Canada Health Act and say it is wonderful. They will say "Tommy, you did it for us", but that was in the sixties.

We have to get into the 21st century. We have to do it collectively and all come up with the answers. As mentioned by

Supply

the whip of the Canadian Alliance, the cry is coming from everybody.

Mr. Steve Mahoney (Mississauga West, Lib.): Mr. Speaker, I am torn a bit between saying congratulations to the member for Red Deer and questioning where the backup is to those remarks. If there is one thing we are about in this place, it is words. When the member says that the Canadian Alliance is opposed to a two tier American health care system, I really want to believe him.

• (1655)

The member is articulate. He put his thoughts forward. He justified his case. It is just a shame that he did not decide to run for leadership of his party. Maybe then the words he spoke would somehow miraculously find their way into the policy book.

That is the problem. How do Canadians make a judgment on whom to believe when the provinces are saying different things about who is at fault if there are problems in the health care system? The opposition parties are blaming the government. The government is naturally defending its position by saying that it is prepared to sit down and talk about how we can fix the system.

Those members are calling federal-provincial co-operation some kind of magical thing. What was the nation been built on if not federal-provincial co-operation? There have been some exceptions, I say to my hon. colleague from the Bloc, but even then there were examples when there have been good Liberal governments in the province of Quebec and relations were excellent between them and the federal government.

Those members are calling for something that is the very foundation of the nation. Yet they claim the changes they would put in place would somehow not lead to a two tier system. If the words match the music, if the pants match the suit, maybe Canadians would have some sense of confidence that they are saying what they really mean.

We have seen the examples. I saw the most incredible display the other night while watching the debate on the pension issue on TV. Members of the Canadian Alliance were attacking the Tories and back and forth. There were accusations about promises made. They indicated that they would do politics differently when they arrived in this capital city.

They were not to accept Stornoway as the residence for the Leader of the Opposition. We know what happened there. The leader lives there now, or at least entertains there perhaps. There were not to accept the limo for the Leader of the Opposition. We know what happened there. After the great demonstration of handing the keys over and saying that it would not be used, we know what happened.

What they are saying does not match the actions we have seen in the past by that party. I believe the critic for the alliance who just spoke personally believes what he is saying. He is dedicated and committed to his community and to the health care system. I believe he has credentials which say that. Notwithstanding, it is just a shame that the rest of his party will not come to the same conclusions.

Let us just look at some of the facts, if we might. The former health critic is a man who I also think is a respected person in his community, the hon. member for Macleod. What did he say? He is a doctor and here was his solution to fix the health care system:

What about a medisave account? I would equate this to an insurance policy on a car. We do not insure our cars for oil changes. We insure them for major catastrophes like an awful crash that would break us if it happened. We insure for the repair bills on a major issue.

What if we insured for catastrophic things in Canada?

Words are really important, but what do they mean? We do not have to read between the lines. We can just read the actual lines. They would provide health care insurance for major catastrophes. They would provide health care insurance for life threatening situations, diseases, injuries, heart attacks or cancer, but they would not provide it without some additional payment for other issues. Perhaps they would knock emphysema off the list. According to them patients on oxygen could live on that and do not need the health care system; maybe that is one thing that could be delisted.

• (1700)

Picture the single mom sitting at home. Perhaps she has a job or is on welfare. She may have a child who has a fever of 103 or 104 degrees, is burning up, coughing and is ill. What does she do? Does she ask "How much money do I have in my medisave account?" Can she afford to take Johnny or Mary to the hospital when they are showing all those symptoms? It is just so bizarre.

The member says he does not support a two tier system, whether it is called American or anything else, I do not really care, but it is clearly a two tiered system that the Alliance Party is talking about, unless it is adhering to what I heard the other night in the debate when a member was asked about his party's position while debating pensions. The member actually stood in this place and said that the Alliance no longer had that policy because it was a new party.

What we are hearing is that it has thrown out the former Reform Party blue policy book, or whatever colour it is, and that the new party has no policies on any of these items.

The other day in the House our finance minister, in response to a question about health care and financing, held up a copy of the Canadian Alliance's web page. In the section that was laid out for health care policies, the words were something to the effect that its position has not been developed yet.

Supply

Are we developing policies for, admittedly what the vast majority of Canadians consider to be a most important aspect, the health care system? Are we down to developing policy based on a critic's speech on an opposition day, on a concocted motion that has been written in such a way as to make it perhaps politically difficult to vote against? Is that how we are formulating policy for the development of this country's health care system?

The member mentioned Premier Romanow. I watched the premier on the news last night and I was quite impressed. I say to the member from Regina that I readily and openly admit that Saskatchewan is really the seat of medicare. It is the founding province of medicare. The NDP had a lot to do with that under their former great leader Tommy Douglas.

It is interesting now to see that province, one of our smaller provinces in terms of population, coming up with some constructive ideas about establishing a national report, about looking for ways to work co-operatively with the federal government. I do not see that province flying a bill like bill 11, which everyone in the province of Alberta is frightened to death about because they fear that it will lead to Americanization. Why?

The problem we have is that we have another document, a federal document called NAFTA, the North American Free Trade Agreement. I guess the greatest fear of the people in Alberta is that when bill 11 is put into force, the American health care company service providers will have the ability to come in and open up clinics that will provide surgery, and more than just day surgery, they will be able to provide beds and care for patients.

Once NAFTA is opened up in terms of the health care services, I submit to all members in this place that we will run a very serious risk. For the members opposite to say that they are not supporting this, let us just pretend that we can take them at their word. The member for Red Deer says that the Alliance is not in favour of a two tier American health care system. How do we stop it once we open the marketplace up to for profit American or even Canadian health care company providers. How do you stop that?

Maybe the member for Macleod's solution for some form of medisave bank account would be the only solution. We would have to go to Canadians if we wanted to ensure that they had accessibility, portability and all the things that are so important in our system: universality, accessibility, portability and comprehensiveness. If we want to ensure that is all there, we will have to write them a cheque if we allow the provision of health care services, through the political games that are being played here, to go the route of privatization.

• (1705)

I am not convinced one way or the other on that bill. I have no problem having a debate on the issue. I do not really agree with the

hysteria that we see coming from the NDP and the demonstrations that we see happening in Alberta. I think we do need to look at new ideas, such as the idea that Premier Romanow has floated recently in having a national study put together to see how we can best work together.

The hon. member should not stand in this place as the critic, as a representative of the official opposition, and make statements that are not backed up by the words of the people who are running to be the leader, that are purportedly running to be prime minister, they think in their wildest dreams. One cannot make those statements while there is an all-candidates meeting going on on television and the opposite is being said.

We have one program where we would have a medisave account. Let us talk about some of the other solutions. Again I say to the members opposite, it is wonderful for them to stand in here and make a claim that they are not in support of an American two tier health care system, but what about the member for Esquimalt—Juan de Fuca? He has made privatized medicare, private for profit health care a plank of his campaign to stand for leader of the Canadian Alliance Party. What has he said? In March 2000 in this place, in *Hansard*, he called for us to amend the Canada Health Act to allow for more private services.

What is really interesting is that at the conclusion of that member's speech, he admitted that it would be an unfair, unequal system. This is person who is running to lead the official opposition who would try to put forth what can only be described as a fraud on the Canadian people.

The Canadian Alliance members have tried to mislead Canadians by saying that their party will somehow, in some magical way, save medicare and that they are not in support of for profit Americanization and two-tier health care, but that is not what their leadership candidates are saying.

The member for Esquimalt—Juan de Fuca then goes on, in that same speech, to ask, rhetorically, if it was unequal. "Yes, it is", he said. "I would argue that it is better to have an unequal system that provides better access to health care for all Canadians than we have today". That was said by one of the candidates, a sitting member of this place, who was clearly standing up for what could only be described as the two tier Americanization of our health care system.

Let us go to some of the members who are perhaps in a better place to win that leadership. Let us talk about the former treasurer of Alberta, Stockwell Day. When asked recently what he would let provincial governments do when it came to health care, a provincial politician, he bluntly stated that health care was a provincial jurisdiction. What does that mean? Does that mean that he would perhaps follow the policy book of the former Reform Party which, when it came to how much it would increase health care funding in

its policy book, the amount was zero, not a dime, not a cent, not a loonie, not a toonie, nothing?

Is Stockwell Day saying that is his commitment to how he would improve health care? Would he turn it all over to the provinces, turn it over to Ralph Klein or to Mike Harris, and allow them to once again put in place what could potentially open the floodgates under NAFTA to allow for for-profit health care providers to take over the marketplace? I suppose that is clearly an option and one that we do see. The reason that we talk about Americanization is because that is where we see it.

• (1710)

I have a very close friend who was the best man at my wedding 30-some years ago. He moved to the United States and has a business there. He has lived in Los Angeles and other places for many years. He comes home to Canada all the time. A couple of years ago my friend's wife found out she had breast cancer and had to go for treatment in the United States. This is a family with a small business. They are not multi-millionaires. The treatment to save his wife worked, thank God, but it cost over a quarter of a million dollars.

Where does a family come up with resources like a quarter of a million dollars? Where do they find that money? Imagine the agony of a family in the United States finding out that a loved one has contracted a disease that is going to take a quarter of a million dollars to cure and they have no possibility, no access, no hope of ever coming up with the funding for that.

If the Canadian Alliance truly is opposed to that, I am happy. I just do not understand why we get so many different messages from different people in that party.

Let me talk about the former leader of the former reform party, a current sitting member, although one would find it hard to say that the word sitting is appropriate, the former member for Calgary Southwest. In May, in the *Globe and Mail*, he was quoted as saying that if he was ever elected prime minister, God forbid, that no province would ever receive penalties for violating the Canada Health Act. He called for user fees, deductibles and private delivery services in a speech to the Ontario Hospital Association Convention in Toronto in November of 1994.

An hon. member: He got a standing ovation.

Mr. Steve Mahoney: He might have got a standing ovation. I am not saying that there are not some people, particularly in the health care industry, who might support user fees, but it is the Canadian public, the small business, the families who are on welfare and the working poor in this country who we must be concerned about. What are we going to do with them, let them sink or swim? It is absolutely unbelievable.

Supply

There is another thing that is most interesting when we talk in terms of financial contributions to the health care system. The Alliance has recently joined the Bloc and the NDP in demanding that a cheque for \$4.2 billion be given to the provinces, yet this is another area where it simply does not match the policy.

What is the commitment in the policy of either the new Canadian Alliance or the former reform party to funding health care? I have said it before. It is zero, but it wants to stand and say that even though it would not be prepared to do it if it were ever the government, that we should do it, that there should just be a blank cheque with no concern about whether or not that money is used to try to help mental health patients, as an example.

Does anyone think that there just might be a correlation between the fact that Mike Harris closed 6,000 mental health beds in his first term in office in the province of Ontario and the number of homeless people on the streets in Toronto, Ottawa, Vancouver and Montreal? Does anyone think that in Ontario at least there might be a relationship there? Does anyone live on the street in Canada in February unless they are ill or involved in some kind of substance abuse?

It is a mental health problem and it is caused by a provincial cutback in the area of delivering services to mental health at the same time that the provincial government slashes income taxes to its rich friends by 30%. There is a correlation.

This government is not prepared to write blank cheques. We want to know what the provinces are going to do to deliver the proper quality health care to all Canadians. To that end, we will work with the provinces to ensure that happens.

• (1715)

Hon. Lorne Nystrom (Regina—Qu'Appelle, NDP): Mr. Speaker, I have a question for the Liberal member who just spoke. I agree with his criticisms of the Canadian Alliance, the old Reform Party. Far be it from me to come to its defence, but it was very interesting that he kept blaming the Canadian Alliance for its very conservative agenda. My question for the member is, why is the government basically being driven by the Reform Party? Why has it followed the Canadian Alliance agenda?

The member has a background that is very sensitive to the trade union movement, ordinary working people and progressive movement, but the government across the way is more conservative than Brian Mulroney.

I was here in the Mulroney days and Brian Mulroney would never have cut back on health care like the Liberal government has done. Brian Mulroney would never have cut back on the CBC and Radio Canada like this government has done. Brian Mulroney

Supply

would never have cut back any of the social programs like this government has done.

Why is this government so afraid of the Reform Party, the new Canadian Alliance? Why has it adopted so much of the Canadian Alliance agenda? Why is it so conservative? I hope the member will answer that question rather than just provide a bunch more rhetoric because it is a curiosity and I hear that question often from my constituents. They ask me “Why is this government so conservative? Why is this probably the most conservative government we have had since the second world war? Is it because the government is so afraid of the Alliance and the Alliance agenda? Why has it picked up so much of that agenda?”

Mr. Steve Mahoney: Mr. Speaker, I do not know that one could say it is a conservative agenda to support universality, accessibility, portability, comprehensiveness and public administration.

The member says he does not want rhetoric. How about the facts? We have restored funding, with an additional \$2.5 billion in the last budget on top of the \$11.5 billion for the provinces. We have said that we are prepared to commit more money to health care. I sat in this place today and heard the minister say that. He is prepared to commit more money.

There is no fear on this side of the House of that party. Let the member give his head a shake if he thinks there is one scintilla of fear.

I can assure the member that the Canadian people expect us to be fiscally responsible. If we were to adopt the NDP way we would wind up in a situation after five years like that in the province of Ontario when Bob Rae was the premier and the debt went from \$39 billion to \$110 billion, with continuous deficits. We will not act like the former Mulroney government and run \$42 billion deficits. We will be fiscally responsible and committed to social programs such as health care.

Mr. Jay Hill (Prince George—Peace River, Canadian Alliance): Mr. Speaker, may I say at the outset of my very brief remarks that I cannot believe the audacity of the member opposite. He talked about how parties on this side want to write blank cheques and the Liberals are above that. I would submit that if they were not so used to writing blank cheques to all their friends through the HRD department and all their grants and contributions to big business and rewarding friends of the Prime Minister in Shawinigan, maybe there would be a little money left over for health care. People know out in the real world that his statement that they are not prepared to write blank cheques is absolute foolishness.

In his brief remarks he referred to a mental health problem in Ontario. I think the mental health problem in Ontario is with some of the Ontario MPs who are in this Chamber. That is where the problem lies.

The reality is, and I referred to it briefly in remarks that I made earlier today, in rural Canada, in rural British Columbia we have a real problem. Earlier this week my hon. colleague from Prince George—Bulkley Valley brought up the issue of how short we are in our hospitals in northern B.C. and north central British Columbia, specifically in Prince George. The fact is, the cuts from the federal government have created this problem in health care in Canada and it is not living up to its responsibility to provide adequate services so that we can have the doctors we need in hospitals in Prince George.

Mr. Steve Mahoney: Mr. Speaker, if I thought the member had just a bit of a sense of humour I might not be upset about the comments about mental health. To somehow denigrate mental health or try to turn it into a political issue is disgraceful.

I had a brother, the member should know, who died because of a mental illness. It is a very serious problem.

• (1720)

He should stand in his place and apologize. He really should. The mental health issue is one which I think has been ignored, not only by the provinces but by our own government. I am quite prepared to admit that.

We need to sit down with the provinces to ensure that, if we are going to transfer money, some it goes to mental health. We need to ensure that the money is tied to services for mental health. The money should go directly to help the people who need it most, instead of having spurious remarks made by people like the member opposite about those people.

[*Translation*]

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, I was stunned to hear the speech made by the member opposite.

It is easier to see the mote in one's neighbour's eye than the beam in one's own. I think the member said nothing but lies. I am sorry to have to use that word.

After his government has cut transfers to the provinces by \$33 billion since 1993, the member is trying to teach these same provinces a lesson. Enough is enough.

I think the member should look at what his government is doing in the area of health. It took money and put it in its own pocket when it is the provinces, and not the federal government, that are responsible for delivering services to the public. It padded its purse at the expense of the sick and at the expense of the provinces.

I would like the member to say he is sorry and admit that what he just said is nonsense.

[English]

Mr. Steve Mahoney: Mr. Speaker, I am a little surprised at you. She said that I lied. At least the English translation said that. I do not know what she said in French.

The Acting Speaker (Mr. McClelland): If the hon. member for Jonquière alleged that the member for Mississauga West had lied—and I have forgotten the French term because I try not to remember it—I am sure it would be withdrawn.

[Translation]

Ms. Jocelyne Girard-Bujold: Mr. Speaker, I meant to say he misrepresented the truth. That is what I meant. He misrepresented the truth.

[English]

The Acting Speaker (Mr. McClelland): I certainly accept that. I know that the hon. member would never knowingly descend to that level.

Mr. Steve Mahoney: Mr. Speaker, I do not know if there was something lost in the translation, but I know what I heard.

I am not at all surprised. If I make a speech in this place and I do not get the Bloc members upset, then I really think I have not done my job. We all understand what their agenda is. We understand that they want to rip the country apart and they will use the health care system to do it or the day care system or any kind of system.

The most disgusting comments I have ever heard a politician make about another politician were made by Premier Bouchard in referring to the Prime Minister of this country. It was unbelievable. He should apologize and this party should demand that he apologize and not use those kinds of remarks when referring to the Prime Minister. I do not care about the partisanship. It was totally cheap, personal and uncalled for.

The Acting Speaker (Mr. McClelland): It has been brought to my attention by others that in fact the word “lie” was used and I wonder if the member for Jonquière would withdraw the remark because I know it is not in keeping with her character.

[Translation]

Ms. Jocelyne Girard-Bujold: Mr. Speaker, I apologized. I explained that I meant to say he misrepresented the truth. I apologized. I withdraw the word “lies”, but the member misrepresented the truth. That is what I meant to say.

[English]

The Acting Speaker (Mr. McClelland): There is absolutely no problem. I just wanted to make sure it was on the record so that it would be finished.

Supply

ROUTINE PROCEEDINGS

[English]

COMMITTEES OF THE HOUSE

NATURAL RESOURCES AND GOVERNMENT OPERATIONS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, as we move toward our adjournment, which is anticipated later this evening, I have two motions on which there has been consultation and for which I think you would find unanimous consent to adopt. I move:

Provided that on any day prior to June 30, 2000, if the Standing Committee on Natural Resources and Government Operations has a report ready for presentation in the House, the said report may be deposited with the Clerk of the House and shall thereupon be deemed tabled in the House.

• (1725)

The Acting Speaker (Mr. McClelland): The House has heard the motion as presented by the parliamentary secretary to the government House leader. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

(Motion agreed to)

JUSTICE AND HUMAN RIGHTS

Mr. Derek Lee: Mr. Speaker, I would like to move a second motion on which there has also been consultation. I move that the Sub-committee on Organized Crime of the Standing Committee on Justice and Human Rights be authorized to travel to Toronto and Newmarket, Ontario and to a Canadian port and that the necessary staff accompany the sub-committee.

The Acting Speaker (Mr. McClelland): The House has heard the motion as presented by the parliamentary secretary to the government House leader. Is it the pleasure of the House to adopt the motion?

Some hon. members: Agreed.

Some hon. members: No.

GOVERNMENT ORDERS

[English]

SUPPLY

ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion, and of the amendment.

Mr. David Pratt (Nepean—Carleton, Lib.): Mr. Speaker, it is a pleasure to engage in this debate on the health care system and its

Supply

future. I fear that with less than four minutes left in the time allotted I will not have the opportunity to address a lot of the issues that I would like to address, but I will try to address as many as possible.

On June 9 provincial and territorial governments issued an interim report on understanding Canada's health care costs. Let me first say that the Government of Canada very much welcomed such efforts. Health policy decision making in Canada needs to be informed by better evidence, a better understanding of the issues and a better understanding of the prospects we face. This report is a good step along the road to that better understanding. I know that federal and provincial governments and their officials will continue to work toward enriching our understanding of these issues.

I would like to start with what the report called the base cost drivers. The report takes a very broad cut at estimating what those drivers could be. It argues that health care costs in Canada will be pushed up by four key drivers: inflation, population growth, population aging and a catch-all category.

The first is general inflation. As the overall cost of living rises, so will the amount of money that needs to be spent on health care. The report pegs this pressure at about 2% a year, which is consistent with the policies of this government to keep inflation between 1% and 3% so as to keep interest rates low and the economy strong.

The second is population growth. As the number of Canadians grows so will the need for health care spending.

The third is population aging. It is well known that older Canadians have more health care needs than younger Canadians by a wide margin. They are more likely to have chronic health problems, those that persist and cannot simply be fixed by some procedure like setting a broken limb, and are more likely to need some ongoing form of care as health problems cost them some of their independence. The aging of Canada's population will thus inevitably add to health care cost pressures.

The report estimates that between now and 2026 aging will add around 1% a year to health costs, somewhat lower for the next few years, and more further out as the baby boomer generation moves into their sixties and seventies and beyond. One of the reasons there will be more older Canadians in the future is not only because we are living longer, but because we are healthier and indeed having more years of life in good health.

The last base cost driver the report mentions is a catch-all category. The report assumes that we will spend more on health care year in and year out between now and 2026 to cover off increases in the available health care technology and for a variety of other pressures.

Historically, health care costs in Canada have risen faster than just population growth, the effect of aging and general inflation.

These four factors together, general inflation, population growth, aging and this other component, gave a base estimate that health care costs in Canada will rise about 5% a year from now until 2026.

• (1730)

The Acting Speaker (Mr. McClelland): On that bad news, it being 5:30 p.m., it is my duty to interrupt the proceedings and put forthwith every question necessary to dispose of this item.

The question is on the amendment. Is it the pleasure of the House to adopt the amendment?

Some hon. members: Agreed.

Some hon. members: No.

The Acting Speaker (Mr. McClelland): All those in favour of the amendment will please say yea.

Some hon. members: Yea.

The Acting Speaker (Mr. McClelland): All those opposed will please say nay.

Some hon. members: Nay.

The Acting Speaker (Mr. McClelland): In my opinion the nays have it.

And more than five members having risen:

The Acting Speaker (Mr. McClelland): Pursuant to Standing Order 81(18) and to order made on Wednesday, June 14, 2000, the recorded division stands deferred until later this day at 9 p.m.

* * *

[*Translation*]

MAIN ESTIMATES, 2000-01

CONCURRENCE IN VOTE 5—HUMAN RESOURCES DEVELOPMENT

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 1

That Vote 5, in the amount of \$992,135,000, under HUMAN RESOURCES DEVELOPMENT—Department—Grants and contributions, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

She said: Mr. Speaker, I am pleased to be able to speak in support of this motion this afternoon.

The Government of Canada has made a commitment to improve the quality of life of all Canadians. We have developed a complete and cohesive vision to enable us to attain that objective.

Supply

That vision was defined in the throne speech and given concrete form in the budget. The supply bill we are debating today is proof of that. This vision is a clear one. We are striking a fair balance between expenditures, tax reductions and paying down the debt.

When our government came into power, we inherited an impressive deficit of \$42 billion. With the support of Canadians in every part of the country, we have eliminated this deficit. After years of austerity, we are now in a position to make investments.

We are not investing carelessly, however. It is not our intention to go back to the spending policies of the Conservative government of that time. Instead, we will be investing strategically and responsibly in health and in programs that will enable us to create employment, to improve people's feeling of security, both individual and collective, and to promote prosperity in general.

Canadians have told us what they wanted: a prosperous country with well-protected communities, a country with a healthy environment, and opportunities for their children's future. They also want a country with a heart, a country with compassion, one with a shared and profound feeling of collective responsibility. Those are the objectives of Canadians, and those are our objectives as well.

Perhaps we are talking numbers today, but we cannot lose sight of the real meaning behind those numbers. It is easy to consider major expenditures as merely abstract figures. It is sometimes harder to see the human aspect that lies behind the columns of figures presented to us.

• (1735)

It is important to do it however. We must never forget that the expenditures we are discussing today will have an impact on the everyday life of Canadians.

The investments proposed in the supply bill will increase the ability of the RCMP to ensure the safety and security of our communities. They will help prairie farmers who have fallen on hard times. They will reinforce native communities. They will help young people to have access to post-secondary education and good jobs. They will make access to government services easier, and will thus bring citizens and their government closer together.

This is why I support the bill before us today. It is a good bill that will help people across the country.

As hon. members are aware, the government is asking for \$34.5 billion in this supply bill. It represents a huge portion of this year's main estimates.

The main estimates reflect most of the spending plan presented by the government in the March budget. The main estimates for fiscal year 2000-01 amount to \$156.2 billion, or nearly 99% of the total projected expenditures.

This includes the government's request to parliament with respect to a sum of \$50.1 billion for which an annual authorization is required, and \$106.1 billion worth of expenditures authorized under current acts.

It is worth noting, in passing, that this year's main estimates show a \$4.6 billion, or 3%, increase over last year's estimates.

This is not to say that we are going backwards and spending wildly. This is not how this government is managing its operations. In fact, the total expenditures as a percentage of GDP has decreased over the last four years, from 17.1% in 1997-98, to 15.8% now.

The same for program spending, with expenditures to reach \$116 billion in 2000-01, or \$4 billion less than in 1993-94.

There are many reasons why this year's main estimates are \$4.6 billion higher than last year. For one thing, we have put \$1 billion more into the Canada health and social transfer, and \$700 million more into old age security, the guaranteed income supplement and the spouse's allowance program.

Because of our ageing population, we see that the number of beneficiaries and the mean rate of benefits are increasing. Canadians have told us what their priorities are: a strong social security net, and reliable, quality health care. We have listened to them and, as you can see, we are making the necessary investments.

[English]

Our commitment to serving Canadians is also clearly reflected in the funding that we are seeking approval for today. A significant portion of these funds will go to maintaining and preserving the levels of service that Canadians expect from their government.

Some of this money will go to ensure the sustainability of a number of core federal services. We intend to improve among other things the safety of the country's public infrastructure. We want to augment the safety of food inspection. We want to speed up the response times and capacity of search and rescue services.

The plans outlined in the supply bill will allow us to do this. Let me stress again the supply bill is not just about numbers; it is about people.

• (1740)

The funds we are seeking approval for are not arbitrary amounts. These funds will help us administer and fund programs and services that increase our general prosperity and competitiveness. We made a commitment to do this in the Speech from the Throne and these were not idle words.

Before I close my remarks, I would like to touch briefly on a related topic. There has been concern of late about the policies and frameworks that guide government expenditures. Concerns have

Supply

been raised, particularly about grants and contributions. It would be remiss of me as President of the Treasury Board not to address this issue for a moment this evening.

Canadians work hard for their money. They expect the government to manage their tax dollars wisely and with great care. Canadians have a right to expect their government to administer funds judiciously. This principle is one of the pillars of good government. It is something this government takes very seriously.

That is why on June 1 I announced measures to strengthen the management of public spending through a revised policy on transfer payments. The revised policy will strengthen the supervision of grants and contributions, focus on results, promote responsible spending and heighten effective control. Above all it will provide for increased accountability and transparency to parliament and Canadians.

This is not a knee-jerk response to recent headlines. The revisions we have implemented were not hastily put together. Rather they are a result of the review of the policy of grants and contributions that was initiated in 1999. This was many months before the Human Resources Development Canada internal audit raised concerns about the grants and contributions issue.

The government routinely reviews its policies and frameworks to ensure that they are up to date and serving Canadians well. The review of grants and contributions was part of an initiative aimed at updating all policies related to the comptrollership function of the treasury board. We are taking measures on the broad front to identify ways to improve the stewardship of public funds. I should note that the revised policy on internal audits and evaluations is also forthcoming.

The revised policy on transfer payments requires that departments guarantee that measures are in place to ensure due diligence in approving payments. There must also be due diligence for verifying eligibility entitlement whenever a new contribution program is being established or renewed. Eligibility criteria for receiving assistance must be predetermined, made public and applied on a consistent basis. We want to ensure that grants are made in a fair and transparent manner. The playing field must be level and everyone must know what the rules are. Canadians should tolerate nothing less.

Before funds can be allocated, departments must demonstrate that they have a results based accountability framework in place. Accountability is essential to effective stewardship. These frameworks must include performance indicators, expected results and outcomes, as well as evaluation criteria to be used in assessing a program's effectiveness. After all, we cannot give public funds to projects that do not produce some sort of quantifiable results. Furthermore, departments must recommend specific limits to federal assistance where recipients receive funding from multiple levels of government, including other federal sources.

There are other important aspects of the revised policy. All programs will be required to be formally renewed through the treasury board at least once every five years to ensure ongoing relevance and effectiveness. If there are concerns about a program, this renewal process may be considerably less than five years.

• (1745)

We are also concentrating on transparency. The Government of Canada is committed to operating in an open manner. We have made improving reporting one of our main management priorities. This commitment is clearly reflected in the policy on transfer payments.

Departments must report on each transfer payment program which transfers in excess of \$5 million in their annual departmental reports on plans and priorities. This must include descriptive materials such as stated objectives, expected results and outcomes, as well as milestones for achievements.

Departments must also follow up on this later in the year in their departmental performance reports. They must look at the commitments they made in their reports on plans and priorities and show evidence of the results achieved. In this way we ensure that all major programs are showing progress. If they are not, we will know why and be able to respond accordingly.

[*Translation*]

This revised policy on transfer payments only represents one element of our broader efforts aimed at modernizing the practices of the comptroller's duties. That element, in turn, is part of a larger and co-ordinated initiative aimed at modernizing public management in general.

The expectations and requirements of Canadians are changing and public management practices must follow suit.

That is why we developed a new management framework, which will allow us to take up the challenges of the new millennium.

Last March, I tabled the new management framework in parliament. It is entitled "Results for Canadians". This document shows how management practices change to adapt to the changing priorities of Canadians.

It describes our new management philosophy, which stresses the need to maintain a strict control while using tools that enhance initiative and creativity in government departments.

It describes our management commitments, the way we strive to create a government more focused on citizens, on results and on values, intent on spending responsibly the funds made available to it.

Finally, this management framework shows how we honour our commitments, by working assiduously on many fronts.

Supply

In some respects, the supply bill is a major component of that process. The items for which we are seeking approval will help us meet our objectives. They will help us fund programs that will improve our capacity to serve Canadians. In short, they will also help us improve the government.

That is what citizens of this country want, and that is also what they deserve. Finally, without any doubt, that is what this government has committed to give them.

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I listened intently to the speech of the president of the treasury board. I would like to draw her attention to the grants and contributions issue.

I remember that, after the situation at HRDC was revealed, the Minister of Human Resources Development said the situation was serious. This was directly contradicting the Prime Minister, who had talked about a \$101 problem. Her attitude, at least at the time, seemed to be more responsible than the Prime Minister's.

Today, she talked a lot about having instituted a review of the policy for the future. But she also talked about control.

• (1750)

The control function involves, among other government responsibilities, imposing sanctions when mistakes are made and, more than mistakes, when unacceptable behaviours occur.

It would be great if the government could manage to rectify the situation in the future, but until today, it has not done anything to stop the use of funds for partisan reasons, which has been revealed, verified and demonstrated here in the House through a number of questions, particularly in the Prime Minister's riding, where public funds have constantly been used in an inappropriate and unacceptable fashion.

I would like to know if the president of the treasury board thinks something could be done to correct the situation. I have read reports in the paper this week, which I found alarming. There are people in the present Liberal government who say "We should get rid of job creation programs, because we really mismanaged them".

Does the president of the treasury board share that opinion? Does she agree with the members of the Liberal majority who say that there should be no more job creation programs to stimulate economic growth in areas of high unemployment? Or would she agree that better control mechanisms and penalties are necessary to make sure that the present situation does not repeat itself?

Does she agree with me that there should have been an independent public inquiry and that concrete measures should have been taken to condemn such use of public funds for partisan purposes?

Hon. Lucienne Robillard: Mr. Speaker, let us try to clarify things here. My colleague has several different elements to his question.

First and foremost, the situation that was brought to our attention related to an internal audit. It is totally normal for a minister to have an internal audit done. I would say it was the ABC of administration for a department to have an internal audit. It is an essential administrative tool for proper knowledge of what is going on as far as departmental programs are concerned, in order to see what is going well or less well in the application of those programs.

Let us put ourselves into the proper context. This was an internal audit carried out by the department, which had decided on its own to audit seven separate departmental programs. As soon as the internal audit report was completed and submitted to the minister concerned, it was made public.

The minister herself considered the situation so important that she released the report to the public, immediately proposing an action plan to remedy the problems. As far as I know, nowhere in the internal audit report was there any proof that there had been problems relating to partisan funding, as my colleague over there has said. These are his own conclusions, and I do not share them, absolutely not.

Let us not forget that the programs addressed by the internal audit were not strictly job creation programs, but also ones for other clientele. I am thinking for instance of the literacy program. Various HRDC programs were covered in the audit report.

The programs covered by the internal audit were evaluated. Nowhere was this program mentioned. These are national programs.

Once the situation became known, the Minister of Human Resources Development called on treasury board for help in putting an appropriate action plan in place. And that is what we did. We worked very closely with Human Resources Development Canada. I even delegated a very senior official from my department, who worked with Human Resources Development Canada to put the plan in place. In addition, the plan was approved by the auditor general.

I see no need anywhere for a public inquiry. We are aware of the administrative problems of this program, and we have, accordingly, formulated an action plan that, at the moment, is in place and rectifying the problems in the system.

• (1755)

[English]

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, I would like to ask a question of the minister. She talked about all the improvements, which was fine, but we still have a

Supply

fundamental problem regarding the approval of the estimates and the fact that the motion that is being debated is actually a motion by the President of the Treasury Board to reinstate the \$992 million for her department. That is the first motion that will be voted on because the Canadian Alliance put forward a motion to strike \$110 million from that department.

Later on this evening when the first vote is called it will be on the \$992 million, which I think is fundamentally wrong. That is the main motion. After the main motion is agreed to, we will be asked to vote on our amendment, which is totally converse and upside down to everything else that happens in the House. The amendment to the main motion is voted on before the main motion.

In the light of all the improvements the minister has suggested are taking place, will she tell the House that she will undertake a study to ensure that the standing orders are amended so that when it comes to supply we vote on the amendment to the main motion before the main motion?

[*Translation*]

Hon. Lucienne Robillard: Mr. Speaker, my colleague knows very well that he can refer this matter to other committees of the House, which will study the whole regulatory question. We are, at present, in a position to follow exactly what is going on in the House and therefore to follow the regulations before us.

Parliamentarians have had the main estimates before them for a number of weeks, and I am sure that they have looked carefully at this government spending and will monitor it carefully. For this reason, I thought it important in my presentation, given the recent concerns expressed particularly with respect to the grants and contributions program, to inform the House of the improvements we have made in recent policy.

I would hope that my colleague in opposition will study this policy closely, and perhaps take it to the public accounts committee which he chairs, to see the benefits of implementing this policy in all government departments.

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, I would love to understand what the minister is saying. Whenever I inquired about a project involving the Department of Human Resources Development, I was told time and time again that, in the past, they followed treasury board guidelines.

The minister just told me that they revised their guidelines for the future. Is this to say that, in the past, there were no guidelines or that the guidelines were not followed?

Hon. Lucienne Robillard: Mr. Speaker, perhaps I should point out to the hon. member that a policy existed before June 1, in fact there has always been a policy on transfer payments with respect to

grants and contributions. Such a policy has always existed and has been reviewed over the years. The last time was in 1994, six years ago.

Last year, a group of outside consultants who had been asked to see how we could modernize the control function submitted a report in which they strongly recommended that we review our policy on grants and contributions, which we did.

It is clear therefore that there is a treasury board policy with very specific requirements, which applies to all departments and which has been significantly strengthened compared to the former one.

Now, the problems that have occurred at Human Resources Development Canada—

The Acting Speaker (Mr. McClelland): I am sorry, but time has run out.

• (1800)

[*English*]

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, I will be sharing my time with the member for Calgary—Nose Hill.

It is not often that I start this annual debate on the business of supply by congratulating the minister but I would like to do that on the progress she has announced this evening in the things that she is undertaking, about new policies to administer grants and contributions. While she has made these initiatives, they have been at the encouragement and coaxing of the public accounts committee which has been talking about these issues for quite some time. It has been telling the minister to make some real progress in ensuring that the door for grants and contributions is narrow and specific and is not five miles wide so that anybody can drive through and help themselves. It seems that we are making some progress in that direction.

I would also like to commend her because obviously the minister has read my private member's bill on program evaluation which talks about four things. First is that the public policy shall be determined and articulated. After we know what the program is trying to do we then ask how well we are doing it. Then we can ask, are we doing it efficiently and can we achieve the same results in a better way?

I have given talks across the country and people are appalled. They ask, "Are you not doing that already?" I have to say no. Such enlightenment has been beyond the government. Therefore I have to congratulate the minister, because that enlightenment seems to be shining through the window, albeit a small window. Progress is being made and I would like to congratulate her on that initiative.

Today we are approving approximately \$50 billion worth of non-statutory spending. Let us remind the general public that the

government is working its way through \$156 billion of its money this year. That is what it intends to do, which by the way is up \$5 billion from last year, and up from the year before and the year before. It has always increased. This year it is \$156 billion and I expect that we will see some supplementary estimates between now and next year for another \$4 billion or \$5 billion, so no doubt it will get to \$160 billion.

Of that \$160 billion, \$116 billion I think the minister said, does not even come to the House for a vote. That has to be changed too. We have to have the authority in the House to speak about the \$116 billion of taxpayers' money that is being spent without parliamentary review. Periodically an audit surfaces, as one did last January, and we find that because there is no parliamentary review there are such things as billion dollar boondoggles.

That would not happen if the committees had greater input into the spending and we were able to look at that \$116 billion. Then there is the rest, some \$50 billion that is called non-statutory, to pay the rent, salaries, phone bills and the grants and contributions, that the minister has suggested we authorize tonight.

The Canadian Alliance party has said we do not mind grants and contributions by and large but the transitional jobs fund has been an absolute disgrace. It has embarrassed the government and has shocked Canadians. That program should be just plain old scrapped.

We have suggested in our motion that \$110 million be removed out of the \$160 billion. It is not a lot in the whole scheme of things but because it has been such a total shambles, let us cut that program now. There have even been some hints in the newspapers that the government will cut it. Let us do it tonight.

However, the process of the House is skewed so that the minister reaffirms that we spend the money before the House is asked to cut the money. We cannot speak out of both sides of our mouth and therefore the government wins the day.

The last time a nickel was cut out of the estimates was in 1972 when Prime Minister Trudeau had a minority government. The opposition had a bee in its bonnet about the CBC and \$1,000 was knocked off the president's salary. The last time was in 1972. That is how ineffectual the House has become.

• (1805)

Approving the estimates has become a perfunctory joke. Because of that there is the billion dollar boondoggle at HRDC. That is the only one we have uncovered. Maybe we could go down the whole line of cabinet ministers on the front bench and find that each department is hiding a billion dollar boondoggle which we have not been able to uncover. That is why we need more parliamentary authority to investigate these things.

Supply

We in the Canadian Alliance have tried to be prudent and intelligent by saying cut the \$110 million. We will live with the rest of the expenditures.

We have to take a look at the fifth party, the Tory Party. It is suggesting in its amendments that 90% be knocked out of national defence. It is suggesting that 80% be knocked out of fisheries and oceans and that \$1 billion be knocked off health care. What kind of responsible party is that? Those members are not responsible.

Our fight this evening is largely with the government because taxpayers deserve better. They deserve to have more openness. The minister is now telling us that we are going to get more openness. The government has been in office for six years and it is only after \$1 billion has gone down the proverbial drain that it is now talking about openness.

It is only after the government spent \$145 million on the millennium fund that we are finally getting some accountability. The government was doling out money the week before last. I am talking about \$25 million. Who is celebrating the millennium today? The Liberals had their big party on December 31. They had a good time. The lights did not go out and everything continued on as normal.

The government is still celebrating the millennium with Canadian taxpayers' money. What did we get? We got trees worth \$1 million. We got balloons floating out of New Brunswick at a cost of \$215,000. We got the celebration of fire in downtown Vancouver for \$25,000. The idiocy went on and on. The government authorizes anything. If money is going to be spent around the millennium, it is called a millennium grant. The idiocy of some of these things makes me weep. We hope that idiocy is behind us.

I have to congratulate the minister because she is trying. She is bringing in some new rules and she is listening to the public accounts committee. She is listening to my private member's bill. She is listening to the Catterall-Williams report in which I played a fairly major role. After seven years in this place I am starting to see the government is finally listening to some of the proposals we are making to make the process better.

I still want to see the process of approving the estimates through the House change. I will work on that on another day, but we have started. On that note, I thank the minister.

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I listened to what the Canadian Alliance member had to say and I would like him to repeat what the official opposition party members think about the management of grants and contributions programs.

I know that we do not share the same point of view on the relevance of these programs, but would we not both agree that, in the end, the present federal government is the one that has most

Supply

undermined their relevance? Whether or not one believes in the relevance of the programs, whether or not one believes in any particular program, one has to ensure that they are managed properly.

• (1810)

At present, when the government manages job creation programs, it undermines them terribly, it devalues them and, ultimately, it lays itself open to criticism from those who think these programs are not relevant.

We in the Bloc Québécois think that these kinds of programs are relevant, but I know that Canadian Alliance members do not necessarily believe in them. Regardless of the intrinsic value of these programs, has the federal government not done serious harm to their reputation and contributed to the present debate within the Liberal Party of Canada as to whether or not it should continue to have them, is management lax, and is this not what damages the reputation of these programs in the eyes of the Canadian public?

[English]

Mr. John Williams: Mr. Speaker, as I said, it is not so much that we are totally opposed to grants and contributions in principle provided they are an investment in Canada and an investment in Canadians, rather than just spreading the largesse around the country where it can buy the most political votes. We have heard that. We heard about it in question period today.

I get back to my private member's bill which says that it does not matter if it is the grants and contributions program or any other program the federal government is involved in, we must ask four simple but fundamental questions. First we ask what is the program designed to do? Once we know that and the program is running, then we ask how well are we achieving what we want to do? Then we can ask if we are doing it efficiently. We should always be asking the question of whether we can achieve the same or better results in a better and different way.

When we have asked these four fundamental questions and we find out that a grants and contributions program is beneficial to Canadians, then perhaps we should support it. That applies to any program. But this pouring money down the proverbial drain with no thought whatsoever to the fact that the taxpayers have to sweat to make that kind of money and with no thought to the benefits that we are getting for that kind of money, that is the problem with the management of the grants and contributions program.

We found that with the HRDC billion dollar boondoggle. There was no grant application on file. We do not even know why they wanted the money, but we gave them the cheque. We did not know what they were going to do with the money when they got it, but they got the cheque anyway. And the list went on. It was absolutely deplorable that the government would spend taxpayers' money

without the proper criteria being in the file to justify that it was value for money.

That is why I say to the hon. member that we want value for money in the spending of taxpayers' money.

Mr. John Solomon (Regina—Lumsden—Lake Centre, NDP): Mr. Speaker, could the member for St. Albert share with us the position of the Canada Alliance with respect to bill 11? Does he personally support bill 11 in Alberta which is moving to privatize our health care system?

I remind the member that some of the Reform members, including his former and perhaps future leader, embrace bill 11. One of the leadership candidates, the hon. member for Esquimalt—Juan de Fuca supports bill 11 and a dual privatized health care system.

What does he feel about the results of the byelection?

The Acting Speaker (Mr. McClelland): I am sorry, I am interrupting because the hon. member for St. Albert has one minute for his response.

Mr. John Williams: Mr. Speaker, I will apply the rule of relevance and not talk about the byelection. We are talking about the business of supply.

The hon. member raised the issue of bill 11 and there is a motion on the table to deal with health care. He is right in saying bill 11 is not the privatization of health care but to provide accountability.

A few private institutions are going to be competing for business with public health care. The private institutions are going to have to cover their capital costs out of the exact same fee that the public sector is going to get. Hopefully, the fees will be enough to make a little bit of profit. They will have some profit. They will have to pay tax on the profit, on exactly the same fee that the public sector only has to cover its operating costs with. The public sector is having a hard time covering its operating costs, and the private sector on the same money will have to cover its capital costs as well. If that can be done, we ask why the public sector cannot do it so efficiently.

• (1815)

Mrs. Diane Ablonczy (Calgary—Nose Hill, Canadian Alliance): Mr. Speaker, as you know, we will be voting later this evening on almost \$160 billion worth of government spending, and we will be voting after only three and one half hours of debate. We are given three and a half hours to examine \$160 billion worth of spending. That is because parliament has lost control of government spending. There is no meaningful examination of government spending. We just vote it through as a matter of course.

The Canadian Alliance has introduced a motion to reduce government spending by \$110 million. Out of \$160 billion we are

Supply

saying that \$110 million should be taken from the grants and contributions program of the Department of Human Resources Development. It would be a tiny reduction, but it would be very significant. That \$110 million represents the annual expenditure by the Department of Human Resources Development on the transitional jobs fund and the Canada jobs fund.

Let us look at this TJF/CJF program. First, 51 of 122 ridings across Canada which received TJF grants had been identified by the 1996 census as having less than 12% unemployment. In other words, 51 of 122 of those grants did not meet the criteria for the program. That is number one.

Number two, the riding of the member for Edmonton West, who happens to be one of only two Liberal members in Alberta, received three grants worth over \$2 million from the TJF. All but \$70,000 of the moneys were given three months before the last election, and the unemployment rate in that member's riding was 7% at the time, not 12% as the program required.

The riding of the leader of the Bloc Quebecois had an unemployment rate of 15% in 1996. That riding received only \$100,000 over three years. However, the Minister of Citizenship and Immigration, having the neighbouring riding right beside the riding of the leader of the Bloc, and having a lower unemployment rate, received over \$5 million. It was \$100,000 for the Bloc leader's riding, and the Liberal riding next door received \$5 million. That is how the program is being applied.

The minister signed off on 49 grants during the writ period of the last election, which is almost twice the program period. In other words, there was an accelerated approval that nearly doubled during election time.

In total, \$13 million in TJF grants were approved by the minister during the election. Six grants were approved by the present minister the day after she was briefed on the disastrous audit of this program. She then approved nearly another \$1 million worth of grants, the very next day, knowing that there was a serious lack of controls in the way this program operated. By December 3 she had approved a total of 19 grants worth almost \$3 million. Yet the minister stated in the House many times that she took the audit very seriously and was going to make sure that everything was all right with the program.

Let us look at some of the grants that were given. First of all, there was the Auberge des Gouverneurs. This was a \$6.4 million hotel project owned by a Belgian businessman and confessed embezzler. He received \$600,000 in March 1997, which was first announced under the HRDC targeted wage program, but then later changed to the transitional jobs fund program because he needed the capital immediately. He did not want to wait until he actually created some jobs to get the money.

Then he lobbied for and received another \$100,000 under TJF. This is a confessed embezzler and the subject of some real concern.

Then there is the Auberge Grand-Mère. This is a hotel beside a golf course, one-quarter owned until September of last year by the Prime Minister himself. Even after the sale of his golf course fell through in January 1996, he helped get a TJF grant for the hotel worth \$164,000, knowing that improvements to the hotel might improve the value of the golf course beside it. The grant was announced by the Prime Minister's friend, René Fugère, just two days before the election, but it was only approved by the minister afterward in July 1997.

• (1820)

Then there was Globax and its daughter companies Placeteco and TechniPaint. They got over \$2 million from TJF, which was announced just a month before the election. They gave nearly \$20,000 to the Liberals, including \$4,000 to the Prime Minister's personal campaign.

On the last day of the fiscal year over \$1 million was placed in a trust, contrary to treasury board guidelines, set up by a law firm headed by a two-time political appointee of the Prime Minister and administered by that individual for a handsome fee.

One of the companies that got some of this money went bankrupt and was then repurchased by someone who had been involved in this whole business. The purchaser said that he was not bound by any of the conditions of the grant and set up business with half of the jobs that had existed previously. In other words, public money went into a company that cut jobs.

Then there is Les Modes Conili, which was given three quarters of a million dollars in 1997. It gave \$7,000 to the personal election campaign of the Liberal member of parliament for Ahuntsic, who had lobbied for the grant. All of the workers from company A were simply moved to company B, and in the process they scooped up three quarters of a million dollars of taxpayers' money. The RCMP is now investigating this matter.

Then there is Iris Hosiery Inc., which got the largest single transitional jobs fund grant. It was over \$8 million. It was supposed to create 3,000 full time jobs. This company gave over \$21,000 to the Liberals, including nearly \$6,000 to the Liberal candidate in the riding. This grant helped to put an undisclosed number of competitors out of business and killed untold jobs.

Then we have Duchess Foods, which helped the HRDC minister entice a company from Hamilton to her riding. The federal government financed 90% of that move. The unemployment rate in Hamilton at that time was 5% and in Brantford it was 6%.

Then there was a call centre that was induced to move into the HRDC minister's riding, RMH Teleservices. It got \$1 million. It later said that it was just icing on the cake. Now we find that this same prosperous American company has received another \$1 million in TJF money to operate another call centre in Sault Ste. Marie.

Supply

We have Media Express Telemarketing, which gave \$10,000 to the Liberal Party and got nearly a million dollars of the TJF.

We have Superior Industrial Rail, which got over a million dollars from the TJF and the CJF. It just closed its doors on June 9. HRDC said that it needs to meet with the company to find out where the money went and whether it met the terms of the department. This is a good time to try to figure out where the money has gone.

The point is that it has been over 25 years since the House voted to reduce any of the main estimates. If anything begs to be cut it is this boondoggle program of \$110 million a year for CJF and TJF which has been the subject of untold scandal and political pork barrelling. We are asking the government to finally stand on its hind legs, on behalf of Canadians who have to foot the bill for this kind of nonsense and wrongdoing, and simply say that it will cut a program that is clearly not in the best interests of Canadians.

Liberal members have been complaining that they are voting machines and trained seals and have to do whatever the government tells them to do. Here is a chance to vote down \$110 million. It is a small amount, but it would send a very big signal that wasteful programs will not be tolerated by members of parliament.

• (1825)

[*Translation*]

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, I listened carefully to the overview given by our colleague from Calgary—Nose Hill.

It brought back to the fore, on this last day of this parliamentary session, everything that has happened in this government over the past months with regard to grants, and everything the opposition parties have denounced.

I was very happy that the member for Calgary—Nose Hill summarized all these events. This shows these programs are there for a purpose. However, I realized that no matter what their purpose is, this government has lost control. It made sure these programs, which were necessary, designed to help taxpayers, and were supposed to meet very specific criteria, had no established rules to begin with.

There was no audit and no treasury board standards. They were left to the whim of the individuals who made the decisions.

I am disappointed. I come from a riding where we need programs to help communities. It is important to help people who have good ideas, but who do not have the money to bring them to fruition and create jobs.

I would like to ask my colleague for Calgary—Nose Hill if, in her great wisdom—I saw how wise she was during all the debates

we have had in this House—she could tell us how it should go in the future, even if this government loses the next election?

Which criteria should be put in place to ensure it will not happen again and these programs truly help communities in need?

[*English*]

Mrs. Diane Ablonczy: Mr. Speaker, I appreciate the question and I think it is true that Canadians are quite willing to help each other, particularly in areas of need, when that help actually delivers what it is supposed to deliver.

The President of the Treasury Board had some nice talk about the need for rigorous control and verification and the need to fund only programs with quantifiable results. I think that is what my friend would like to see. However, that definitely does not apply to the transitional jobs fund. In fact there is plenty of evidence that this fund has been politically used and that it has not created jobs—real, long term, sustainable jobs—which, as my colleague pointed out, is what Canadians really need.

Again I say that the government can show, and we can all show that we are serious about cutting waste and mismanagement. We can show that we are serious about getting value for our dollar, that when we invest money in job creation it actually produces some results for the people who are supposed to be assisted. Unless we can assure Canadians that there is value for our dollar and that we have a process in place that says they spent this money, they have got their money's worth, be happy, then we should cut programs that are shown to be totally contrary to that principle. That includes the \$110 million for the TJF and the CJF.

I hope my colleagues in the Bloc will support our motion to cut that pork barrel program out completely so that money can go to programs that really help Canadians.

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I rise to speak this evening on the estimates, particularly in connection with grants and contributions. I regret to say that I am opposed to this vote for the grants and contributions program.

I am not saying that they are not good programs in themselves. I believe it is important and essential for there to be programs to help people in areas where there is a high rate of unemployment, to give them the opportunity to get back on their feet and improve their economic situation.

Unfortunately, in the case at hand, the problem is not that the budget is too high, but it lies instead in the way the government is administering that budget. Let us keep in mind the constant scandal the government has been involved in for the past six months.

Supply

• (1830)

First, we came to realize that from the administrative point of view they had lost control of \$1 billion. We came to realize that the treasury board directives that had been in place previously were not being followed by Human Resources Development Canada. What is more, they were full of holes.

Moreover, the President of the Treasury Board has already admitted this. In early June, she had to do her homework over again, and put other programs in place. But she has not corrected what went on before.

We cannot vote in favour of these budget allocations, as long as we have no guarantee that there will not be the same funny business as there was in the last election.

In the situation before us at the moment, the Minister for International Trade, the former Minister of Human Resources Development, is responsible for the loss of government control over the program of grants and contributions and for the use for partisan purposes of the funds allocated to the transitional jobs fund.

This minister, who is continuing along as Minister for International Trade, is not accountable for his action as Minister of Human Resources Development. However, in my opinion, he is primarily responsible for the crisis that has befallen Human Resources Development Canada.

He is getting away with it at the moment, because he does not want to get to the bottom of things. They refused to conduct an independent public inquiry.

So long as the government does not correct this situation, we cannot give it additional votes for job creation programs. Although the programs may be relevant and essential, we must be sure that they operate within an acceptable context. But we have seen no sign of this, either in the government's attitude to the behaviour of the former Minister of Human Resources Development, now Minister for International Trade, or in the behaviour of the current Minister of Human Resources Development.

On the contrary, instead of assuming her responsibilities in the fall of 1999, a month or two after her appointment, and saying "I have just discovered a situation that must be rectified. I will take a stand quickly and we will get to the bottom of things", she simply helped the federal government's operation camouflage along.

No appropriate corrective action has been taken. One may well wonder why it has come to this. The situation is indeed tragic.

More than one dozen RCMP investigations on grant handouts and the fraudulent use of the funds paid out have been opened to public scrutiny. This was one serious situation that was uncovered,

but many others still under investigation, and there are still unanswered questions.

A number of questions have been raised in the House, repeatedly, in order to find out how \$1.2 million in funding could have been paid out to Placeteco and used solely to pay off a debt. It created not a single job. In the past two months, the government has never managed to produce a single invoice to prove what it has claimed, although it was apparently so very simple to spend the money.

Again today, the minister is telling us "Well now, those invoices, you can get them through access to information". If I were accused of the same sort of thing that the government is today, and if I had proof in my possession, I would make it public and put out the fire right away.

They cannot do the same, because there are no invoices. How then could they produce them?

Placeteco is not unique. There is Modes Conili Star as well, another case the Bloc Quebecois exposed.

We acted more or less as if we were the investigators, and we were able to demonstrate that an investigation was required. Now the RCMP is looking into it, as a result of the questions raised by the Bloc Quebecois, because indeed most of the jobs that ought to have been created were merely transferred from one company to another. It is as though grants had been awarded to move jobs instead of to create jobs. The investigation was initiated because of questions asked by the Bloc Quebecois. There we have another case of pieces missing and things not working right.

If there were only these cases appearing one after the other, we could say that they were exceptions. But we discovered that, during the period leading up to the last election, in 1997, suddenly, 54% of all amounts earmarked for the Transitional jobs fund over a three year period was spent. During the election period, they spent the funds, especially in the ridings they wanted to win.

In ridings represented by Bloc Quebecois members, 63% of the funds were spent during that period. If this is not buying an election, I do not know what is and how we could prove it.

There should be a public inquiry into this whole issue, so that we can get to the bottom of things and see, for example, the links between grants obtained and contributions to the Liberal Party of Canada.

• (1835)

It is a good question to ask and one the present government has refused to answer fully. The Standing Committee on Human Resources Development conducted an extensive study on the administrative aspects. The Liberals were ready to look into that thoroughly. They were even ready to pass the buck to civil servants. But as far as the government's responsibility is concerned, they systematically tried to avoid debate and rejected witnesses that the

Supply

Bloc Quebecois wanted to hear, so that they would not have to answer questions.

Among the administrative problems that were found, some were serious. I have here a list of about 15 companies. I will not name all of them, but I will name some.

In Newfoundland, Forest Renewal Sylviculture saw a project approved in November 1998. Yet, as early as 1996-97, \$2,164,500 in funding had already been paid out.

Take this other company, Powel Nestle Farms. In November 1998 also, funding was approved, while \$30,000 had been paid out in 1997-98.

The same thing with one company after another, where final approval was given a long time after the money was paid actually paid out. How can this be explained? Often, a decision is made based on whether or not they liked someone, during the election campaign. One Liberal candidate would meet company officials and say "Yes, I will handle this matter". The civil servants were left to look after the situation after the election. They had to spend money without the authorizations having been signed, which is totally unacceptable.

So, this is not a situation with some specific cases only. Funds were, in my opinion, systematically used for partisan purposes. This is why it is unacceptable to continue to vote supply for grant and contribution programs, without knowing how the money will be used.

Another election is coming up. If the same situation occurs again, it will be totally unacceptable. We cannot in any way let such a situation continue if we are to ensure a proper quality of democratic life, a quality that Quebecers and Canadians expect. This situation must be corrected.

We also see many problems in the ridings that the Liberals were desperate to win. One such riding is that of the Prime Minister. The Prime Minister's riding is among those under suspicion.

Earlier, I mentioned Placeteco, which received \$1.2 million. That transaction is being condemned for many reasons.

First, the payments were made in violation of treasury board rules. The establishment of a trust is against treasury board rules. The trustee himself is in a conflict of interest situation and no jobs were created. Moreover, there is no evidence to establish whether the payment was fair and to determine the overpayment.

When such a situation exists, it is very clear that light must be shed on the whole matter. Otherwise, it undermines the credibility of the elected member, in this case the Prime Minister, and of the whole system, since funds were used for partisan purposes.

And that is not all, a grant that had been awarded to a business in the riding of Rosemont ended up in the riding of Saint-Maurice, the Prime Minister's riding, without any jobs being created. That business committed fraud at the expense of another business that was expanding, and this case is now the focus of an ongoing RCMP investigation.

So we have here several deplorable situations that must be rectified, but the federal government is ignoring the problem.

The report issued by the human resources development committee in June was a true reflection of the government's actions since January: trying to hide the truth; systematically refusing, through the minister, to answer questions; minimizing the seriousness of the situation.

Let us not forget that the Prime Minister first talked about a \$101 problem. A few weeks later, it was \$5,000. There are now 12 RCMP investigations, and amounts to be recovered are in the hundreds of thousands of dollars. In the case of Placeteco alone, we are talking about \$1.2 million. I think we are faced with a situation that warrants a thorough review.

This exercise should not have been performed only by the committee. We needed to go beyond that, to go to an independent public inquiry, as called for by all the opposition parties. This would have helped give job creation programs the credibility they are currently lacking.

The human resources development committee report says nothing about the cases of fraud, late approvals, violations of treasury board directives, political pressure, patronage, the partisan use of public funds, attempts to hide information, the withholding of information, the falsification of documents, the absence of supporting documentation, and influence peddling.

• (1840)

We are confronted to a serious situation, a tragic situation. Since we are dealing with the business of supply, we cannot simply authorize expenditures. We have to ensure that things are done properly.

The president of the treasury board commented on this earlier, in her speech. In terms of the principle itself, what she said was interesting, except that she in no way remedied the past situation and did not put forward any concrete solution to ensure that we will not repeat the mistakes of the past.

Many mistakes were made. There have even been convictions. Pierre Corbeil, for instance, was eventually convicted. Then, there was another conviction in the case of Mr. Fugère, an unregistered lobbyist, concerning an amount of \$1,277,463. The company from Rosemont we were talking about earlier received \$165,984. There was the CITEC case which was brought to light, and the Force Group, again in the Saint-Maurice riding. There was also Modes

Supply

Conili Star, and the whole issue of jobs that were transferred instead of created. A Liberal from Cape Breton is also said to have received a \$1.3 million contribution.

So, there are plenty of examples everywhere, several in the ridings where the Liberal Party wanted to win in the last federal election.

Given all these facts, I think it is important, before votes are adopted, that we be well-aware of the impact of our decision. Before supply is concurred in, the government will have to assure us that the money will be properly spent.

When the government talks of new directives from treasury board, why does it not provide for regular monitoring, month by month, of the situation by elected officials, those who speak for the people in this situation? I think the government refused to do so in the past and is still refusing to do so.

In fact, the most negative thing—and I stress this—is that the way the Canada jobs fund was used by the government allows people in favour of the abolition of this type of program to argue, by saying “You see, it serves no purpose to put this money in this sort of program, because each time they do, it is wasted in the end”.

I want to say that in my riding, in my region, the Canada jobs fund was quite properly used. The projects people submitted were correctly analyzed, and appropriate action was taken in the end, because the fund was not established in an election period and so was not subject to the pressures of an election period.

If, in the next election—and we are a few months away from then—the same scenario is not to occur, the Canada jobs fund must not become a tool to win elections for the Liberal Party of Canada, but continue to be a tool to create jobs in areas of high unemployment. There must be guarantees of transparency in the use of this fund, which we do not see on the table at the moment.

It is a great pity that the government has refused to shed more light on this, that it feels free to come and ask us to adopt these votes, when we do not have any guarantee that they will be used properly. The best example of this perpetual state of affairs is that there are plans to dismantle the Department of Human Resources Development. I personally am in favour of such a move.

I said at the beginning of the crisis, a few months ago, that the Department of Human Resources Development was a bureaucratic monster with a cancer that could only be cured if we got to the bottom of things. Dismantling the department is an interesting solution. I made this suggestion myself to the Standing Committee on Human Resources Development and the Status of Persons with Disabilities when it came time to write the report.

However, there is another bridge that must be crossed, and that is an independent public inquiry. And that, the government has refused. Today, we are looking at a situation where, even if the department were dismantled, even if responsibility for these grants and contributions programs were to be given to another department, the management of grants and contributions would not have been resolved. The last step has to be taken.

The problem has not been resolved, if we are to go by the attitude of the President of the Treasury Board, who has issued a new directive on the management of grants and contributions. But what is there to say that these public funds will not be used for election purposes? There is absolutely no guarantee that they will not. There is no commitment from the government to respond because it is not going to look into what went on during the last election.

• (1845)

If a public inquiry were able to analyze how they managed to make use of the funding program systematically in ridings where they wanted to win the general election, if we were able to get to the bottom of the phenomenon of using these funds for partisan purposes, then we could develop some barriers, set some limits so that this did not happen again.

The government, however, refuses to go that far. It thinks that it may still have a tool for winning over some ridings in the next general election.

Well, my answer will be the same as last time. The voters of Quebec and of Canada are not going to be taken in. They will not allow themselves to be bought off by the federal government, by the Liberal Party of Canada. They insist that light be cast on what happens to their tax money, to what they pay into the employment insurance fund.

If there is one thing to which our fellow citizens are entitled, it is that the money they provide to the federal government for the administration of all these programs is put to proper use.

That is why—and on this point I will conclude—it seems to me that the Liberal government does not deserve our confidence as far as administering public funds is concerned, and does not deserve to be given a blank cheque for the authorization of funds. Authorization will be given when we have the assurance that they will be managed in such a way as to ensure maximum benefit and transparency.

Ms. Jocelyne Girard-Bujold (Jonquière, BQ): Mr. Speaker, before asking a question to the hon. member for Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, I want to congratulate him for his speech.

I want to tell him that it is extremely important to have a person like him as the Bloc Québécois critic on Human Resources Development Canada.

Supply

This evening, my colleague stressed a very serious point when he said that there was no transparency in that department.

It is a serious thing for my colleague to tell all the Canadians who are listening to us that this government, with money that belongs to them, was not transparent in the management of these programs. But it should have been very transparent.

These programs were created to help the communities that need them. My region benefited from the Canada jobs fund. I can say that, in my area, the public servants who administer this program ran a tight ship. It was said that this is money that belongs to everyone and that it ought to go to those who need it.

But what is happening right now? People are suspicious. They ask themselves if the things they hear are true. The government did not act properly in the past and people wonder if it will do so again in the future. If things were not right in the past, people wonder if they are going to be penalized with the guidelines. Will the government go too far in the other direction by implementing excessive controls?

This is unacceptable. My colleague accurately described the situation and I want to ask him what this government should do so that Canadian taxpayers can finally regain confidence in the government's management and transparency, which should be a given on the part of a government that claims to be there to help, to be full of compassion and to be receptive to the needs of the public.

Mr. Paul Crête: Mr. Speaker, I thank my colleague from Jonquière for her kind words.

I believe this fight has been the fight of the whole Bloc Québécois team. I want to acknowledge the efforts, particularly of the leader of the Bloc Québécois, the member for Laurier—Sainte-Marie, our House leader, the member for Roberval, the member for Quebec, the member for Rosemont, who exposed the matter of the company being moved to the riding of Saint-Maurice, members of the Standing Committee on Human Resources Development and the Status of Persons with Disabilities, and more specifically of the opposition parties, who presented a unanimous report asking for an independent public inquiry.

• (1850)

This is quite an accomplishment when parties such as the New Democratic Party, the Canadian Alliance Party, the Bloc Québécois, the Progressive Conservative Party, members who represent all sorts of trends in society, are asking for the same thing. They felt it was fitting to have one position on the issue of an independent public inquiry.

I know people in Quebec and Canada can rest assured there are still members who are concerned and represent their interests here in parliament.

Now for the solutions. I believe the government, or the Prime Minister, should appoint as quickly as possible a new minister at HDRC, someone who has not lost all credibility in the recent chain of events. The new minister should be given a mandate for a specific period of time to preside over the dismantling of the department and launch an independent public inquiry to get to the bottom of the whole situation.

The new minister should have a limited mandate, for six months, and say "Yes, I am going to dismantle the department. Yes, we are going to shed light on past events. I know that at the end of this period, my mandate will be over. I might be given other responsibilities, but I will have done what I had to do." It will not be as tempting to look out for friends of the party and to avoid getting to the bottom of things.

I think we need these kinds of solutions. I think people expect us to do these things in a parliament such as ours, to show them that, unlike this government, we are not puppets of the Liberal Party of Canada or those who fund that party, but that we are simply here to work for the people of Quebec and Canada, for those who elected us and who will re-elect us—and by us I mean members of the Bloc Québécois—in the next election.

We have waged this battle in a very open manner, using all the parliamentary tools available to us. We will continue to do so until we get all the relevant information in this matter.

In closing, I will give a concrete example. As long as the government is unable to produce a single invoice after having been asked to do so over a period of several months, as in the case of Placeteco, we will continue to maintain that this is proof of a serious lack of transparency in this government.

People are expecting a drastic change in direction, which does not seem to be happening right now. I think the Liberal government will have to answer for that in the next election, in a few months.

[English]

Mr. John Solomon (Regina—Lumsden—Lake Centre, NDP): Mr. Speaker, in 1993 the people of this country threw out the Conservatives and re-elected the Liberal Party because they disagreed with the Tories always trying to cut spending that helped people. They disagreed with the Tories for spending like drunken sailors when it came to their friends and large corporations. They disagreed with the Tories because of their patronage-like approach and their big boosting of the Americans.

The Liberals on the other hand promised to kill the free trade deal. They promised to eliminate the GST. They promised to repeal Bill C-91, which would bring back protection for low cost generic

Supply

prescription drugs and reduce some of the costs to health care. They promised to protect and enhance medicare. This is in their red book of 1993.

Today we see in this debate the budget almost seven years after the Liberals came into office. Did they end the free trade agreement? No. Did they eliminate the GST? No. Did they kill Bill C-91? No. Did they enhance and protect medicare? No. I will get to that later. Did they do anything for education? No.

They carried out the policies of Brian Mulroney and extended free trade, made billions from the GST, and extended the patent drug protection to the international multinational drugs companies for two more years. Just last week former Prime Minister Brian Mulroney gave an hour and a half speech congratulating the Liberal government for fulfilling all the Conservative planks. Not one Liberal plank from 1993 was carried out. Personally I would not want to be bragging about that.

• (1855)

The Liberals went on a porkfest in the last six years, with millions to their friends in Cape Breton although it ended up with Mr. Dingwall losing his seat to the NDP. Instead of spending millions on coal miners in Cape Breton they gave it to their rich friends and their Liberal connections, and the coal miners got crumbs.

The Liberals provided millions in tax cuts to the big banks while western farmers were going bankrupt by the thousands and were ignored. We see now, as we speak, on the agenda of the Liberal government yet another bill before the House that will give another \$500 million in tax cuts to the banks that are achieving record profits, quarter after quarter after quarter, year after year after year, on their balance sheets. They have also given millions to every living, breathing Liberal they can find out west. There is not many of them, I might add.

Our health system is in critical condition. Literally hundreds of questions have been posed of the government requesting it to take some action on medicare. We have been asking it to take some action to review the situation for the last three years now and to reconsider its drastic cuts. In Saskatchewan alone it cut \$1.2 billion to the health care system. Saskatchewan has a million people. That is \$12,000 for every man, woman and child that was not committed to health care as was previously promised in the budget of 1993.

The Liberals are now sort of talking about doing something about health care. The federal NDP has been fighting under the leadership of the member for Halifax to get medicare fixed and to have the Liberals pay some attention. Rather than spend \$500 million a year in tax cuts to banks, perhaps they could give it to the health care system where it is very much needed.

Premier Romanow in Saskatchewan spent the last two years trying to convince the government to do a review. We have waited and waited while he continued to hound the government. Then today he said that enough was enough. He believes as we do in the NDP that a family's health should not have to depend upon a family's wealth. The Liberals and the reform alliance believe that a family's health should have to depend upon a family's wealth. That is a fundamental difference between the NDP and the right wing parties of the Liberal and alliance coalitions.

The Premier of Saskatchewan today is taking the lead in defining a new vision of medicare to meet the challenges of the 21st Century. Premier Romanow announced a commission on medicare which will be headed by health consultants and a former deputy minister of health in two provinces, Ken Fyke. It will identify challenges facing medicare, outline potential solutions, and engage public and health care providers in a discussion of new ideas.

Saskatchewan pioneered publicly funded, publicly administered health care in Canada. Today Saskatchewan once again leads the way in finding solutions to strengthen medicare and protect its core values into the future.

I might add that in 1961 under Woodrow Lloyd the NDP brought medicare to the country. We started in Saskatchewan. We funded it 100% in Saskatchewan for six years before the NDP forced the Liberal government of the day to adopt and embrace the health care system and the medicare system for all Canadians. At that time the funding for health care was 50:50. The provinces paid 50% and the federal government paid 50%.

In the last six years Saskatchewan has lost \$1.2 billion in underfunding by the federal government. It went to the banks, the bond dealers and all the rich friends the Liberals want to send the money to. The NDP, whose vision established medicare in Canada and who made it work for six years before the country was able to adopt it, is now leading the way in terms of this commission.

Medicare faces many challenges today including new medical treatments, rising costs, an aging population and shortages of key health professionals. Identifying those key challenges will be the commission's first task.

Second, it will recommend an action plan for the sustainable delivery of health services across that province.

• (1900)

Third, it will identify long term opportunities for reform that will ensure a strong future for a publicly funded and administered medicare system. The commission will deliver its first report, a preliminary report, in six months and a final report in the year 2001.

Supply

Earlier today in the House, the Liberal member for Waterloo—Wellington, who is the chair of the health committee, had the gall to talk about what a great job the Liberals were doing on health care. He took personal credit for “redoubling our efforts in helping to rebuild health care”. He said “I want to make it happen. I want to make it work”. Let us review their redoubling efforts.

I asked the member to define those words in a question and comment period. I asked him to define for the House and Canadians what redoubling their efforts in butchering health care meant. The Liberals have cut \$1.2 billion in health transfers to Saskatchewan alone. They have cut \$9 billion or \$12 billion, who knows what numbers are now, in health transfers to the rest of the country. However, the member says they are going to redouble their efforts.

We in Saskatchewan are worried because instead of losing \$200 million a year in health transfers, we are faced with losing \$400 million a year because of this Liberal member who chairs the Standing Committee on Health for the Liberal Prime Minister and the Liberal Minister of Health. They are going to redouble their efforts and finish off the system. What do these Liberal members do? They embrace bill 11 in Alberta which is meant to privatize our health care system.

The member for Waterloo—Wellington should perhaps be sitting in the back row of the House with his back against the wall. Even his Liberal committee members do not like what he is doing. He dictates in terms of what happens in committee. For three years he has been asked to undertake a review of medicare. What has he been doing? He does not even call a meeting of the health committee. Medicare is in crisis. The Liberals are passing the buck every time they get asked a question.

What does the reform party do? The reform party has not asked a question on health care in the House for the last three years until just recently. The leader of the opposition has never asked a question on health in the this House. His number one priority is making sure that the banks get more money, the oil companies get more tax breaks and all the wealthy families in Canada continue to be allowed to take their billion dollar trust funds south of the border. We see a coalition here. It is the Conservative-reform-Liberal-Alliance coalition. They are all looking for the same sort of objectives to defend and enhance the position of their very wealthy friends while ignoring the concerns and priorities of Canadians.

Members may notice that we never heard the words health care come out of the mouths of Liberal members between 1993 and 1997. They never talked about it but boy did they cut it. Since the NDP asked about health care back in 1997, we are starting to hear them talk about it again. The NDP has been the only party that has been raising this issue in the House with an action plan to fix health care.

Those members do not care if the health care system is strained at the seams. The Liberals do not care if the system is hurting people. They do not care if nurses are being run ragged and understaffed. They do not care if hospital employees cannot cope. They just want the political credit and they would like to assume to get that credit if they sink in some dough this fall with the Prime Minister.

I want to sum up the Liberal’s record in the last six years. It can be summed up basically in four words: All pork, no vision. Pork barrelling is all the Liberals want to do. They send money to all their friends through HRDC. They give money to their friends through the Western Economic Diversification fund. They give money to all their rich friends, but do not look after the needs of people in Canada. The Liberals will be called to task come the next election for their approach to Canadians in the last six years, which is all pork, all patronage and no vision.

The Liberals are so busy looking over their shoulders to see who might be ready to pat them on the back—or stab them in the back as the member for Waterloo—Wellington is probably worried about—that they have forgotten to look forward. They have no vision.

Let us talk about grain transportation. The Liberals spent hundreds of millions of dollars fixing up rail lines in western Canada and then they privatized the CNR. CNR then closed those rail lines, ripped them up, and now the Liberals expect farmers to not only pay more in freight rates, but they want farmers to pay more to truck their grain to elevators further away on roads that were never designed for the transportation of these heavy products. They also want farmers to raise more cash to buy back the short line rail lines and fix them up again. They are just waiting for the provincial governments to upgrade the roads. This is the Liberal’s vision for grain transportation.

• (1905)

In my view it is an incredible situation. The banks are getting \$500 million a year more in tax cuts from the Liberal government and the farmers in western Canada are getting destroyed roads because of the Liberal plans and no rail lines to take their products to market. By the way, the railways made a killing in profits because the government subsidized their capital costs and reduced their operating costs but they were allowed to hike rates to farmers.

To whom did the railways gave big political donations? They gave donations to the Liberal Party and, to shut the Alliance up, they gave donations to the Alliance Party as well.

In Saskatchewan we have fewer rail lines, thousands of very angry and almost bankrupt farmers, very wealthy railway companies and probably the worst roads in Canada now because of the downloading of transportation costs to the very farmers who do not

Supply

have any money because the government has abandoned them with respect to grain subsidies.

I attended the Council of Europe in Strasbourg, France in 1995 with parliamentarians from all over Europe. They meet on a regular basis. I went to the agriculture committee. I said to them at that time that we were told by the Liberal government, by the minister of agriculture at that time from Saskatchewan, that Canada had to eliminate its transportation subsidies right away because of the World Trade Organization legislation.

I asked those European parliamentarians what they were going to do, because their subsidies at that time were three times the rate of Canada's subsidies to farmers. Those parliamentarians in the agriculture committee said to me "Under the WTO we have five years to address the subsidy issue for farmers, but if you think after five years we are going to sacrifice our farmers for the sake of the U.S.A., you are greatly mistaken."

Here we are five years later and the chickens have come home to roost. This is a very sad situation.

On top of that, Canada's highway system is deteriorating rapidly. The government collects nearly \$5 billion a year in gasoline and diesel fuel taxes. Does anyone know what percentage of that money it puts back into roads? It is about 4.5%. Does anyone know what they spend in Saskatchewan? They say that they spend about \$3 million over a five year period, but if one were to stop on a dime on a Saskatchewan highway, one could bet that dime would not be a federal dime building any highways. As a matter of fact, the other 95.5% of the \$5 billion is spent elsewhere, not on transportation and not on highways.

This is quite embarrassing. We are the only country in the 28 the OECD countries that does not have a national highways program. I see that the government House leader is acknowledging that his government is the only government that does not have a national highways program and it does not expect to have one. I wonder if the minister might go to cabinet and put in a lobbying effort on behalf of Canadians to rebuild our infrastructure on our highways.

The rail lines used to be the ribbon connecting our country. It is now the highway system and we do not have a highway system that we can be proud of. I am not sure if Canadians have driven through northern Ontario or British Columbia lately. Those roads need money. They need twinning. They need lots of cash to make them safe for people to travel on.

The government is so morally bankrupt that it cannot spend public money getting the RCMP involved either in terms of looking at what is happening with this patronage or with this port. No wonder the government is starving the Mounties of cash, but it is so devoid of vision that it puts legislation through the House of

Commons at the speed of light so its backbenchers do not have time to think about it before the debate is over.

People think, "Thank goodness we have an official opposition in the Alliance". Our parliamentary system allows the official opposition to take over government at any time if there is any kind of an election that might support that. They think that but when they would look over there what would they see? There is an old saying in Saskatchewan that describes the alliance conservative reform party, "Big hat, no ranch". Do members know what that means? It means those members think they know what they are doing and what they are going to do, but they do not have any idea of what they are really going to do. However, they wear a big hat pretending they know what is going on but they have no assets, no knowledge and no resources to support holding up that hat.

• (1910)

The reform alliance conservative party is the big hat with no ranch vision. The Liberals are the all pork, no vision party. I think Canadians are really worried about what is happening in the country but they are not as worried as they might be because they have the federal NDP to hold those two parties accountable for their lack of vision and to provide them with a significant amount of vision on every major policy in the country.

I have a number of things I would like to say, but in summary, we have a very serious situation but we also have an opportunity to correct the lack of vision or the poor vision of the Liberal government. If the government would consider doing what Roy Romanow and the NDP are doing in Saskatchewan, which is studying health care and committing resources to make sure that we have a universally accessible health care program, it would address the very serious concerns of Canadians.

If the government introduced a national highways program and spent some of the \$5 billion that it collects in fuel taxes on the road system, that would help to build our country and make it stronger from coast to coast to coast.

If the government established a national agriculture program to defend our farmers, in view of the subsidies farmers in other countries receive, and not to match them but to provide even one-fifth of the subsidies other farmers from other countries receive, our farmers could be competitive.

We need more money for education. Does the bill before us tonight address Bill S-9 that was before the House? No. Do members know what Bill S-9 was all about? The reform alliance conservatives and the Liberal Party in the last parliament passed Bill S-9. It provided Canadians with tax deductions on Canadian incomes for making contributions to U.S. universities and post-secondary institutions. Meanwhile, post-secondary funding in this country is being cut back. This is their vision. They want to support and prop up the American institutions and they are sacrificing

Supply

Canadian institutions. University and post-secondary institution students have, on average, \$25,000 per year of debt.

Why does the government not do what Ireland does and many Scandinavian countries do? Why do we not have free tuition for our post-secondary students? The government could phase this in over five years. A 20% reduction every year for all students for the next five years would bring them down to zero. High quality, easily accessible and universally accessible post-secondary education and equipping youth with the skills they need is what built Ireland's economy.

I would like to go on because I have many other issues. This is just the tip of the iceberg in terms of some of the visions that the Liberals and the reformers do not have, and the vision that the NDP has.

I thank all members for paying attention. I thank all ministers who are here tonight for doing the job that they have to do in the future, which is taking instructions from the NDP and building a stronger country from coast to coast to coast.

Mr. Roy Cullen (Parliamentary Secretary to Minister of Finance, Lib.): Mr. Speaker, I listened to the member opposite go on and on and I was surprised by some of his comments.

For example, he made a comment that the government just blithely accepted bill 11 in Alberta. I am not here to defend the Minister of Health, but the member opposite knows that our government has intervened in the strongest way with respect to bill 11 and we will be responding over the next few months and years to ensure that what Alberta is doing meets the principles of the Canada Health Act.

The member also talked about the federal contribution to health care. He said that the federal government used to contribute 50% to health care costs in Canada. He must know that while we did contribute 50% to certain prescribed health care costs, in no way was it 50% of the total health care expenditures in Canada. In fact, it related to hospital expenditures and certain medical services covered under medical services plans but it was well below 50%.

He also conveniently neglected to talk about the tax point room in 1977 of 13 points of personal income taxes, which the provinces asked for, and about 1 point of corporate income taxes so that the provinces could move in. The provinces moved into that tax room immediately. It was totally transparent to the Canadian taxpayer. The federal government stopped taxing by these percentage points and the provinces moved in immediately to take that tax room.

● (1915)

At that time in 1977 the agreement with the provinces and the territories was that was in contemplation of the provinces and

territories spending that money on health care, post-secondary education and social programs. There was no ambiguity about it. The tax points were there for health care, social programs and post-secondary education. There was not a lot of questioning and debate at the time. It was very clear.

People who leave out the tax points that the federal government vacated conveniently forget the huge contribution the federal government is making still to health care and social programs within Canada.

I would like to ask the hon. member opposite if he would like to check his notes again. I am sure he would find that what I have said is true and that the 50% was only certain prescribed services and not the total health care expenditures within Canada.

Mr. John Solomon: Mr. Speaker, the Canada Health Act prescribes a minimum amount of health care services to every province. It used to be that the federal government would fund 50% of that. The provinces always had the option of doing more over and above that.

For example, Saskatchewan under Allan Blakeney and the NDP, in the mid-1970s started a dental program for children up to 18 years of age through high school. That was free to every 18 year old and under in Saskatchewan. It was administered through the school system. It was a very good system. It drew raves from around the world. People were coming from around the world to study our system until the Liberal-Tory coalition of Grant Devine bankrupted our province and shut down the program.

Yes, there is some relevance to the comment with respect to the basic minimum requirements. However, the minimum requirements now are no longer 50%. They are far less than that.

Nobody I have talked to in Canada, except the Liberal MPs who are given their briefing notes by the Minister of Health, believes that we are spending enough on health care. Not a single Canadian believes that health care is funded adequately. Not a single Canadian whom I have talked to believes that the Liberal government is doing a good job in terms of health care.

Even the Liberal premier of Newfoundland, who is a former Liberal member of parliament and a former minister of the Prime Minister's cabinet, has gone on record as saying that medicare is in crisis, that there is not enough money and not enough federal attention being paid to it. We need a fix on medicare from the federal government. Where is it and when is it going to come? We need it now. Brian Tobin said this, a former Liberal MP and cabinet minister and the current Liberal premier of Newfoundland.

The hon. member raised a good point, but again this is the typical vision of the Liberals. They want to pass the buck. They do not believe they should take responsibility for their actions. When

Supply

the manure hits the fan, they want to duck and blame somebody else, even though it's their fan and their manure.

As soon as something good happens, like the NDP in Saskatchewan starting medicare and the dental plan for children, then the Liberals want to take credit for it when they fought tooth and nail year after year, to kill the medicare plan in Saskatchewan. The Liberals did. The Liberals right here fought tooth and nail. There were demonstrations in front of the legislative building. Ten thousand people were shouting, "Don't give us medicare because it is going to be too expensive. The doctors are going to go. Don't give us medicare because the big multinational corporations will not make as much money". Whoops, we do not want to say that. That is what they did.

We brought in medicare in spite of the Liberals leading the charge across western Canada, spending thousands of dollars to defeat Woodrow Lloyd's government in 1964 because he had brought in medicare. What happened in 1964? Mr. Thatcher, the Liberal, became premier. He got elected as a result of Liberals across the country trying to fight medicare. What did he do? He embraced medicare. *Mea culpa*. It was, "Oh, we were wrong a couple of years ago and medicare may work".

• (1920)

An hon. member: It sounds like the GST.

Mr. John Solomon: We do not want to get the GST in there because it was not as great as the medicare plan.

I appreciate the member's question and I look forward to more interesting questions like that one.

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, I enjoyed the member's debate. He spoke about history but he forgot that it was at a Liberal convention in 1919 that the concept of medicare was born in Canada. He forgot that piece of history. I acknowledge that it was introduced by Tommy Douglas in Saskatchewan. The member did not even mention the name of the Liberal prime minister, the Right Hon. Lester B. Pearson, who introduced medicare for the whole nation.

He spoke about the lack of vision or poor vision on the part of the government. He forgot the recent history of the national forum on health chaired by the Prime Minister and the Minister of Health at that time. He also forgot the history that in 1990-91 the Liberal Party introduced a resolution in the House to preserve medicare. I remember vividly that the NDP critic at that time said that my motion was facetious. He sided with the Tories in trying to condemn the Liberal Party for medicare.

Speaking of history, let us remember history correctly. Does the member not remember that in March the ministers of health met to renew medicare, that they will be meeting again tomorrow and that

in September there will be a first ministers meeting on medicare? Let us remember recent history.

Mr. John Solomon: Mr. Speaker, that is the Liberal version of history. The Liberals may very well have had some kind of resolution in 1919 talking about everything under the sun.

The medicare system was introduced in Saskatchewan in 1961. Federally, Tommy Douglas and the NDP forced the Liberals to introduce it in 1968. That is about 40 years. Are all the promises the Liberals made to the country in 1993 to do away with NAFTA, to abolish the GST, to put more money into health care, to do better for education and to repeal Bill C-91, going to take 40 years? Because if it is going to take 40 years, you ain't going to be around. That is the simple history of the House of Commons.

The Liberals can claim to be everything to everybody, but in the end they should hang their heads in shame for what they have done to medicare and to the many hundreds of thousands of Canadians who rely on medicare for their very existence.

The Acting Speaker (Mr. McClelland): I remind members to address each other through the Chair.

Mr. Loyola Hearn (St. John's West, PC): Mr. Speaker, I am delighted to say a few words on this motion, a motion which is from a motionless party, a party whose stock is not doing too well right now and its tom is long gone. After a daylong battle on the 24th, it will have to preston with the same group they have right now. As we have always said, I guess if it walks like a duck and quacks like a duck, it is a duck. It will be the same party it was previous to the reforming of Reformers.

But that is not what we are hear for tonight. We are here to talk about the record of the present government. Today is an extremely interesting and exciting day in Newfoundland. In this honourable House yesterday, I had the privilege of asking the Minister of Fisheries and Oceans a question about the shrimp stocks off the coast of Labrador and whether or not he intended to bring in some new players to catch a stock that is rapidly declining. Through the various departments of the government, including fisheries and oceans and with heavy involvement, just to be relevant, with HRDC, we saw the decimation of the groundfish stocks in 1992.

• (1925)

We thought we would have learned from that. Some of the funding that has been channelled out over the last seven or eight years we would think would have gone into fishery research. We did not see any. We saw cutbacks. Instead of learning from the past, we went ahead and made the same mistakes.

People say if we do not learn from history, we are doomed to repeat it. Right now the government opposite is repeating the mistakes of the early 1990s and we are doomed to suffer.

Supply

If we talk to any person fishing northern shrimp off the coast of Newfoundland and Labrador, they will tell us that the shrimp stocks are declining, that the size of the shrimp is smaller than it was and the large shrimp seem to have either been caught up or are moving away.

That is an extremely serious situation. What does the minister do to alleviate this situation? Does he bring in more scientists to study the cause of the problem? Does he reduce the catching effort? No, he increases the catching effort. He does not increase it to benefit the coastal communities, many of which are without product. He does not increase it to benefit the three major communities on the south coast of Newfoundland, Burgeo, Gaultois and Ramea, where there are fish plants in isolated areas that have not operated since the moratorium. These areas are devastated with the inhabitants moving out on a daily basis. Communities last year were promised crab stocks or access to the offshore crab stock, the crab stock outside the 200 mile limit, to keep their plants going.

That was put on hold when studies showed the crab stocks were in hard shape and there is an overall reduction this year. That quota could not be granted to the companies wanting to operate those plants. They put their hopes on the fact that maybe they could get some shrimp. Is there extra shrimp this year? Yes, there is. Does it go to the south coast plants? No, it does not. It goes to Prince Edward Island, which has not had any attachment to the stock before. Why is it going to Prince Edward Island? Simply because there are four Liberal government members from Prince Edward Island who are holding on to their seats with their fingernails, knowing that in the next election they, like every other Liberal in Atlantic Canada, will be gone.

That is why shrimp went to Prince Edward Island. It is not because the government has any great affiliation for Prince Edward Island or its people, or any other part of Atlantic Canada. It is simply because Liberals are trying to buy the seats that they hold. It is to save their necks and their fingernails.

There is another interesting side to the story. In almost every battle and confrontation, five will always beat four if they are any good. There are four Liberal members in Prince Edward Island and five Liberal members in Newfoundland. The question is, how did four beat five? The only answer is that the five must not be as good as the four.

The unfortunate thing about this is that three of the members from Newfoundland and Labrador represent districts that are adjacent to the shrimp stocks. They are seeing somebody else take the fish, bring it past their plants where their plant workers cannot find employment, and outside the island.

One of the other members who is not adjacent to the shrimp stocks represents the three communities I talked about where the people are starving and looking for work. What happened when they saw extra shrimp being allocated? They thought maybe they

would get some to re-open their plants as they should. But did the member deliver for them? No he did not.

● (1930)

If members are wondering why the people of Atlantic Canada and the people of Canada generally are so cynical about the government, that is just one example.

How is this going over in Newfoundland? That is an interesting question. The main person in any province is the premier. The Premier of Newfoundland is extremely upset with his colleagues opposite. He is extremely upset with those people who sat with him for years when he was a Liberal member and Liberal cabinet minister.

In fact he was a Liberal cabinet minister in 1993-94 when the vicious cuts were made to health care. I give him credit for championing the health care cause at the present time. Maybe it is because he wants national recognition so that he can take a seat opposite again. However, he cannot forget that he was also sitting there when the vicious cuts were made. He was also minister of fisheries and oceans.

An hon. member: Captain Canada, he called himself.

Mr. Loyola Hearn: Captain Canada got his picture all over the world because of an international event. He sent out the coast guard to capture the *Estai*, a Spanish boat, bring it back into port and seize its catch. Drastic action was taken so nobody would ever dare catch a fish in our waters illegally again.

He went down to New York and had his picture taken with little tiny turbot to show how small the fish really were that were being caught. Everybody said he was a wonderful minister, that it was about time somebody stood up and took action.

The press fell asleep on what happened next. We gave the *Estai* back to the Spaniards along with their catch. We compensated them for their losses and gave them extra quota in our waters. That is not a bad deal.

An hon. member: In the meantime Brian went back home.

Mr. Loyola Hearn: Of course the minister went back home, became the premier of the province and, as the story goes, lived happily ever after.

He is not living very happily these days because he knows the word is out that come the next election he will not be the premier. He might be the prime minister. As a Newfoundlander, if he wants to be the prime minister I will be one who will support him. The unfortunate thing is that the party he wishes to lead will not be the party in power. Therefore he cannot be the prime minister. Forgetting all that, he is very upset today with his colleagues.

Supply

The minister of fisheries and aquaculture in Newfoundland, John Efford, a well known name across the country, is quoted as saying he is completely and utterly dissociating himself from his federal Liberal brethren. The head of the fishermen's union in Newfoundland-Labrador, Mr. McCurdy, is completely irate with the decision of the minister. Representatives from industry have said that there will not be a Liberal elected in Newfoundland in the next federal election.

When I asked a question of the minister of fisheries yesterday he should have listened. He should have gone back and talked to his colleagues. Despite the fact that five members from Newfoundland were not saying anything, he should have told them that he would not let any more Newfoundland and Labrador shrimp go to any extra entrants in the industry because the industry cannot sustain it. If the quota is increased, which it should not be, it should go to the people of Newfoundland and Labrador who are adjacent to the resource and who so badly need the work.

We can understand why everyone is so upset. We saw our Liberal colleagues huddling behind a curtain today when their own minister made an announcement. I presume it was with their blessing. Surely a minister would not announce it if the five of them were against it. I will get away from that issue as they are a number of other issues. Because it is such a current issue it points out clearly the way in which parts of rural Canada in particular are being treated. My colleagues from Nova Scotia and New Brunswick know only too well how their areas are being treated by the government.

- (1935)

Most of the emphasis tonight has been on health care because it is the most important issue in the country. The state of our health care is definitely the most important issue facing the country. I will not repeat what I have said in the past, but my province has been decimated by the cuts. The change in formula in 1993 devastated Newfoundland despite the fact that our premier was one of those who was here in cabinet and perpetrated the cuts.

Newfoundland, with its declining population, suffers more than any other province in Canada. Despite the fact that every province is suffering because of the CHST per capita arrangement Newfoundland is suffering more than any other.

There is great demand upon the few dollars that each province has for the health care system in order to look after the sick and the aged. As the provinces have to put more and more money into the escalating health care budgets it leaves less money for them to put into anything else. One of the groups suffering tremendously is our youth. CHST funding is supposed to be for health and post-secondary education, but nobody talks about post-secondary education and nobody is interested in investing in our youth.

Just a few days ago in Toronto, Credit Counselling Canada was set up. The president is Mr. Fifield from Newfoundland. One of its

main objectives is to help young people who have a great burden of financial debt as a result of borrowing to go to school. Across the country from sea to sea to sea, students are trying to better their lot. They know that we are in a competitive market. They know that competition is not from the person next door any longer. It is not the next community. It is not the next town. It is not the next province. It is all around the world. We participate in a global economy. When we search for jobs we are competing with people from all over the world.

Our young people have to be trained. They have to be confident. They have to come out with an optimistic outlook on life. How can they be trained if they cannot afford to be trained? How can they be optimistic if they do go through the process of borrowing for an education and come out of college or university with a \$30,000, \$40,000, \$50,000 or even \$60,000 loan hanging around their necks?

That is not the way to build the country. We have to build the country on our resources, and our main resource is our young people. In order to build on a solid foundation, it must be a well structured and well educated one. It is up to all of us to make sure that each and every child, regardless of where he or she is born in this great country, has the opportunity to receive a full and proper education without any encumbrances from the outside, especially financially. We should be there to assist, to promote and to encourage. It is something we are forgetting to do.

Let us look at HRDC. I wish my friend with the boondoggle echo was here, because there is a lot more to HRDC than the billion dollar mix-up. I will not say it is a loss because HRDC says that it was not a loss, that it was just poor paperwork.

- (1940)

Can we imagine hiring an accountant who at the end of the year said that everything was perfect except there was no paperwork to cover a billion bucks? I am not sure how long that employee would be working, but with the Liberal government it is okay. A \$1 billion mistake does not matter because most of the next year can be taken to adjust it. That has happened during the past year.

Members have asked why the JCP applications they submitted, or their constituents submitted, were not being approved? Why are Canada jobs fund applications, which used to be the old transitional jobs fund, not being approved? Why are targeted wage applications not being approved?

These questions go to the people who work in the local offices of HRDC. When we call we may not get an answer. They are so busy going back through the records to try to find where all the money went that they cannot do the job at hand. Staff was caught over and over and over. It is exceptionally hard for a handful of people to try to do a job the minister should have done years ago.

Supply

They have been told to go through the files, to crawl through the drawers, to get into the closets and to go under the beds to find the files with the missing information that will justify the expenditures. Some of them off the record will tell us that it was suggested to them that perhaps they could make a few changes while they were doing it.

That is the kind of government we are looking at. These are the kinds of examples we face. I know my time is up. If I had another two hours or so I could touch on a few things that I would like to say, but there will be another day.

Mr. Peter MacKay (Pictou—Antigonish—Guysborough, PC): Mr. Speaker, I congratulate my colleague from St. John's on his very eloquent speech in the Chamber and on the contribution he has already made on behalf of all Newfoundland and Labrador citizens.

He has spoken with a very strong voice. I know he has a great deal of credibility, particularly in the area of education. As an education minister in his home province he was very intimately aware of the challenges that face students. He obviously has a continued grasp and understanding of the serious problem of the brain drain that affects Newfoundland in a very significant way and the country generally.

We are losing our best and our brightest to countries like the United States and to Europe. We train and invest in young people and then they leave to make a contribution to another economy, in the hopes of maybe someday coming back when the employment situation improves.

I wonder if the hon. member would elucidate further on what we could do with respect to the brain drain issue that is facing his province and facing my home province of Nova Scotia. We are losing our best people before they have a chance to make the contribution that will build the country that we all want to see, to reach the potential that exists but somehow eluded our grasp for many years.

We all recall that we were told the 20th century would belong to Canada. We are not there yet. It does not look like we will get there under the unsteady hand of the current government.

Could the hon. member tell us what is the first step we will have to take? I am not only referring to the area of education, but what can we do to bring about change that will help us reach this potential?

Mr. John Williams: I know he will say that we should elect a Tory government.

Mr. Loyola Hearn: Mr. Speaker, I am not sure if people heard the comment of my NDP friend about electing a Tory government.

• (1945)

I say to the gentleman that as we watch what is unfolding in this very Chamber, when we see the way the government is going downhill, as even he agrees, when we see the slippage of the NDP, and when we see the fiasco that we call the reformed Reformers or the Canadian Alliance, is it any wonder that people believe there is salvation ahead and that the party which has always stood for this great country—

An hon. member: The Liberal Party.

Mr. Loyola Hearn: —and made it possible for the Liberals to brag about balancing their budget, is the Tory Party?

But that is only step one. What any elected party has to do is this. First, we have tremendous resources which we must develop. We must also do what Ireland and Iceland are doing, which is to educate our young people so that we can develop these resources.

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, I understand that it is the maiden speech of the hon. member for St. John's West. Therefore, I would like to congratulate him and welcome him to the House.

Some hon. members: Hear, hear.

Mr. John Williams: While I do that, Mr. Speaker, I feel rather unfortunate for the hon. member because he represents that particular party down there in the corner. He talked about how great it is. I am looking at vote No. 3 which will come up tonight. The President of the Treasury Board wants to spend \$905 million on Fisheries and Oceans. What does his party want to do? It wants to cut \$822 million out of that budget and leave less than \$100 million.

We know that the fishing industry in his part of the country is experiencing serious problems. While we do not always agree and sometimes seldom agree with what the government proposes, I just cannot for the life of me understand why that party thinks that cutting \$800 million out of the fishing industry's support would be beneficial to St. John's West.

Mr. Loyola Hearn: Mr. Speaker, if the hon. member thinks that this party or this member would think about taking a budget that goes to the Department of Fisheries and Oceans—

Mr. John Williams: It is right here. Read the motion.

Mr. Loyola Hearn: The NDP has one major problem.

An hon. member: No, he is a Reformer.

Supply

Mr. Loyola Hearn: Oh, he is a Reformer. I was looking behind him. Now I understand it. I fully understand it. The Canadian Alliance, the reformed Reformers, do not understand facts and figures.

If we read the papers of the last few days, looking at the facts and figures, all of us would believe that every second person in the country is signing up for the Canadian Alliance. About three times the population of some communities are now members of the Canadian Alliance. What is happening is this. They are getting representatives of all the candidates running around, giving out membership cards like chocolate bars. They are saying "Will you have one of those? If you do, we will say that you are a member".

When we get to debate the motion, the hon. member will fully understand what it is all about.

Mr. Rey D. Pagtakhan (Winnipeg North—St. Paul, Lib.): Mr. Speaker, the leader of the hon. member who just spoke was asked what we could do to attract and retain the best of our youth. The hon. member did not answer the question, so I thought I would comment.

Just two days ago the Canadian Health Services Foundation and the Canadian Institutes of Health Research announced over a 10 year period \$20 million in funding for 12 chairs for research in the nursing and health services fields. This will create a critical mass of researchers and will facilitate the network among academics, students and those who deliver health services. It will facilitate the transfer of knowledge to those who manage our health care system.

Would the hon. member not agree that this initiative on the part of the foundation and the institutes is truly a way to attract and keep the best of our scientists, in this instance in the health care and nursing fields?

• (1950)

Mr. Loyola Hearn: Mr. Speaker, the only concern I have with what the member says is that the efforts they are making now do not even come close to bringing it back to the 1993 levels when this government took over.

If he wants to know what we can do for our young people, one of these days I will send him over a good old Irish tape with a song called the the Flight of Earls, which talks about the young people 15 to 20 years ago leaving Ireland in droves to find employment elsewhere. They were not giving up on their country; they were giving up on the possibility of finding work. They were saying "Some day we might be able to go back".

Ireland believed in its youth. This government does not. Ireland invested in its youth. This government is not investing, except for paltry excuses of moneys that it announces time after time after

time. The government talks about all the money, and they are the same dollars it is talking about.

Mr. Tony Ianno (Parliamentary Secretary to President of the Treasury Board, Lib.): Mr. Speaker, I am pleased to have this opportunity to rise in support of the supply bill. We are here this evening to talk about government expenditures; the money the government will spend this year on its many programs, services and initiatives.

Before I continue I want to take this opportunity to clarify a term that has been used. There has been much discussion about government money. There is, in my opinion, no such thing as government money. There are only public funds.

As parliamentarians we are well aware of this fact. The vast majority of the funds that we discuss in this House are tax dollars of our neighbours, colleagues and friends, farmers, fishermen, high and low tech workers, small business persons and others who work across this country from coast to coast to coast. They have the right to expect their government to spend this money judiciously, wisely and fairly. They have the right to see that their tax dollars are making a difference and improving the standard of living in their lives, in their children's lives and in the lives of all Canadians.

The Government of Canada is committed to investing in programs, initiatives and services that Canadians want and need. This commitment is reflected in the supply bill. The funds for which we are seeking approval in the supply bill are essential to our ongoing efforts to improve the lives of all Canadians and to deliver good government to all Canadians.

It is realistic to state that these funds will have an impact on each and every Canadian in some tangible way. This money will help continue the fight to make sure that our accomplishments are achieved; accomplishments in continuing to make our streets safer, preserving our environment, or furthering the development of our programs which help the less fortunate.

We are investing in numerous initiatives. Why? Because each contributes to a common goal, the goal to provide Canadians with the high quality programs and services they need and expect in their daily lives. These are the investments that continue to make us the number one country in the world with the United Nations rating systems for literacy, distribution of wealth, education and the many forms of tolerance and compassion that make us who we are.

Yes, I will echo my colleagues' sentiments when I stress how important it is to ensure that these important investments are being made responsibly. It is not enough for this government or any government to simply say "Trust us". We know the importance of having clear accountability in place. We also know that having the appropriate control of frameworks and regulations is essential to

Supply

ensuring that funds are being administered in a way that best serves the public good.

● (1955)

We must ensure that every dollar goes a long way and that we leverage it to get better results, such as the very successful Canada infrastructure program for which the member opposite has commended the government many times.

Mr. Speaker, as you, my colleagues and most Canadians know, we have those frameworks and regulations in place. They are in place and they work.

It is the framework and smart spending that allows for all of these improvements in the daily lives of Canadians. We know that the job is not complete. We know that there are further improvements to be made and that is why we need to continue to build on our success.

I welcome this opportunity to elaborate on some of the comments my hon. colleague, the President of the Treasury Board, made a few moments ago. I would like to focus for a few moments on the Treasury Board Secretariat's revised policy on transfer payments which came into effect on June 1, 2000.

The revised policy is important to strengthening the management of public spending. The member opposite has helped in the process of formulating the new policy that the government has put forward and has commended it.

The origins of the revised policy can be traced back to the 1997 report of the independent review panel on modernizing comptrollership in the Government of Canada. This report recommended that the Treasury Board Secretariat establish government-wide administrative standards and policies. As a result, we started a review of our policy on transfer payments, particularly as it related to grants and contributions.

That review began in the summer of 1999. It built on the panel's recommendations. A working group was struck, composed of both the departmental and central agency representatives. The idea was to obtain broad input and balanced viewpoints. The working group met to review, provide input and ultimately facilitate the drafting of a revised policy.

The objective was to develop a policy that would meet departmental needs while fulfilling the government's requirements for accountability, managing for results and ensuring responsible spending. This policy meets the objective.

Some of the departments involved in providing input to the revised policy included Health Canada, Indian and Northern Affairs Canada, Industry Canada, Natural Resources Canada, Environment Canada, Agriculture and Agri-Food Canada, Western Economic Diversification, Canadian Heritage and Finance Canada.

I would like to note that feedback on an earlier draft of the policy was provided by the office of the auditor general, which fully supported its direction. The revised policy has a single but very important objective: to ensure the sound management of and control over accountability for grants and contributions.

The policy on transfer payments applies to all Government of Canada departments and agencies, as well as to all transfer payments, including those between the Government of Canada and other levels of government. While it does not apply to crown corporations, several are using it as a guide to develop their own policies. This is a model that is being copied far and wide. This is how we continue to reinvigorate government and its processes to ensure Canadians get the government they deserve.

Aside from what the President of the Treasury Board has already explained from her overview of some of its most important features, let me elaborate a little on certain points.

The revised policy affects grants and contributions. In this respect it requires several things of departments. As my colleague has pointed out, it requires departments to guarantee that measures are in place to ensure due diligence in approving payments. Departments must also ensure diligence in verifying eligibility and entitlement whenever a new contribution program is being established or renewed.

Second, it requires that departments have a results based accountability framework in place. This framework must include performance indicators, expected results and outcomes, as well as evaluation criteria to be used in assessing the effectiveness of any given program.

● (2000)

Third, the revised policy requires that departments recommend specific limits to federal assistance in instances wherein recipients are receiving funding from multiple levels of government, including other federal sources.

Those are all positive measures and it does not stop there. The revised policy also adopts the principle that funds are provided only at the minimum level required to achieve the expected results and not in advance of need. In addition, eligibility criteria for assistance must be predetermined, made public and applied on a consistent basis.

Finally, the programs must be formally renewed through treasury board once every five years, or more often should it be deemed necessary. This ensures ongoing relevance and effectiveness.

Individually these are all important steps forward. Collectively they represent considerable progress. These measures will make a difference for Canadians. They will help ensure that funds are

administered responsibly and that Canadians can have confidence that their money is being well invested by their government.

Of course I know that some questions remain. I have had several colleagues ask me about how this policy affects programs that are already in existence. There are three important ways.

First, effective June 1 as I mentioned earlier, departments must commence a review of their transfer payment management regimes to ensure they reflect all aspects of the revised policy.

Second, agreements entered into on or after June 1 should respect the principles of the revised policy. A three month transition period is provided however before new agreements must reflect all the revised policy requirements. This is only fair. It is a recognition of what is realistic from an administrative point of view.

Third, departments must obtain treasury board approval to replace or renew the terms and conditions of existing transfer payment programs by March 31, 2005.

The government has introduced some broad though necessary changes. Many of the requirements contained in the revised policy, such as the need for results based accountability and risk based audit frameworks, are already in place since they were implicit in the old policy.

However there is likely to be an initial workload increase as departments work to ensure existing management control frameworks are adequate and appropriate. They will also have to make sure that they have the data required to evaluate programs and to report to parliament.

For renewals as well as for new programs, departments will need to provide fuller proposals when coming to treasury board for approvals. This will no doubt require greater attention to detail and as a result, more work for departmental staff. This is essential however. Treasury board needs to be provided with the necessary assurances that the programs are sound.

Clearly there will be some initial expenses but I believe that these expenses will be relatively inconsequential compared to the savings we will ultimately enjoy as a result of more efficient and effective management of funds.

Let me conclude by once again stressing my emphatic support for this supply bill. It is good and necessary legislation. It will allow the government access to essential funding, funding for programs that are important to Canadians.

The government has a clear vision. We have a clear appreciation of what Canadians want. That is why our policies have helped produce the lowest unemployment rate in over 25 years. It has enabled us to deal with a surplus and in effect have more efficient and effective government.

Supply

As the policy of transfer payments demonstrates, we have the mechanisms in place to ensure that funds are administered effectively. Together these elements will ensure that Canadians get truly exceptional value for their tax dollars.

ROUTINE PROCEEDINGS

• (2005)

[English]

COMMITTEES OF THE HOUSE

JUSTICE AND HUMAN RIGHTS

Mr. Derek Lee (Parliamentary Secretary to Leader of the Government in the House of Commons, Lib.): Mr. Speaker, I rise on a point of order. Following more consultations, I think you would find consent for adoption of the following order. I move:

That the Subcommittee on Organized Crime of the Standing Committee on Justice and Human Rights be authorized to travel to Toronto and Newmarket, Ontario and to a Canadian port, and that the necessary staff accompany the subcommittee.

The Acting Speaker (Mr. McClelland): The House has heard the motion as presented by the deputy government House leader. Is it the pleasure of the House to adopt the motion as presented?

Some hon. members: Agreed.

(Motion agreed to)

GOVERNMENT ORDERS

[English]

SUPPLY

MAIN ESTIMATES, 2000-01

The House resumed consideration of Motion No. 1.

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, I was listening to the speech by the Parliamentary Secretary to the President of the Treasury Board. He was basically reiterating what the president had already told us about the improvements they are going to be implementing. I have two questions.

The first is what assurance do we have that treasury board is going to police these new rules to see that they are implemented? We all know about the billion dollar boondoggle at the HRDC

Supply

camp. It was because the rules were there but ignored that all this happened. It is fine to introduce new rules, but if they are just rules on paper and nobody says they must be followed, then what is the point?

The second question I have deals with grants, not contributions. Treasury board has a rule that when it hands out money in a grant, the person receives it but it will never audit the recipient to find out if it was spent in accordance with the grant.

Millions and billions of dollars in grants are handed out every year. They are sometimes for old age security which is a grant. We do not want to worry about auditing that. They get it and they spend it the way they want. All kinds of grants are given out, such as \$145 million to the millennium fund to celebrate the millennium using Canadian taxpayers' dollars virtually all of which was a waste.

However, treasury board does not even know after it wrote the cheque whether the money was spent in accordance with what the applicants said they were going to do with the money. Treasury board says it does not want to audit after the fact to find out if they actually spent the money or put it in their pockets.

Those are two simple questions to ensure that Canadians can expect value for their money because quite often that is not happening.

Mr. Tony Ianno: Mr. Speaker, it is a great pleasure to get a question from the hon. member considering that he helped in giving direction to some of the policies. The hon. member has commended the President of the Treasury Board and the government for doing such a great job in listening to him and implementing a great policy. That is step one.

What we have done is taken some of his ideas, along with some of the ideas that we already had in place, to ensure that there is effective expenditure.

This government understands it is important that we spend taxpayers' money effectively, unlike the past government of which I am sure the hon. member was a supporter, even though he may not have had a membership card. They had a philosophical understanding on that side to the point where they were actually trying to align themselves. They get confused the odd day but generally speaking, they are on the same wavelength.

Mr. John Williams: Mr. Speaker, I rise on a point of order with regard to the subject of relevance here. I had two specific questions on the process of implementing new policy and now we are on to membership in political parties.

The Acting Speaker (Mr. McClelland): I am sure the learned parliamentary secretary is about to make the link. We are all fascinated.

Mr. Tony Ianno: Mr. Speaker, I am. The member gets all hot under the collar when we talk about the alliance between the Conservative Party and the reformed Reform Party.

Basically what I was getting at was that party of the past that he may have supported was in a deficit of \$42 billion and it helped the debt rise tremendously. Canadians basically rewarded that group with a cleaning out of the system.

We have put in place many things to ensure that our dollar is very effective and that we are spending the way Canadians want. For the last seven years they have continually said that they agree with many of the policies we have put in place because we are looking at the dollar as if we were entrepreneurs. In a way we are trying to ensure that we get multiple returns from a small business person's dollar.

• (2010)

I alluded to the Canada infrastructure program which all members on the other side have commended the government on. We took a federal tax dollar and multiplied it sometimes three to four times to ensure that many of the municipalities which Canadians live in have the required infrastructure to ensure they have clean water, a safe environment and many other things so that the standard of living of Canadians can continue to improve.

The member also asked a question about the \$145 millennium fund. I must mention one in my riding, the Evergreen Foundation. It has allowed for many schoolyards and unused urban areas to be regenerated. It has encouraged Canadians in urban centres from coast to coast to coast to give us back the green, to help us with the environment that we need for our daily living.

The government has been doing a lot of good work to ensure that Canadians benefit in many ways. We will continue to do that with the support of the hon. member on the other side.

Mr. Gary Lunn (Saanich—Gulf Islands, Canadian Alliance): Mr. Speaker, I will be splitting my time with the hon. member for Wild Rose.

I am pleased to debate about the government spending some \$50 billion. Of course money has to be spent in order to run the government.

I want to make a comment with respect to the Liberal member who last spoke. He was trying to attribute a \$42 billion deficit on this side of the House, especially to the Canadian Alliance. That is ridiculous.

I remind the member that I was 11 years old and in grade school when the Prime Minister was first elected to the House. That was the year there was any significant debt. That is when the debt started to skyrocket. Half of the \$600 billion can be attributed to the Liberal Party of Canada under Prime Minister Pierre Elliot

Supply

Trudeau. That is when it started. The Canadian public was sick of that debt and elected the Tories.

Some hon. members: Oh, oh.

Mr. Gary Lunn: Mr. Speaker, I would ask to have a little bit of respect from that side of the House, please.

An hon. member: He does not deserve respect.

The Acting Speaker (Mr. McClelland): I think hon. members have to give and take. There has been a fair amount of giving and I think this is the taking time. If the hon. member for Saanich—Gulf Islands needs me to admonish the other side of the House, I would be glad to do so, but the member has never needed it in the past and probably will not need it in the future.

Mr. Gary Lunn: Mr. Speaker, I will continue, but just because the decorum in this House gets down to the bottom of the trough does not mean that members have to participate or support it. Hon. members can actually try to show some decorum in this House, Mr. Speaker.

I want to talk about the \$50 billion that is frustrating Canadians. What is frustrating Canadians is the lack of accountability and how the government spends money and the tax increases that have been forced upon them. There has been one hidden tax increase after another. It is the taxpayers who actually got the deficit to zero. It was not the government. It is the sneaky, hidden tax increases that have frustrated Canadians across the country.

In the last year in the House of Commons we have started to see the real skeletons of the Liberal Party of Canada come out of the closet. How the Liberals spend money is being exposed. We have seen billions of dollars go out to friends and contributors of the Liberal Party of Canada. There is absolutely overwhelming evidence. It is all documented. It has been revealed in the House that people who have received significant grants, most important, in the Prime Minister's own riding, and what have they done? They have turned around and donated part of that grant money straight back into the Liberal Party. If this happened in the private sector it would be called fraud, it would be called criminal, it would be called corruption and the people would be thrown in jail, nothing less.

• (2015)

Let me show the arrogance of all this. Day after day we watch the government members not try to correct it, laugh at it, make fun of it and ridicule it. They are not laughing at us. Yes, we can see them, but they are looking into the cameras behind me. They are looking to the Canadian people. They are making a mockery of the whole system. They are laughing at the Canadian people as these grants happen day after day in the hundreds of millions of dollars. The grants and contributions are ridiculous.

This has caused an incredible burning passion in the Canadians I speak to no matter where I go, whether it is in western Canada, in Atlantic Canada, in Ontario or in Quebec. It happens everywhere. People are very frustrated. We have to change that and that is why we will be voting against this bill, the \$50 billion.

In the February budget that the finance minister brought in, the government increased the grants and contributions in the fiscal year 1999-2000 by \$1.5 billion. That is how much money is in its own government documents for grants and contributions but health care supposedly only receive \$1 billion. It is absolutely unacceptable.

It is time to bring in accountability. We have to depoliticize the process. These grants and contributions are going out to people who are personal friends of the Prime Minister and who, as we have heard day in and day out in the House, have absolutely incredible histories.

What I want to emphasize is that the Canadian people are looking to us to bring some respect, integrity and honesty back to this institution so that they will get value for their taxpayer dollars. People want to see a truly national health care system, whether they get sick in Newfoundland, in Winnipeg or in my home province of British Columbia, that they know they are going to be treated and that they are not going to have to die on waiting lists. Our health care system is an absolute state of chaos right now.

This is happening in my own riding. In Sidney where I live, and in the greater Victoria area, they have had to make changes. They have had to close down health facilities that have been there for a long time. They have had to close the intensive care unit for children level 2 at one of the only two children's pediatric centres in British Columbia. When I asked the CEO at the Victoria Regional Health Board why that was happening, he said that it started because of one reason, no money and the lack of funds. Those critically ill children will now have to be airlifted to Vancouver.

This is happening over and over again. The frustrating part is that it does not need to be that way.

The Liberals stand up and laugh at the grants going into hotels and golf courses in the Prime Minister's own riding. They make a mockery of it. They think it is a big joke. Well, it is completely unacceptable. It is time to bring change to this institution.

The last government that did this was the Tory government in the early 1990s. The Tories became arrogant and believed that they were above everyone who brought them here. They forgot about the people who voted for them. They put themselves on a pedestal so high that they thought they were untouchable. Well, the Canadian people judged them in October 1993 and they were not re-elected. The Canadian people threw the federal Tories so far that it was not even funny. They took a government with 211 seats, one of the

Supply

largest majorities in the history of Canada, and brought them down to two seats. Why? It was because the Tories became arrogant, unaccountable and showed no respect for the Canadian taxpayer.

● (2020)

This is happening today but 10 times worse. If Canadians think what happened then was bad, they have not seen anything yet. It is pitiful what has gone on in here.

What is really pitiful is the Liberals' reaction to all this. They stand up and make a mockery of question period. They laugh and make jokes and do not give answers in question period. We heard the Minister of Veterans Affairs, when he stood up in the House in the last two days, just make a big joke about this.

I am happy to talk about anything they want, and we will let the Canadian people judge. They can continue to laugh, make jokes and yell across the House but their day is coming. As we all know, we are less than a year away from an election. We will stand on our record and they can stand on theirs. Their record is a health care system that has disintegrated and is in a state of chaos. We have rising taxes and personal family incomes and disposable incomes have gone down. Frustrated Canadians have watched unaccountable grants go up. That is their record, and they cannot step away from it because there is too much evidence and hard facts.

I look forward to the next federal election when the government will be judged and we will see who gets the last laugh, the taxpayer or the government.

Mr. Tony Ianno (Parliamentary Secretary to President of the Treasury Board, Lib.): Mr. Speaker, it was interesting to listen to the hon. member on the other side, who got very sensitive, taking into account that he is supporting the person who was an assistant to Brian Mulroney, and who, of course, must have advised him on how to do government. He is protesting that the Conservatives were voted down from 211 seats to two, but he is basically knocking one of the three people running for the leadership of his new party who was an adviser to Brian Mulroney. I do not understand how that works. I am curious. He despises the arrogance to which he was referring. He joined the new reform party, but the new reformed reform party is now trying to choose someone whom he detested.

I am trying to figure out how he reconciles that. What has changed? Does it have anything to do with the mindset that the new party actually is dealing with when the pension reform is taken into account, and things that its members fought very hard about until they realized that in reality many of the things that they had in their minds were really figments of their imagination?

Mr. Gary Lunn: Mr. Speaker, I want to state that I was elected on June 2, 1997 as a member of the Reform Party of Canada. I was as very proud of that then as I am today, and I will be forever. I

have no shame being a member of the Reform Party of Canada. It brought a lot of influence on the government. I am awfully proud of that fact. I am very proud that the former leader of the official opposition, who is now a candidate, had the vision to move the party forward and offer Canadians a choice. I am proud that he was able to do that.

The member has asked me about one of the candidates, Tom Long. Let me tell the member a little about him. I am quite proud to tell the member about the \$50 billion that he would not sink down a toilet. Was he involved in the 1984 election when the federal Tories were elected? Yes. Did he come to Ottawa after that election and work for Brian Mulroney personally? Yes.

Mr. Long told me that after what Pierre Elliot Trudeau did in the House, that he would have done anything to get him out. I want say on the record that Mr. Long was employed by former Prime Minister Brian Mulroney's office for 18 months. Eighteen months after he arrived in Ottawa he resigned for for his own personal reasons. I believe he wanted to see certain things done but he left 18 months after he got here and went to work with the provincial Tories. As we were building the Reform Party of Canada in the early 1990s, he was out there working side by side with the provincial Tories in Ontario building a parallel track. They have been very successful. I think they should also be applauded for what they have accomplished. They are one of the first governments that made promises and stuck to them. They did not get sidetracked. They did not succumb to the pressure. Did they make mistakes along the way? Yes, they did, and they are fixing those now, but they kept their promises. They promised to cut—

● (2025)

The Acting Speaker (Mr. McClelland): I am sorry but I need to interrupt. The hon. parliamentary secretary to the finance minister.

Mr. Roy Cullen (Parliamentary Secretary to Minister of Finance, Lib.): Mr. Speaker, the member is picking up on the point made by my colleague for Trinity—Spadina.

In fact, the member for Saanich—Gulf Islands I think for a very short period of time was supporting some Ontario cabinet minister but that only lasted a couple of weeks. I am not quite sure about his overall sense of judgment.

I am flabbergasted that the member would stand here and have the nerve to talk about respect and honesty. He draws the example of the grants and contributions being upped in the budget to, I think he said, \$1.3 billion, drawing the conclusion or the inference that the money is for HRDC, when he knows full well or he should know that \$900 million of that \$1.3 billion is for the Canada Foundation for Innovation and the Genome project where we are investing in new technologies and innovation.

I could go on but I will give the member a chance to respond.

Supply

Mr. Gary Lunn: Mr. Speaker, his number is not quite accurate, it is \$1.5 billion. The point that I made was that in this fiscal budget, the grants and contributions of all departments went up \$1.5 billion. How much did health care get? It got \$1 billion. There is something wrong with that when our health care is in the state of chaos that it is.

This only exemplifies the point. They want to talk about everything else but the budget and the \$50 billion that we are supposed to be talking about. Again, we need to bring back respect and accountability.

The grants that have gone out under HRDC are just the tip of the iceberg. We know that is happening in all kinds of departments. The system is fatally flawed and it needs to be fixed. I look forward to the day when we are going to bring about those changes. I will stand on my record and my party's record to the voters of this country. We look forward to that in the coming months.

Mr. Myron Thompson (Wild Rose, Canadian Alliance): Mr. Speaker, it gives me pleasure to speak tonight to these estimates, to the spending of money. I would like to be able to speak about the great move in tax reductions but we do not see that. We see a lot more spending. Spending is the topic that is on the minds of a lot of Canadians today.

I remember arriving here in 1993 and hearing the Liberals say that they were going to do something about the million children that are living in poverty. We are now in the year 2000, and they are still saying that they have to do something about the million and a half children living in poverty. It sounds to me like something is wrong here. They went backwards. They are going the wrong way. In 1993 we had a million children living in poverty. Now we have a million and a half children living in poverty and they want to pat themselves on the back and applaud the great things they have done in this category.

When I arrived in 1993 they were quite upset about the poverty and the lifestyles that existed on some Indian reserves. I have seen most of these reserves. I have seen the ones that are really good and I have seen the ones that are really suffering.

In 1993 we said that we need some accountability. The Liberals said that they were going to address that issue. They said they would take care of the situation. We are now in the year 2000 and we have coalitions building out there trying their best to get some accountability to make it happen, but it is getting worse.

My, my, my, what a track record. It would take hours to talk about the Liberal spending that really makes a lot of sense, like hanging dead rabbits in a museum.

An hon. member: In a tree.

Mr. Myron Thompson: I am sorry, in a tree. That does make a big difference.

Now that I am a senior citizen and at that magic age, maybe I would like to spend a little time talking about the money they spent on a committee to study seniors and sexuality. My that makes me feel good now that I am an old fella.

• (2030)

I wonder what it really costs Canadian taxpayers to send one of our famous stars to perform in the film *Bubbles Galore* which was authorized by the Liberal government. We could go on and on and on to talk about wasteful spending.

We could talk about the millions of dollars going into wonderful ridings, most of which are Liberal ridings, particularly Shawinigan, to build new fancy hotels for the sake of job creation. The Liberals are spending millions creating hotel beds. In the meantime they are spending nothing as we close hospital beds. What kind of priority is that? Maybe the million dollars to build a fancy hotel in Shawinigan would have been better spent in an area that could use more help with hospitals.

I often wonder where their priorities are. We brag about the freedoms we have in Canada. We have the freedom of speech. We have the freedom of expression. We have many freedoms, but who is responsible for them? It is soldiers. It is not reporters that gave us freedom of the press. It was the soldiers. It was not orators that gave us freedom of speech. It was the soldiers who put their lives on the line to make sure that all the freedoms we enjoy as Canadians were in place.

Yet look at what is happening in the department of defence. The way they treat that body of people is a disgrace. It is under-equipped. We read about them being in soup kitchens. While the Liberals continually pat themselves on the back about the wonderful job they are doing, our defence is becoming the laughing stock of the world. They have no respect for the soldiers who made all these things happen. It was not the politicians. It was not Trudeau. It was not Mulroney. It was no one but the soldiers. When they start respecting the people of this land to the extent that they ought to, maybe we will see some sensible decisions made with regard to spending.

I could look at the areas for which my friend from Okanagan—Shuswap and I are responsible and what is going on in our penitentiaries. I am absolutely amazed by the amount of money they spend looking for dangerous offenders who walk away from a golf course. They are sentenced to penitentiary and when they are out playing golf they walk away.

Let me talk about one who walked away. He was a bank robber. He went to Edmonton and found himself a nice young lady whom he viciously raped. I am sorry for the incorrectness. He sexually assaulted her, viciously. Now a big search is on to find this guy

Supply

because of decisions made by a government that has no priority for the safety of Canadians and allows those kinds of things to happen.

Mr. Sarkis Assadourian: Oh, come on.

Mr. Myron Thompson: I hear the hon. member. A dangerous offender walked away from a golf course and he says "Oh, come on". He should go back to the office and smell some more cork.

Here is the laughingstock of it all. The Liberals came out with a report on recidivism. This guy will not be included in the recidivism count because he was a bank robber and when he went out again he became a sexual assaulter. He is not a repeat offender because he did not commit the same crime. This information is fed into Statistics Canada, out come the reports and away they go.

It is all a bunch of baloney. Every day people continually ask me if I feel safe in Canada. No. I am asked if my wife and I like to take walks in the park. Yes. I am asked if we do. No. When asked why, I say that we like to look forward and see what we can see rather than having to watch over our shoulders to see who is coming.

• (2035)

What does Correctional Service Canada spend its money on? What does it do? Let us take a look. Some \$78,000 were spent on millennium calendars that were sent to penitentiaries. I went into several penitentiaries after the calendars were sent and we did not find one calendar hung up in any cell because they did not want them. At one penitentiary they boxed them all up. We brought them back here and delivered them to the solicitor general. I told him that the guards, the penitentiary people and the inmates said they did not need the calendars. For inmates to have calendars it just made the days longer.

Then the commissioner came up with the bright idea of spending \$4 million on a plane for Correctional Services Canada. He did not have to spend that much. He could have spent \$2 million on a used one. I do not know what they ended up getting but I know they got it. It is my understanding that it was such an embarrassment that they are not using it.

Mr. Darrel Stinson: They haven't flown it yet.

Mr. Myron Thompson: Isn't that wonderful? They spent \$200,000 on a task force on security and \$70,000 for international travel by the commissioner in one year. They have a plan in place to get more and more inmates into the communities. They are reducing the number of inmates. The cost of running the system has gone up tremendously. Expenses to operate penitentiaries have gone up but there are less inmates. It does not make sense. Should they not be going down?

What about the correctional officers, the professional people who work on the frontline, who put their necks on the line every

time they go to work? They have not seen a raise for ages. There was a time when they were fairly comparable to the RCMP and other police forces. Now they are a way down.

When they ask for such things as vests that will protect them from knife wounds, the answer is no, that there are no funds. They ask for protective equipment when they make their rounds. They would like to carry more than just a flashlight in dark corners in the event they run into problems. When they ask for a little better backup, the answer is no, that there are no funds available.

There is an easy solution. The commissioner should be fired and a guy put in there who will do the job. No. He follows fuzzy, touchy-feely, good Liberal stuff. It is all a bunch of nonsense.

Mr. Darrel Stinson (Okanagan—Shuswap, Canadian Alliance): Mr. Speaker, I listened to the hon. member speak and I have to concur with everything he said. I fully agree that we like to say Canada is a nice country to live in, that it is the best in the world.

As the hon. member mentioned in his speech, more and more the elderly talk about a fear of going down to the corner grocery store at night even to pick up a loaf of bread or a quart of milk. During my travels to schools I hear that even children are feeling unsafe going to and from school. Some parents are now taking their children to and from school themselves. Has the member heard such things during his travels?

Mr. Myron Thompson: Yes, Mr. Speaker, I certainly have heard those very same things. I visit schools quite often. They ask me to speak on justice issues, particularly the Young Offenders Act. I ask most of them if they are fearful going downtown or going back and forth from school. The majority of them are quite frightened. They like to travel in groups as a safety factor. In some cases they are fearful in their own school because of the bullying.

There is a lot of fear out there. We need to concentrate on doing the right things to protect Canadians. After all, our most elemental duty as members of parliament is to provide legislation that protects people and their property.

We have a government over there that figures the best thing to do is to register property. Now the supreme court has come down with a ruling that what the government has done is legal. Because of the supreme court decision I am sure criminals are shaking in their boots. They are all going to run down and register their guns tomorrow morning. Of course they are not. They do not give a hoot about it.

• (2040)

The government comes down with legislation that simply goes after honest law-abiding people and ignore the criminals. That is another brilliant decision. It spends millions and millions, and it is

going to be billions of dollars, to try to accomplish something with money that could have well been spent on real protection of people.

Mr. Darrel Stinson: Mr. Speaker, I had the privilege of visiting the Joyceville prison in Ontario with the hon. member. We were there about some complaints and concerns with regard to the safety of the guards. While we were there we had the opportunity of seeing a system that was in place. Perhaps the hon. member can correct me on the costs, but I think they were between \$65,000 and \$85,000.

A system was put in place to detect drugs as people came into the prison. I asked the warden at that time, since it had been in place for a few months, how much in drugs had been confiscated. She said none. That is not what they do there. When the alarm goes off they do not search the people or anything. They tell the people to go back home and try again in 24 hours to see if they can come through the system.

I was just wondering if the hon. member had heard whether or not they have changed the program at all. Perhaps now at least they will stop and search the people and confiscate the drugs on them at that point in time, or do they still just let them go back home?

Mr. Myron Thompson: Mr. Speaker, I believe they can search them if they have the desire and the direction from the authorities to do so. I do not think that direction is given out very often because we have a group of people who are running the show and they are called Liberals. They have hired a commissioner who is very soft.

They wanted to know whether correctional officers should be uniformed, whether they should wear a military style uniform or a police uniform or golf shirts. The commissioner has said that as long as he is commissioner they will wear golf shirts. He does not want them to look like authority and scare the poor little inmates to death. What kind of an attitude is that?

If the scanners my colleague is talking about are set off when someone comes in as a visitor, there ought to be some serious action taken immediately to determine what it is. It is true they may pick up a five dollar bill in my pocket. It might detect that someone had their hands on it at one time. They should find out what it is.

They have a zero tolerance for drugs. Have we ever hear anything funnier in our lives when drugs are more available in penitentiaries than they are on any street in our country? There is no real genuine effort to stop them. Their zero tolerance is nonsense. It does not exit. I wish they would quit saying that is their policy.

Ms. Bonnie Brown (Parliamentary Secretary to Minister of Human Resources Development, Lib.): Mr. Speaker, the opposition's interventions in this debate are very depressing. They speak

Supply

of waste, of scandal and of chaos. According to them nothing is good in the country. I beg to differ.

Canada has at present the lowest unemployment rate in 24 years. Inflation is negligible. The annual deficit has been eradicated. Indeed the economy is producing surpluses. Canada is leading the G-8 in economic growth and the UN names us as the best nation in the world in which to live.

By focusing on the negatives the opposition is avoiding the real issue of how government might assist those Canadians who are in need. When the Prime Minister was in Berlin recently he reiterated our Liberal approach which searches for a middle ground between the extremes of left and right, an approach which focuses on real people with practical solutions.

The Canadian model is about more than making money. It is about accommodating diversity. It is about a partnership between citizens and the state. It is about a balance that promotes individual freedom and economic prosperity while sharing in the risks and in the benefits. In other words it is about an understanding that government can be a positive instrument for serving the public interest.

● (2045)

On the issue of HRDC grants and contributions, I want to remind all Canadians and my hon. colleagues that the standing committee fully explored the question of the administration of grants and contributions. This review was conducted to ensure that the best interests of Canadian taxpayers would be addressed.

To the surprise of no one on this side of the House, the report of the standing committee, entitled "Seeking a Balance: Final Report on Human Resources Development Canada Grants and Contributions", concluded:

Although some of the government's critics allege that HRDC grants and contributions were dispensed to achieve political ends, proof supporting this allegation has never been provided to the Committee. . . . In an overwhelmingly vast majority of cases, HRDC grants and contributions are properly administered and spent.

These findings should have put an end to this protracted and politically motivated debate. Certainly, they reinforce what the original internal audit indicated; that information, not money, was missing from many project files. Do not get me wrong. Proper administration is central to ensuring proper accountability for public funds.

Unless anyone has forgotten, it was precisely because HRDC was committed to strengthening business practices that it initially ordered and conducted the internal audit of its grants and contributions. It was the minister of HRD who first alerted Canadians to concerns that the department's administrative systems needed improvement and who insisted her staff correct the problems quickly and comprehensively.

Supply

It was the same minister who sought the expert advice of respected outside experts on ways to improve management, including the design and implementation of a six-point action plan, a plan that has been endorsed by the auditor general. He told the standing committee that the plan represents an exceptional response and a very thorough plan for corrective action.

HRDC is working hard to implement the action plan and to bring the department's procedures up to the standards Canadians expect.

The administrative clean-up is well under way. As the minister explained when she released the first progress report on the action plan, the department has reviewed not just the audited files, but all 17,000 active files, worth \$1.5 billion. Where information was missing, it was obtained. Where approvals were not recorded or were carried out incorrectly, they were corrected. Where further monitoring work was called for, it was done.

What is most important to recognize is that of the \$1.5 billion worth of initiatives we reviewed, we identified only \$6,500 in outstanding debt to the government, not \$1 billion as the opposition claimed.

To ensure that we will not see a repeat of the old paperwork problems, we have trained more than 3,000 program and financial staff on the action plan directives and clarified their accountability. We have put to use expert advice from the auditor general, from the treasury board's Comptrollership Standards Advisory Board, and from Deloitte & Touche. We have put in place new conditions to ensure that each and every payment meets all financial and administrative requirements before it goes out.

Throughout this process we have worked hard to ensure accountability for the tax dollars of the Canadian people, while at the same time trying to avoid unnecessary red tape and bureaucratic bottlenecks so that we can continue to provide the programs Canadians need to improve their quality of life.

We have also made a commitment to keep Canadians informed of our comprehensive response to this issue. In addition to quarterly reports, every effort has been made to make as much information available as humanly possible. HRDC has put more than 10,000 pages of details on specific grants and contributions on the Internet. Anyone wanting further information need only visit the department's website to find out more.

Anyone who takes the time to do so will discover the real story behind grants and contributions; the stories of personal triumph of people living in every riding in the country, people who count on federally funded projects to help them overcome challenges that would prevent them from achieving their potential.

The facts are that the dollar values of the grants and contributions projects range widely from hundreds of dollars for targeted

wage subsidies to million-dollar agreements with national organizations. More than 60% of the projects are funded for amounts less than \$25,000, and more than 80% are for less than \$100,000.

Our grants and contributions serve a wide interest, such as vulnerable children through community based initiatives delivered by organizations such as Big Brothers and the YMCA. Youth employment strategy projects reach out to youth at risk, enabling them to acquire the skills and knowledge necessary to lead productive lives. There are programs for Canadians with disabilities, such as the opportunities fund. The aboriginal human resources development strategy improves aboriginal people's employability. There are literacy projects run by local literacy groups that are equipping Canadians with the skills they need to function effectively in the job market.

• (2050)

I am talking about federally financed programs that are making a real difference in the lives of individual Canadians, and indeed in the life of our nation.

Our success is clear. Some two million jobs have been created since we took office. As I said before, the unemployment rate has dropped from 11.4% to today's rate of 6.6%. This is the real story that matters to Canadians.

I am proud to be a member of a government that believes deeply in social investment. I know it is what our constituents expect of us. Canadians share our conviction that we have a responsibility to look out for each other and to support each other when it is needed. To penalize Canadians who depend on grants and contributions would be to punish the most disadvantaged.

Some people are at a loss to fathom why the Canadian Alliance persists with this long, drawn out debate, based on worn out misconceptions and wrong information. I am not perplexed. It is clear to me that the reason is their basic disagreement that Canadians want their tax dollars used to help others who are in need.

If there were any doubt about their intentions, one simply has to read *Hansard* of Tuesday, June 6, when the Alliance's lead critic for finance said that government activity should be restricted to three things: the maintenance of law and order, running the criminal justice system, and a strong national defence. In other words, more policemen, more jails, more jail guards and more soldiers and sailors. In other words, people in uniform.

Did you hear the word health in that outline, Mr. Speaker? Did you hear the word education? Did you hear the word infrastructure? I do not think so.

Members of that party have clearly expressed their depressed view of the world and their pessimistic view of the future of

Supply

Canada. I reject that and I invite all Canadians to celebrate in the Canadian value that Canadians help one another in their time of need. This government is pursuing that ideal.

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Speaker, I note that the previous speaker was the Parliamentary Secretary to the Minister of Human Resources Development Canada, that infamous department with the billion dollar boondoggle.

I thought I heard her say that they have hired 3,000 extra staff to deal with the issue. I may be wrong. I was actually focused on something else, but I think I heard that 3,000 extra staff had been hired.

The parliamentary secretary gave a long diatribe against other parties in this House. I really would like to know how she feels about a billion dollar boondoggle, gross mismanagement in the department, money being wasted and money that cannot be found, other than the fact that there is a cancelled cheque. How does that actually benefit Canadians?

We know the taxpayers are getting squeezed to come up with the cash. When she has no real idea where the money has gone, why it has gone to any particular area, or what benefit it gave to Canadians, why would we want to support the estimates which will give more money to this department?

A member of the Canadian Alliance has moved that \$110 million for the transitional jobs fund be eliminated. We have already had over the previous months the minister of HRDC admit that her pockets of unemployment, which allowed her to channel money into her neighbourhood—

Mr. Greg Thompson: Mr. Speaker, I rise on a point of order. With all due respect, the member was on debate tonight at least once. Time is running late. I think other members would like a question. Could he not get to his point and allow the parliamentary secretary to answer?

The Deputy Speaker: I think we have 10 minutes for questions and comments. I admit that it will not be the full 10. I do not think the hon. member has been unduly long in his question. He has been two minutes. I know he will want to move to the point.

Mr. John Williams: Thank you, Mr. Speaker. I would be glad to allow some time for the hon. member of the Tory Party, except that he did not rise fast enough and I was up first. Therefore, I get the first question. That is the rule around here. If he wants to be smart, he can get up first.

• (2055)

The minister acknowledged that there were pockets of unemployment which she used to justify money going into areas in and

around her riding. At first she stood by those grants as following the rules, but then she had to admit that they did not follow the rules.

I would like to know from the parliamentary secretary, how can we believe that department when it says it is going to live by the rules from here on in?

Ms. Bonnie Brown: First, Mr. Speaker, I disagree with the premise of the hon. member's question. He calls HRDC an infamous department. It is not infamous. Rather, it is famous to all those senior citizens who get old age security cheques every month and to all the unemployed who get employment insurance cheques. It is helping people to keep the wolf from the door. Millions and millions of Canadians have been the recipients. To those people, when the cheque comes, HRDC is their best friend. It is not infamous at all.

If it is infamous in anybody's eyes, it is because the hon. member's party has been irresponsible in blowing up 1/60 of this department's budget into what it incorrectly calls a billion dollar boondoggle, despite proof that has been put forward in the House day after day that a billion dollars is not missing and that there is no boondoggle. Even tonight, on the last night of the House, those members disgrace themselves by reiterating that discredited phrase that no one else in the House believes.

I find it odd that the hon. member suggests that my speech, which had one paragraph pointing out what that party has been doing, was a long diatribe against another party. Actually, I find it odd that he said that because his party is the expert on long diatribes. We have been exposed in the House and the Canadian public on television to a five month long diatribe from that party which was filled with incorrect information, personal attacks on the minister and the lowest possible form of unintellectual debate that the House has ever witnessed.

Canadians have to know whom they can trust. We are the ones who care about those in need. We are the ones with programs and they are the ones who would cut those programs and stick to policemen, jail guards and the army.

[*Translation*]

Mr. Paul Crête (Kamouraska—Rivière-du-Loup—Témiscouata—Les Basques, BQ): Mr. Speaker, I find it rather symbolic that, at the end of this debate, it is the Parliamentary Secretary to the Minister of Human Resources Development who defends the department, not the present minister, who neglected to warn the public of this scandal. Although she had been aware since August 1999, she waited until January 2000 to inform us. I find it symbolic as well that it is not the Minister for International Trade who answers questions, while he is the one responsible for all of this scandal.

Does the parliamentary secretary not find it astounding that, when the Minister of Human Resources Development started

Supply

talking about the active files for which no money is recoverable, she spoke of those containing no problem? She puts all the files under RCMP investigation in the inactive files.

Is the federal government, in the end, not primarily responsible for the doubt cast on the job creation programs through its partisan management of public funds?

[English]

Ms. Bonnie Brown: Mr. Speaker, I disagree with the premise of the hon. member's question. The minister did not forget to tell the House. The minister first heard about the problem on November 17, ordered a stronger action plan than the department had brought forth, and on January 19, I believe, announced these things to Canadians. The minister did not forget to tell anybody. The minister has been the most open and clear minister that probably this House has ever seen.

When the hon. member talks about cases that were troublesome and referred to the RCMP, he forgets to mention that there are but a few of them. Out of 17,000 there are a few. We are not happy about it. We have referred cases where there was any evidence of mishandling of money. We have required receipts. We have done everything we can to make sure that everything is up and above board.

• (2100)

Again, I am surprised that the member opposite, who believes in grants and contributions, is also insisting on emphasizing the negative instead of emphasizing the positive good that these programs have done for the thousands and thousands of files touching the lives of millions and millions of Canadians.

[Translation]

The Deputy Speaker: It being 9 p.m., it is my duty to interrupt the proceedings and put forthwith all questions necessary to dispose of the supply proceedings now before the House.

[English]

ALLOTTED DAY—HEALTH CARE

The House resumed consideration of the motion and the amendment.

The Deputy Speaker: Pursuant to order made on Wednesday, June 14, 2000, the House will now proceed to the taking of the deferred recorded division on the amendment relating to the business of supply.

Call in the members.

• (2130)

(The House divided on the amendment, which was negated on the following division:)

(Division No. 1366)

YEAS

Members

Ablonczy	Bachand (Richmond—Arthabaska)
Benoit	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brisson	Cadman
Chatters	Davies
Doyle	Duncan
Elley	Epp
Gilmour	Godin (Acadie—Bathurst)
Goldring	Grewal
Grey (Edmonton North)	Gruending
Hardy	Harris
Hart	Hearn
Hill (Prince George—Peace River)	Hoepfner
Jaffer	Johnston
Konrad	Laliberte
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Mark
McDonough	Mills (Red Deer)
Morrison	Proctor
Riis	Ritz
Schmidt	Solomon
Stinson	Strahl
Thompson (New Brunswick Southwest)	Thompson (Wild Rose)
Wasylycia-Leis	Williams —48

NAYS

Members

Adams	Anderson
Assad	Assadourian
Asselin	Augustine
Baker	Bakopanos
Barnes	Beaunier
Bélair	Bélanger
Bellemare	Bennett
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brien	Brown
Bryden	Byrne
Calder	Cannis
Caplan	Carroll
Catterall	Chamberlain
Chan	Charbonneau
Chrétien (Saint-Maurice)	Clouthier
Coderre	Collenette
Comuzzi	Cotler
Crête	Cullen
Dalphondu-Guiral	de Savoye
Debien	Desrochers
DeVillers	Dhaliwal
Dion	Discepolo
Dromisky	Drouin
Dubé (Lévis-et-Chutes-de-la-Chaudière)	Duhamel
Dumas	Easter
Eggleton	Finlay
Folco	Fontana
Fournier	Fry
Gagliano	Gagnon
Galloway	Gauthier
Girard-Bujold	Godfrey
Godin (Châteauguay)	Goodale
Grose	Guarnieri
Guay	Guimond
Harb	Harvard
Hubbard	Ianno
Jackson	Jennings
Jordan	Karetak-Lindell
Karygiannis	Keyes
Kilger (Stormont—Dundas—Charlottenburgh)	Kilgour (Edmonton Southeast)
Knutson	Kraft Sloan
Lalonde	Lastewka
Laurin	Lavigne

Lee
Limoges
Longfield
MacAulay
Malhi
Manley
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mercier
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Peterson
Picard (Drummond)
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Scott (Fredericton)
Sgro
Speller
St-Hilaire
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Turp
Valeri
Volpe
Whelan
Wood—174

Leung
Lincoln
Loubier
Mahoney
Maloney
Marceau
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Ménard
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Perron
Phinney
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Sauvageau
Sekora
Shepherd
St. Denis
St-Julien
Stewart (Brant)
Szabo
Thibeault
Tremblay (Lac-Saint-Jean)
Ur
Venne
Wappel
Wilfert

Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lowther
MacKay (Pictou—Antigonish—Guysborough)
McDonough
Morrison
Riis
Schmidt
Stinson
Thompson (New Brunswick Southwest)
Wasylycia-Leis

Supply

Harris
Hearn
Hoepfner
Johnston
Laliberte
Lunn
Mark
Mills (Red Deer)
Proctor
Ritz
Solomon
Strahl
Thompson (Wild Rose)
Williams —48

NAYS

Members

Adams
Assad
Asselin
Baker
Barnes
Bélair
Bellemare
Bergeron
Îles-de-la-Madeleine—Pabok)
Bevilacqua
Bonin
Boudria
Brien
Bryden
Calder
Caplan
Catterall
Chan
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Crête
Dalphond-Guiral
Debien
DeVillers
Dion
Dromisky
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas
Eggleton
Folco
Fournier
Gagliano
Galloway
Girard-Bujold
Godin (Châteauguay)
Grose
Guay
Harb
Hubbard
Jackson
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Lalonde
Laurin
Lee
Limoges
Longfield
MacAulay
Malhi
Manley
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mercier
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand

Anderson
Assadourian
Augustine
Bakopanos
Beaumier
Bélanger
Bennett
Bernier (Bonaventure—Gaspé—
Bertrand
Blondin-Andrew
Bonwick
Bradshaw
Brown
Byrne
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collenette
Cotler
Cullen
de Savoye
Desrochers
Dhaliwal
Discepola
Drouin
Duhamel
Easter
Finlay
Fontana
Fry
Gagnon
Gauthier
Godfrey
Goodale
Guarnieri
Guimond
Harvard
Ianno
Jennings
Karetak-Lindell
Keys
Kilgour (Edmonton Southeast)
Kraft Sloan
Lastewka
Lavigne
Leung
Lincoln
Loubier
Mahoney
Maloney
Marceau
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Ménard
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)

PAIRED MEMBERS

Axworthy

Nunziata

The Deputy Speaker: I declare the amendment lost.

The next question is on the main motion.

Mr. Bob Kilger: Mr. Speaker, I rise on a point of order. I believe you would find consent to apply the results of the vote just taken to the motion now before the House.

The Deputy Speaker: Is there unanimous consent?

Some hon. members: Agreed.

(The House divided on the motion, which was negated on the following division:)

(Division No. 1367)

YEAS

Members

Abлонczy
Benoit
Blaikie
Brison
Chatters
Doyle
Elley
Gilmour
Goldring
Grey (Edmonton North)

Bachand (Richmond—Arthabaska)
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Cadman
Davies
Duncan
Epp
Godin (Acadie—Bathurst)
Grewal
Gruending

Supply

O'Brien (London—Fanshawe)	O'Reilly
Pagtakhan	Paradis
Parrish	Patry
Peric	Perron
Peterson	Phinney
Picard (Drummond)	Pickard (Chatham—Kent Essex)
Pillitteri	Pratt
Proud	Proulx
Provenzano	Redman
Reed	Richardson
Robillard	Rock
Saada	Sauvageau
Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Hilaire	St-Julien
Steckle	Stewart (Brant)
Stewart (Northumberland)	Szabo
Telegdi	Thibeault
Torsney	Tremblay (Lac-Saint-Jean)
Turp	Ur
Valeri	Venne
Volpe	Wappel
Whelan	Wilfert
Wood—174	

PAIRED MEMBERS

Axworthy Nunziata

The Deputy Speaker: I declare the motion lost.

MAIN ESTIMATES, 2000-01

The House resumed consideration of Motion No. 1.

The Deputy Speaker: The House will now proceed to the taking of several recorded divisions on motions relating to the main estimates standing in the name of the hon. the President of the Treasury Board. The question is on opposed item No. 1.

[*Translation*]

Mr. Bob Kilger: Mr. Speaker, I believe you will find that there is unanimous consent for the members who voted on the previous motion to be recorded as having voted on the motion now before the House, with the Liberal members voting yea.

The Deputy Speaker: Is there unanimous consent to proceed in such a fashion?

Some hon. members: Agreed.

[*English*]

Mr. Jay Hill: Mr. Speaker, Canadian Alliance members present this evening will be voting no to this motion.

[*Translation*]

Mr. Stéphane Bergeron: Mr. Speaker, members of the Bloc Québécois will vote no to this motion.

Mr. Yvon Godin: Mr. Speaker, members of the New Democratic party will vote no to this motion.

[*English*]

Mr. Norman Doyle: Mr. Speaker, Progressive Conservative members will be voting no.

Mr. Jake E. Hoepfner: Mr. Speaker, Portage—Lisgar votes no.

(The House divided on Motion No. 1, which was agreed to on the following division:)

(*Division No. 1368*)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélair
Belanger	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepolo
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guamieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keyes	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Miffin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora

Supply

Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Shepherd
St. Denis
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

Motion No. 2

That Vote 1, in the amount of \$441,207,000, under ENVIRONMENT—Department—Operating expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 2, which was agreed to on the following division:)

NAYS

Members

Ablonczy
Bachand (Richmond—Arthabaska)
Bergeron
Îles-de-la-Madeleine—Pabok)
Blaikie
Brien
Cadman
Crête
Davies
Debien
Doyle
Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoeppner
Johnston
Laliberte
Laurin
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Mark
Ménard
Mills (Red Deer)
Perron
Proctor
Ritz
Schmidt
St-Hilaire
Strahl
Thompson (Wild Rose)
Turp
Wasylycia-Leis

Asselin
Benoit
Bernier (Bonaventure—Gaspé—
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Brison
Chatters
Dalphond-Guiral
de Savoye
Desrochers
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lalonde
Loubier
Lunn
Marceau
McDonough
Mercier
Morrison
Picard (Drummond)
Riis
Sauvageau
Solomon
Stinson
Thompson (New Brunswick Southwest)
Tremblay (Lac-Saint-Jean)
Venne
Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

The Deputy Speaker: I declare Motion No. 1 carried.

Mr. Bob Kilger: Mr. Speaker, I believe you would find consent to apply the results of the vote just taken to the following motions: Motions Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12.

• (2135)

The Deputy Speaker: Is there unanimous consent to proceed in this fashion?

Some hon. members: Agreed.

CONCURRENCE IN VOTE 1—ENVIRONMENT

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

(Division No. 1369)

YEAS

Members

Adams
Assad
Augustine
Bakopanos
Beaumur
Belanger
Bennett
Bevilacqua
Bonin
Boudria
Brown
Byrne
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collenette
Cotler
DeVillers
Dion
Dromisky
Duhamel
Eggleton
Folco
Fry
Galloway
Goodale
Guarnieri
Harvard
Ianno
Jennings
Karetak-Lindell
Keys
Kilgour (Edmonton Southeast)
Kraft Sloan
Lavigne
Leung
Lincoln
MacAulay
Malhi
Manley
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro

Anderson
Assadourian
Baker
Barnes
Bélair
Bellemare
Bertrand
Blondin-Andrew
Bonwick
Bradshaw
Bryden
Calder
Caplan
Catterall
Chan
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Cullen
Dhaliwal
Discepolo
Drouin
Easter
Finlay
Fontana
Gagliano
Godfrey
Grose
Harb
Hubbard
Jackson
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Lastewka
Lee
Limoges
Longfield
Mahoney
Maloney
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd

Supply

Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

(Division No. 1370)

YEAS

Members

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brien	Brisson
Cadman	Chatters
Crête	Dalphond-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffer
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylycia-Leis	Williams—79

PAIRED MEMBERS

Axworthy	Nunziata
----------	----------

CONCURRENCE IN VOTE 1—FISHERIES AND OCEANS

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 3

That Vote 1, in the amount of \$905,562,000, under FISHERIES AND OCEANS—Department—Operating expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 3, which was agreed to on the following division:)

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélaire
Bélangier	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keyes	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brien	Brisson
Cadman	Chatters
Crête	Dalphond-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffer
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylcia-Leis	Williams—79

PAIRED MEMBERS

Axworthy	Nunziata
----------	----------

CONCURRENCE IN VOTE 1—HEALTH

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 4

That Vote 1, in the amount of \$1,148,851,342, under HEALTH—Department—Operating expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 4, which was agreed to on the following division:)

(Division No. 1371)

YEAS

Members

Adams	Anderson
Assad	Assadourian
	Ablonczy
	Bachand (Richmond—Arthabaska)
	Bergeron
	Îles-de-la-Madeleine—Pabok)

Supply

Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélair
Bélanger	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keys	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutsen
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

NAYS

Members

Asselin
Benoit
Bernier (Bonaventure—Gaspé—

Supply

Bernier (Tobique—Mactaquac)
 Breitzkreuz (Yorkton—Melville)
 Brison
 Chatters
 Dalphond-Guiral
 de Savoye
 Desrochers
 Dubé (Lévis-et-Chutes-de-la-Chaudière)
 Duncan
 Epp
 Gagnon
 Gilmour
 Godin (Acadie—Bathurst)
 Goldring
 Grey (Edmonton North)
 Guay
 Hardy
 Hart
 Hill (Prince George—Peace River)
 Jaffer
 Konrad
 Lalonde
 Loubier
 Lunn
 Marceau
 McDonough
 Mercier
 Morrison
 Picard (Drummond)
 Riis
 Sauvageau
 Solomon
 Stinson
 Thompson (New Brunswick Southwest)
 Tremblay (Lac-Saint-Jean)
 Venne
 Williams—79

Blaikie
 Brien
 Cadman
 Crête
 Davies
 Debien
 Doyle
 Dumas
 Elley
 Fournier
 Gauthier
 Girard-Bujold
 Godin (Châteauguay)
 Grewal
 Gruending
 Guimond
 Harris
 Hearn
 Hoepfner
 Johnston
 Laliberte
 Laurin
 Lowther
 MacKay (Pictou—Antigonish—Guysborough)
 Mark
 Ménard
 Mills (Red Deer)
 Perron
 Proctor
 Ritz
 Schmidt
 St-Hilaire
 Strahl
 Thompson (Wild Rose)
 Turp
 Wasylcia-Leis

Bennett
 Bevilacqua
 Bonin
 Boudria
 Brown
 Byrne
 Cannis
 Carroll
 Chamberlain
 Charbonneau
 Clouthier
 Collenette
 Cotler
 DeVillers
 Dion
 Dromisky
 Duhamel
 Eggleton
 Folco
 Fry
 Gallaway
 Goodale
 Guarnieri
 Harvard
 Ianno
 Jennings
 Karetak-Lindell
 Keyes
 Kilgour (Edmonton Southeast)
 Kraft Sloan
 Lavigne
 Leung
 Lincoln
 MacAulay
 Malhi
 Manley
 Martin (LaSalle—Énard)
 McCormick
 McKay (Scarborough East)
 McTeague
 Mifflin
 Minna
 Murray
 Nault
 O'Brien (Labrador)
 O'Reilly
 Paradis
 Patry
 Peterson
 Pickard (Chatham—Kent Essex)
 Pratt
 Proulx
 Redman
 Richardson
 Rock
 Scott (Fredericton)
 Sgro
 Speller
 St-Julien
 Stewart (Brant)
 Szabo
 Thibeault
 Ur
 Volpe
 Whelan
 Wood—143

Bertrand
 Blondin-Andrew
 Bonwick
 Bradshaw
 Bryden
 Calder
 Caplan
 Catterall
 Chan
 Chrétien (Saint-Maurice)
 Coderre
 Comuzzi
 Cullen
 Dhaliwal
 Discepola
 Drouin
 Easter
 Finlay
 Fontana
 Gagliano
 Godfrey
 Grose
 Harb
 Hubbard
 Jackson
 Jordan
 Karygiannis
 Kilger (Stormont—Dundas—Charlottenburgh)
 Knutson
 Lastewka
 Lee
 Limoges
 Longfield
 Mahoney
 Maloney
 Marleau
 Matthews
 McGuire
 McLellan (Edmonton West)
 McWhinney
 Mills (Broadview—Greenwood)
 Mitchell
 Myers
 Normand
 O'Brien (London—Fanshawe)
 Pagtakhan
 Parrish
 Peric
 Phinney
 Pillitteri
 Proud
 Provenzano
 Reed
 Robillard
 Saada
 Sekora
 Shepherd
 St. Denis
 Steckle
 Stewart (Northumberland)
 Telegdi
 Torsney
 Valeri
 Wappel
 Wilfert

PAIRED MEMBERS

Axworthy

Nunziata

CONCURRENCE IN VOTE 1—HUMAN RESOURCES DEVELOPMENT

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 5

That Vote 1, in the amount of \$460,180,000, under HUMAN RESOURCES DEVELOPMENT—Department—Operating expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 5, which was agreed to on the following division:)

(Division No. 1372)

YEAS

Members

Adams
 Assad
 Augustine
 Bakopanos
 Beaumier
 Bélanger

Anderson
 Assadourian
 Baker
 Barnes
 Bélair
 Bellemare

Ablonczy
 Bachand (Richmond—Arthabaska)
 Bergeron
 Îles-de-la-Madeleine—Pabok)
 Blaikie
 Brien
 Cadman
 Crête
 Davies
 Debien
 Doyle

NAYS

Members

Asselin
 Benoit
 Bernier (Bonaventure—Gaspé—
 Bernier (Tobique—Mactaquac)
 Breitzkreuz (Yorkton—Melville)
 Brison
 Chatters
 Dalphond-Guiral
 de Savoye
 Desrochers

Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lalonde
Loubier
Lunn
Marceau
McDonough
Mercier
Morrison
Picard (Drummond)
Riis
Sauvageau
Solomon
Stinson
Thompson (New Brunswick Southwest)
Tremblay (Lac-Saint-Jean)
Venne
Williams—79

Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoepfner
Johnston
Laliberte
Laurin
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Mark
Ménard
Mills (Red Deer)
Perron
Proctor
Ritz
Schmidt
St-Hilaire
Strahl
Thompson (Wild Rose)
Turp
Wasylycia-Leis

Dromisky
Duhamel
Eggleton
Folco
Fry
Galloway
Goodale
Guarnieri
Harvard
Ianno
Jennings
Karetak-Lindell
Keyes
Kilgour (Edmonton Southeast)
Kraft Sloan
Lavigne
Leung
Lincoln
MacAulay
Malhi
Manley
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Supply

Drouin
Easter
Finlay
Fontana
Gagliano
Godfrey
Grose
Harb
Hubbard
Jackson
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Lastewka
Lee
Limoges
Longfield
Mahoney
Maloney
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd
St. Denis
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

PAIRED MEMBERS

Axworthy

Nunziata

CONCURRENCE IN VOTE 1—NATIONAL DEFENCE

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 6

That Vote 1, in the amount of \$7,724,106,000, under NATIONAL DEFENCE—Department—Operating expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 6, which was agreed to on the following division:)

(Division No. 1373)

YEAS

Members

Adams
Assad
Augustine
Bakopanos
Beaumier
Bélanger
Bennett
Bevilacqua
Bonin
Boudria
Brown
Byrne
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collenette
Cotler
DeVillers
Dion

Anderson
Assadourian
Baker
Barnes
Bélaire
Bellemare
Bertrand
Blondin-Andrew
Bonwick
Bradshaw
Bryden
Calder
Caplan
Catterall
Chan
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Cullen
Dhaliwal
Discepola

Ablonczy
Bachand (Richmond—Arthabaska)
Bergeron
Îles-de-la-Madeleine—Pabok)
Blaikie
Brien
Cadman
Crête
Davies
Debien
Doyle
Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoepfner

NAYS

Members

Asselin
Benoit
Bernier (Bonaventure—Gaspé—
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Brison
Chatters
Dalphond-Guiral
de Savoye
Desrochers
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)

Supply

Jaffer	Johnston
Konrad	Laliberte
Lalonde	Laurin
Loubier	Lowther
Lunn	MacKay (Pictou—Antigonish—Guysborough)
Marceau	Mark
McDonough	Ménard
Mercier	Mills (Red Deer)
Morrison	Perron
Picard (Drummond)	Proctor
Riis	Ritz
Sauvageau	Schmidt
Solomon	St-Hilaire
Stinson	Strahl
Thompson (New Brunswick Southwest)	Thompson (Wild Rose)
Tremblay (Lac-Saint-Jean)	Turp
Venne	Wasylycia-Leis
Williams—79	

Jennings
Karetak-Lindell
Keyes
Kilgour (Edmonton Southeast)
Kraft Sloan
Lavigne
Leung
Lincoln
MacAulay
Malhi
Manley
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutsen
Lastewka
Lee
Limoges
Longfield
Mahoney
Maloney
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd
St. Denis
Steeckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

PAIRED MEMBERS

Axworthy	Nunziata
----------	----------

CONCURRENCE IN VOTE 1—PRIVY COUNCIL

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 7

That Vote 1, in the amount of \$85,571,000, under PRIVY COUNCIL—Department—Program expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 7, which was agreed to on the following division:)

(Division No. 1374)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélaire
Bélanger	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Hubbard	Hubbard
Ianno	Jackson

Ablonczy
Bachand (Richmond—Arthabaska)
Bergeron
Îles-de-la-Madeleine—Pabok)
Blaikie
Brien
Cadman
Crête
Davies
Debien
Doyle
Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoepfner
Johnston
Laliberte
Laurin
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Mark
Ménard
Mills (Red Deer)
Perron
Proctor
Ritz
Schmidt
St-Hilaire
Strahl
Thompson (Wild Rose)
Turp

NAYS

Members

Asselin
Benoit
Bernier (Bonaventure—Gaspé—)
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Brisson
Chatters
Dalphond-Guiral
de Savoye
Desrochers
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lalonde
Loubier
Lunn
Marceau
McDonough
Mercier
Morrison
Picard (Drummond)
Riis
Sauvageau
Solomon
Stinson
Thompson (New Brunswick Southwest)
Tremblay (Lac-Saint-Jean)

Venne
Williams—79

Wasylycia-Leis

PAIRED MEMBERS

Axworthy

Nunziata

CONCURRENCE IN VOTE 1—SOLICITOR GENERAL

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 8

That Vote 1, in the amount of \$19,636,000, under SOLICITOR GENERAL—Department—Operating expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 8, which was agreed to on the following division:)

(Division No. 1375)

YEAS

Members

Adams
Assad
Augustine
Bakopanos
Beaumier
Bélanger
Bennett
Bevilacqua
Bonin
Boudria
Brown
Byrne
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collette
Cotler
DeVillers
Dion
Dromisky
Duhamel
Eggleton
Folco
Fry
Galloway
Goodale
Guarnieri
Harvard
Ianno
Jennings
Karetak-Lindell
Keys
Kilgour (Edmonton Southeast)
Kraft Sloan
Lavigne
Leung
Lincoln
MacAulay
Malhi
Manley
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Mifflin

Anderson
Assadourian
Baker
Barnes
Bélaïr
Bellemare
Bertrand
Blondin-Andrew
Bonwick
Bradshaw
Bryden
Calder
Caplan
Catterall
Chan
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Cullen
Dhaliwal
Discepola
Drouin
Easter
Finlay
Fontana
Gagliano
Godfrey
Grose
Harb
Hubbard
Jackson
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Lastewka
Lee
Limoges
Longfield
Mahoney
Maloney
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)

Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patri
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Supply

Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd
St. Denis
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

NAYS

Members

Ablonczy
Bachand (Richmond—Arthabaska)
Bergeron
Îles-de-la-Madeleine—Pabok
Blaikie
Brien
Cadman
Crête
Davies
Debien
Doyle
Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoepfner
Johnston
Laliberte
Laurin
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Mark
Ménard
Mills (Red Deer)
Perron
Proctor
Ritz
Schmidt
St-Hilaire
Strahl
Thompson (Wild Rose)
Turp
Wasylycia-Leis

Asselin
Benoit
Bernier (Bonaventure—Gaspé—
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Brison
Chatters
Dalphond-Guiral
de Savoye
Desrochers
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lalonde
Loubier
Lunn
Marceau
McDonough
Mercier
Morrison
Picard (Drummond)
Riis
Sauvageau
Solomon
Stinson
Thompson (New Brunswick Southwest)
Tremblay (Lac-Saint-Jean)
Venne
Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

Supply

CONCURRENCE IN VOTE 25—SOLICITOR GENERAL

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 9

That Vote 25, in the amount of \$21,840,000, under SOLICITOR GENERAL—National Parole Board—Program expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 9, which was agreed to on the following division:)

(Division No. 1376)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélaïr
Bélangier	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keys	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Miffiin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada

Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brien	Brison
Cadman	Chatters
Crête	Dalphondu-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffer
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylcyia-Leis	Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

CONCURRENCE IN VOTE 1—PUBLIC WORKS AND GOVERNMENT SERVICES

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 10

That Vote 1, in the amount of \$1,645,045,000, under PUBLIC WORKS AND GOVERNMENT SERVICES—Department—Operating expenditures, in the Main

Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 10, which was agreed to on the following division:)

(Division No. 1377)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélaïr
Bélanger	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Cloutier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keys	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

Supply

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitreuz (Yorkton—Melville)
Brien	Brison
Cadman	Chatters
Crête	Dalphon-D-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Golding
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffer
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylycia-Leis	Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

CONCURRENCE IN VOTE 5—PUBLIC WORKS AND GOVERNMENT SERVICES

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 11

That Vote 5, in the amount of \$303,792,000, under PUBLIC WORKS AND GOVERNMENT SERVICES—Department—Capital expenditures, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 11, which was agreed to on the following division:)

(Division No. 1378)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker

Supply

Bakopanos
 Beaumier
 Bélanger
 Bennett
 Bevilacqua
 Bonin
 Boudria
 Brown
 Byrne
 Cannis
 Carroll
 Chamberlain
 Charbonneau
 Clouthier
 Collette
 Cotler
 De Villers
 Dion
 Dromisky
 Duhamel
 Eggleton
 Folco
 Fry
 Gallaway
 Goodale
 Guarnieri
 Harvard
 Ianno
 Jennings
 Karetak-Lindell
 Keyes
 Kilgour (Edmonton Southeast)
 Kraft Sloan
 Lavigne
 Leung
 Lincoln
 MacAulay
 Malhi
 Manley
 Martin (LaSalle—Énard)
 McCormick
 McKay (Scarborough East)
 McTeague
 Mifflin
 Minna
 Murray
 Nault
 O'Brien (Labrador)
 O'Reilly
 Paradis
 Patry
 Peterson
 Pickard (Chatham—Kent Essex)
 Pratt
 Proulx
 Redman
 Richardson
 Rock
 Scott (Fredericton)
 Sgro
 Speller
 St-Julien
 Stewart (Brant)
 Szabo
 Thibeault
 Ur
 Volpe
 Whelan
 Wood—143

Barnes
 Bélaïr
 Bellemare
 Bertrand
 Blondin-Andrew
 Bonwick
 Bradshaw
 Bryden
 Calder
 Caplan
 Catterall
 Chan
 Chrétien (Saint-Maurice)
 Coderre
 Comuzzi
 Cullen
 Dhaliwal
 Discepola
 Drouin
 Easter
 Finlay
 Fontana
 Gagliano
 Godfrey
 Grose
 Harb
 Hubbard
 Jackson
 Jordan
 Karygiannis
 Kilger (Stormont—Dundas—Charlottenburgh)
 Knutson
 Lastewka
 Lee
 Limoges
 Longfield
 Mahoney
 Maloney
 Marleau
 Matthews
 McGuire
 McLellan (Edmonton West)
 McWhinney
 Mills (Broadview—Greenwood)
 Mitchell
 Myers
 Normand
 O'Brien (London—Fanshawe)
 Pagtakhan
 Parrish
 Peric
 Phinney
 Pillitteri
 Proud
 Provenzano
 Reed
 Robillard
 Saada
 Sekora
 Shepherd
 St. Denis
 Steckle
 Stewart (Northumberland)
 Telegdi
 Torsney
 Valeri
 Wappel
 Wilfert

Crête
 Davies
 Debien
 Doyle
 Dumas
 Elley
 Fournier
 Gauthier
 Girard-Bujold
 Godin (Châteauguay)
 Grewal
 Gruending
 Guimond
 Harris
 Hearn
 Hoepfner
 Johnston
 Laliberte
 Laurin
 Lowther
 MacKay (Pictou—Antigonish—Guysborough)
 Mark
 Ménard
 Mills (Red Deer)
 Perron
 Proctor
 Ritz
 Schmidt
 St-Hilaire
 Strahl
 Thompson (Wild Rose)
 Turp
 Wasylcyia-Leis

Dalmond-Guiral
 de Savoye
 Desrochers
 Dubé (Lévis-et-Chutes-de-la-Chaudière)
 Duncan
 Epp
 Gagnon
 Gilmour
 Godin (Acadie—Bathurst)
 Goldring
 Grey (Edmonton North)
 Guay
 Hardy
 Hart
 Hill (Prince George—Peace River)
 Jaffer
 Konrad
 Lalonde
 Loubier
 Lunn
 Marceau
 McDonough
 Mercier
 Morrison
 Picard (Drummond)
 Riis
 Sauvageau
 Solomon
 Stinson
 Thompson (New Brunswick Southwest)
 Tremblay (Lac-Saint-Jean)
 Venne
 Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

CONCURRENCE IN VOTE 1—INDIAN AFFAIRS AND NORTHERN DEVELOPMENT

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

Motion No. 12

That Vote 1, in the amount of \$71,790,000, under INDIAN AFFAIRS AND NORTHERN DEVELOPMENT—Department—Administration Program, in the Main Estimates for the fiscal year ending March 31, 2001 (less the amount voted in Interim Supply), be concurred in.

(The House divided on Motion No. 12, which was agreed to on the following division:)

(Division No. 1379)

YEAS

Members

Adams
 Assad
 Augustine
 Bakopanos
 Beaumier
 Bélanger
 Bennett
 Bevilacqua
 Bonin
 Boudria

Anderson
 Assadourian
 Baker
 Barnes
 Bélaïr
 Bellemare
 Bertrand
 Blondin-Andrew
 Bonwick
 Bradshaw

NAYS

Members

Ablonczy
 Bachand (Richmond—Arthabaska)
 Bergeron
 Îles-de-la-Madeleine—Pabok
 Blaikie
 Brison
 Cadman

Asselin
 Benoit
 Bernier (Bonaventure—Gaspé—
 Bernier (Tobique—Mactaquac)
 Breitzkreuz (Yorkton—Melville)
 Brison
 Chatters

Brown
Byrne
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collenette
Cotler
DeVillers
Dion
Dromisky
Duhamel
Eggleton
Folco
Fry
Galloway
Goodale
Guarnieri
Harvard
Ianno
Jennings
Karetak-Lindell
Keys
Kilgour (Edmonton Southeast)
Kraft Sloan
Lavigne
Leung
Lincoln
MacAulay
Malhi
Manley
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Bryden
Calder
Caplan
Catterall
Chan
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Cullen
Dhaliwal
Discepola
Drouin
Easter
Finlay
Fontana
Gagliano
Godfrey
Grose
Harb
Hubbard
Jackson
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottetown)
Knutson
Lastewka
Lee
Limoges
Longfield
Mahoney
Maloney
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd
St. Denis
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

Doyle
Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoepfner
Johnston
Laliberte
Laurin
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Mark
Ménard
Mills (Red Deer)
Perron
Proctor
Ritz
Schmidt
St-Hilaire
Strahl
Thompson (Wild Rose)
Turp
Wasylcyia-Leis

Supply

Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lalonde
Loubier
Lunn
Maurceau
McDonough
Mercier
Morrison
Picard (Drummond)
Riis
Sauvageau
Solomon
Stinson
Thompson (New Brunswick Southwest)
Tremblay (Lac-Saint-Jean)
Venne
Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

The Deputy Speaker: I declare Motions Nos. 2, 3, 4, 5, 6, 7, 8, 9, 10, 11 and 12 carried.

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.) moved:

That the Main Estimates for the fiscal year ending March 31, 2001, except any Vote disposed of earlier today less the amounts voted in Interim Supply be concurred in.

Mr. Bob Kilger: Mr. Speaker, if the House would agree I would propose that you seek unanimous consent that members who voted on the previous motion be recorded as having voted on the motion now before the House with Liberal members voting yea.

The Deputy Speaker: Is there unanimous consent to proceed in this fashion?

Some hon. members: Agreed.

Mr. Jay Hill: Mr. Speaker, Canadian Alliance members present this evening are definitely opposed to this motion.

[Translation]

Mr. Stéphane Bergeron: Mr. Speaker, members of the Bloc Québécois oppose this motion.

NAYS

Members

Ablonczy
Bachand (Richmond—Arthabaska)
Bergeron
Îles-de-la-Madeleine—Pabok)
Blaikie
Brien
Cadman
Crête
Davies
Debien

Asselin
Benoit
Bernier (Bonaventure—Gaspé—
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Brison
Chatters
Dalphond-Guiral
de Savoye
Desrochers

*Supply**[English]*

Mr. Yvon Godin: The members of the NDP present tonight vote no to this motion.

Mr. Norman Doyle: Mr. Speaker, Progressive Conservative members are voting no to this motion.

Mr. Jake E. Hoepfner: Mr. Speaker, Portage—Lisgar votes no.

(The House divided on the motion, which was agreed to on the following division:)

*(Division No. 1380)***YEAS**

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélair
Bélangier	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keys	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud

Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brien	Brison
Cadman	Chatters
Crête	Dalphond-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffer
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylcia-Leis	Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

The Deputy Speaker: I declare the motion carried.

[Translation]

Hon. Lucienne Robillard moved that Bill C-42, an act for granting to Her Majesty certain sums of money for the public service of Canada for the financial year ending March 31, 2001, be read the first time.

(Motion deemed adopted and bill read the first time)

[English]

Hon. Lucienne Robillard moved that the bill be read the second time and referred to a committee of the whole.

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

Some hon. members: Agreed.

Some hon. members: No.

The Deputy Speaker: All those in favour of the motion will please say yea.

Some hon. members: Yea.

The Deputy Speaker: All those opposed will please say nay.

Some hon. members: Nay.

The Deputy Speaker: In my opinion the yeas have it.

And more than five members having risen:

Mr. Bob Kilger: Mr. Speaker, I rise on a point of order. I believe you would find consent to apply the results of the vote taken previously to the motion now before the House.

The Deputy Speaker: Is it agreed to apply the previous vote to the motion now before the House?

Some hon. members: Agreed.

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 1381)

YEAS

Members

Adams
Assad
Augustine
Bakopanos
Beaumier
Bélangier
Bennett
Bevilacqua
Bonin
Boudria
Brown
Byrne
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collenette
Cotler
DeVillers
Dion
Dromisky
Duhamel
Eggleton
Folco
Fry

Anderson
Assadourian
Baker
Barnes
Bélaïr
Bellemare
Bertrand
Blondin-Andrew
Bonwick
Bradshaw
Bryden
Calder
Caplan
Catterall
Chan
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Cullen
Dhaliwal
Discepola
Drouin
Easter
Finlay
Fontana
Gagliano

Galloway
Goodale
Guarnieri
Harvard
Ianno
Jennings
Karetak-Lindell
Keys
Kilgour (Edmonton Southeast)
Kraft Sloan
Lavigne
Leung
Lincoln
MacAulay
Malhi
Manley
Martin (LaSalle—Émard)
McCormick
McKay (Scarborough East)
McTeague
Mifflin
Minna
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Rock
Scott (Fredericton)
Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Supply

Godfrey
Grose
Harb
Hubbard
Jackson
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Lastewka
Lee
Limoges
Longfield
Mahoney
Maloney
Marleau
Matthews
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Mitchell
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Robillard
Saada
Sekora
Shepherd
St. Denis
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

NAYS

Members

Ablonczy
Bachand (Richmond—Arthabaska)
Bergeron
Îles-de-la-Madeleine—Pabok
Blaikie
Brien
Cadman
Crête
Davies
Debien
Doyle
Dumas
Elley
Fournier
Gauthier
Girard-Bujold
Godin (Châteauguay)
Grewal
Gruending
Guimond
Harris
Hearn
Hoepfner
Johnston
Laliberte
Laurin
Lowther
MacKay (Pictou—Antigonish—Guysborough)
Mark
Ménard
Mills (Red Deer)

Asselin
Benoit
Bernier (Bonaventure—Gaspé—
Bernier (Tobique—Mactaquac)
Breitkreuz (Yorkton—Melville)
Brison
Chatters
Dalphond-Guiral
de Savoye
Desrochers
Dubé (Lévis-et-Chutes-de-la-Chaudière)
Duncan
Epp
Gagnon
Gilmour
Godin (Acadie—Bathurst)
Goldring
Grey (Edmonton North)
Guay
Hardy
Hart
Hill (Prince George—Peace River)
Jaffer
Konrad
Lalonde
Loubier
Lunn
Marceau
McDonough
Mercier

Supply

Morrison	Perron
Picard (Drummond)	Proctor
Riis	Ritz
Sauvageau	Schmidt
Solomon	St-Hilaire
Stinson	Strahl
Thompson (New Brunswick Southwest)	Thompson (Wild Rose)
Tremblay (Lac-Saint-Jean)	Turp
Venne	Wasylycia-Leis
Williams—79	

PAIRED MEMBERS

Axworthy

Nunziata

The Deputy Speaker: I declare the motion carried.

(Bill read the second time and the House went into committee thereon, Mr. Milliken in the chair)

The Chairman: Order, please. House in committee of the whole on Bill C-42.

[*Translation*]

Shall clause 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 1 agreed to)

[*English*]

(On clause 3)

Mr. John Williams (St. Albert, Canadian Alliance): Mr. Chairman, could the President of the Treasury Board please confirm that this bill is in the usual form?

Hon. Lucienne Robillard (President of the Treasury Board and Minister responsible for Infrastructure, Lib.): Mr. Chairman, the form of this bill is the same as that passed in previous years.

[*Translation*]

The Chairman: Shall clause 3 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 3 agreed to)

The Chairman: Shall clause 4 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 4 agreed to)

The Chairman: Shall clause 5 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 5 agreed to)

The Chairman: Shall clause 6 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 6 agreed to)

The Chairman: Shall clause 7 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 7 agreed to)

The Chairman: Shall schedule 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Schedule 1 agreed to)

The Chairman: Shall schedule 2 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Schedule 2 agreed to)

The Chairman: Shall clause 1 carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Clause 1 agreed to)

The Chairman: Shall the preamble carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Preamble agreed to)

The Chairman: Shall the title carry?

Some hon. members: Agreed.

Some hon. members: On division.

(Title agreed to)

(Bill reported)

• (2140)

[*English*]

Hon. Lucienne Robillard moved that the bill be concurred in.

Mr. Bob Kilger: Mr. Speaker, I believe you would find consent to apply the results of the vote taken at second reading to the motion for concurrence in report stage now before the House, as well as for the motion for third reading to follow.

The Deputy Speaker: Is it agreed to proceed in this fashion?

Some hon. members: Agreed.

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 1382)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélair
Bélanger	Bellemare
Bennett	Bertrand
Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepola
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Galloway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keys	Kilger (Stormont—Dundas—Charlottetown)
Kilgour (Edmonton Southeast)	Knudson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora

Sgro
Speller
St-Julien
Stewart (Brant)
Szabo
Thibeault
Ur
Volpe
Whelan
Wood—143

Supply

Shepherd
St. Denis
Steckle
Stewart (Northumberland)
Telegdi
Torsney
Valeri
Wappel
Wilfert

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brien	Brisson
Cadman	Chatters
Crête	Dalphond-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffier
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylcia-Leis	Williams—79

PAIRED MEMBERS

Axworthy Nunziata

The Deputy Speaker: I declare the motion carried.

Hon. Lucienne Robillard moved that the bill be read the third time and passed.

(The House divided on the motion, which was agreed to on the following division:)

(Division No. 1383)

YEAS

Members

Adams	Anderson
Assad	Assadourian
Augustine	Baker
Bakopanos	Barnes
Beaumier	Bélair
Bélanger	Bellemare
Bennett	Bertrand

Private Members' Business

Bevilacqua	Blondin-Andrew
Bonin	Bonwick
Boudria	Bradshaw
Brown	Bryden
Byrne	Calder
Cannis	Caplan
Carroll	Catterall
Chamberlain	Chan
Charbonneau	Chrétien (Saint-Maurice)
Clouthier	Coderre
Collenette	Comuzzi
Cotler	Cullen
DeVillers	Dhaliwal
Dion	Discepolo
Dromisky	Drouin
Duhamel	Easter
Eggleton	Finlay
Folco	Fontana
Fry	Gagliano
Gallaway	Godfrey
Goodale	Grose
Guarnieri	Harb
Harvard	Hubbard
Ianno	Jackson
Jennings	Jordan
Karetak-Lindell	Karygiannis
Keyes	Kilger (Stormont—Dundas—Charlottenburgh)
Kilgour (Edmonton Southeast)	Knutson
Kraft Sloan	Lastewka
Lavigne	Lee
Leung	Limoges
Lincoln	Longfield
MacAulay	Mahoney
Malhi	Maloney
Manley	Marleau
Martin (LaSalle—Émard)	Matthews
McCormick	McGuire
McKay (Scarborough East)	McLellan (Edmonton West)
McTeague	McWhinney
Mifflin	Mills (Broadview—Greenwood)
Minna	Mitchell
Murray	Myers
Nault	Normand
O'Brien (Labrador)	O'Brien (London—Fanshawe)
O'Reilly	Pagtakhan
Paradis	Parrish
Patry	Peric
Peterson	Phinney
Pickard (Chatham—Kent Essex)	Pillitteri
Pratt	Proud
Proulx	Provenzano
Redman	Reed
Richardson	Robillard
Rock	Saada
Scott (Fredericton)	Sekora
Sgro	Shepherd
Speller	St. Denis
St-Julien	Steckle
Stewart (Brant)	Stewart (Northumberland)
Szabo	Telegdi
Thibeault	Torsney
Ur	Valeri
Volpe	Wappel
Whelan	Wilfert
Wood—143	

Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Goldring
Grewal	Grey (Edmonton North)
Gruending	Guay
Guimond	Hardy
Harris	Hart
Hearn	Hill (Prince George—Peace River)
Hoepfner	Jaffer
Johnston	Konrad
Laliberte	Lalonde
Laurin	Loubier
Lowther	Lunn
MacKay (Pictou—Antigonish—Guysborough)	Marceau
Mark	McDonough
Ménard	Mercier
Mills (Red Deer)	Morrison
Perron	Picard (Drummond)
Proctor	Riis
Ritz	Sauvageau
Schmidt	Solomon
St-Hilaire	Stinson
Strahl	Thompson (New Brunswick Southwest)
Thompson (Wild Rose)	Tremblay (Lac-Saint-Jean)
Turp	Venne
Wasylcyia-Leis	Williams—79

PAIRED MEMBERS

Axworthy

Nunziata

The Deputy Speaker: I declare the motion carried.

(Bill read the third time and passed)

PRIVATE MEMBERS' BUSINESS

[English]

NATURAL GAS

The House resumed from June 14 consideration of the motion.

The Deputy Speaker: Pursuant to order made on Wednesday, June 14, the House will now proceed to the taking of the deferred recorded division on Motion No. 298 under Private Members' Business.

• (2150)

(The House divided on the motion, which was negated on the following division:)

(Division No. 1384)

NAYS

Members

Ablonczy	Asselin
Bachand (Richmond—Arthabaska)	Benoit
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Breitkreuz (Yorkton—Melville)
Brien	Brison
Cadman	Chatters
Crête	Dalphondu-Guiral
Davies	de Savoye
Debien	Desrochers
Doyle	Dubé (Lévis-et-Chutes-de-la-Chaudière)
Dumas	Duncan
Elley	Epp
Fournier	Gagnon
Gauthier	Gilmour

YEAS

Members

Asselin	Bachand (Richmond—Arthabaska)
Bergeron	Bernier (Bonaventure—Gaspé—
Îles-de-la-Madeleine—Pabok)	Bernier (Tobique—Mactaquac)
Blaikie	Brien
Brison	Crête
Dalphondu-Guiral	Davies
de Savoye	Debien
Desrochers	Doyle
Dumas	Fournier
Gagnon	Gauthier
Girard-Bujold	Godin (Acadie—Bathurst)
Godin (Châteauguay)	Gruending
Guay	Guimond
Hardy	Hearn
Hoepfner	Hubbard
Jackson	Laliberte
Lalonde	Laurin

Loubier
Marceau
Ménard
Perron
Proctor
Sauvageau
St-Hilaire
Tremblay (Lac-Saint-Jean)
Venne

MacKay (Pictou—Antigonish—Guysborough)
McDonough
Mercier
Picard (Drummond)
Riis
Solomon
Thompson (New Brunswick Southwest)
Turp
Wasylycia-Leis—51

Thompson (Wild Rose)
Ur
Volpe
Whelan
Williams

Torsney
Valeri
Wappel
Wilfert
Wood—156

Government Orders

PAIRED MEMBERS

Axworthy

Nunziata

NAYS

Members

Ablonczy
Anderson
Assadourian
Bakopanos
Beaumier
Bellemare
Benoit
Bevilacqua
Bonin
Bradshaw
Brown
Byrne
Calder
Caplan
Catterall
Chan
Chatters
Coderre
Comuzzi
Cullen
Dhaliwal
Discepola
Drouin
Duncan
Eggleton
Epp
Folco
Fry
Galloway
Godfrey
Goodale
Grey (Edmonton North)
Guarnieri
Harris
Harvard
Ianno
Jennings
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Kraft Sloan
Lavigne
Leung
Longfield
Lunn
Mahoney
Maloney
Mark
Martin (LaSalle—Émard)
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Minna
Murray
Normand
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proulx
Redman
Richardson
Robillard
Schmidt
Sekora
Shepherd
St. Denis
Stewart (Brant)
Stinson
Szabo

Adams
Assad
Augustine
Barnes
Bélaire
Bennett
Bertrand
Blondin-Andrew
Boudria
Breitkreuz (Yorkton—Melville)
Bryden
Cadman
Cannis
Carroll
Chamberlain
Charbonneau
Clouthier
Collenette
Cotler
DeVillers
Dion
Dromisky
Duhamel
Easter
Elley
Finlay
Fontana
Gagliano
Gilmour
Goldring
Grewal
Grose
Harb
Hart
Hill (Prince George—Peace River)
Jaffer
Johnston
Keyes
Kilgour (Edmonton Southeast)
Konrad
Lastewka
Lee
Limoges
Lowther
MacAulay
Malhi
Manley
Marleau
Matthews
McKay (Scarborough East)
McTeague
Mifflin
Mills (Red Deer)
Morrison
Myers
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proud
Provenzano
Reed
Ritz
Rock
Scott (Fredericton)
Sgro
Speller
Steckle
Stewart (Northumberland)
Strahl
Thibeault

The Deputy Speaker: I declare the motion lost.

[Translation]

Order, please. Before putting the last question to the House, on behalf of the Speaker, and my colleagues, the deputy chairman and the assistant deputy chairman of committees of the whole House, I would like to thank all the hon. members for their co-operation during this session, particularly these past few weeks.

[English]

On the part of myself, my colleagues in the chair and the table officers of the House, I want to wish to all hon. members the very best for a pleasant summer vacation. We look forward to seeing all the members back at the resumption of the sitting on September 18, if not before.

Some hon. members: Hear, hear.

GOVERNMENT ORDERS

[Translation]

CRIMINAL CODE

The House resumed from June 14 consideration of the motion that Bill C-18, an act to amend the Criminal Code (impaired driving causing death and other matters), be read the third time and passed.

The Deputy Speaker: Pursuant to order made on Wednesday, June 14, 2000, the House will now proceed to the taking of the deferred recorded division on the motion at the third reading stage of Bill C-18.

[English]

Mr. Bob Kilger: Mr. Speaker, if the House would agree, I would propose that you seek and ask for unanimous consent that members who voted on the previous motion be recorded as having voted on the motion now before the House, with Liberal members voting yea.

The Deputy Speaker: Is there unanimous consent to proceed in this fashion?

Some hon. members: Agreed.

Government Orders

Mr. Jay Hill: Mr. Speaker, Canadian Alliance members present this evening are very much in favour of this bill, as always.

[*Translation*]

Mr. Stéphane Bergeron: Mr. Speaker, I am very unhappy to have to end this evening and this session on a resounding no to this motion.

Mr. Yvon Godin: Mr. Speaker, members of the New Democratic Party present this evening will vote yes on this motion.

[*English*]

Mr. Norman Doyle: Mr. Speaker, the Progressive Conservative members will vote in favour of this motion.

Mr. Jake E. Hoepfner: Mr. Speaker, Portage—Lisgar votes yes.

Mr. Larry McCormick: Mr. Speaker, I rise on a point of order. Following Private Members' Business, could I add my name back on the list to vote with the government, please?

Hon. Andy Mitchell: Mr. Speaker, I would like to have my name recorded with the government on this vote.

Hon. Robert D. Nault: Mr. Speaker, I would like to have my name recorded as having voted with the government on this motion.

Mr. Joe Jordan: Mr. Speaker, I would like to have my vote recorded as being in favour of this motion.

The Deputy Speaker: Perhaps it might assist the table officers if the chief government whip—and I think the other whips would agree—would state that the vote that we are applying is the one that was taken on the third reading of the supply bill. I think it would be clearer and it might assist in avoiding these different counts, subject to the people who might not have been here for that vote.

Mr. Bob Kilger: Mr. Speaker, in the spirit of clarity, I totally agree with your suggestion and will conform.

The Deputy Speaker: It will shorten the proceedings a little. Is that agreed?

Some hon. members: Agreed.

(The House divided on the motion, which was agreed to on the following division:)

(*Division No. 1385*)

YEAS

Members

Ablonczy
Anderson

Adams
Assad

Assadourian
Bachand (Richmond—Arthabaska)
Bakopanos
Beaumier
Bélanger
Bennett
Bernier (Tobique—Mactaquac)
Bevilacqua
Blondin-Andrew
Bonwick
Bradshaw
Brison
Bryden
Cadman
Cannis
Carroll
Chamberlain
Charbonneau
Chrétien (Saint-Maurice)
Coderre
Comuzzi
Cullen
DeVillers
Dion
Doyle
Drouin
Duncan
Eggleton
Epp
Folco
Fry
Galloway
Godfrey
Goldring
Grewal
Grose
Guarnieri
Hardy
Hart
Hearn
Hoepfner
Ianno
Jaffer
Johnston
Karetak-Lindell
Keys
Kilgour (Edmonton Southeast)
Konrad
Laliberte
Lavigne
Leung
Lincoln
Lowther
MacAulay
Mahoney
Maloney
Mark
Martin (LaSalle—Émard)
McCormick
McGuire
McLellan (Edmonton West)
McWhinney
Mills (Broadview—Greenwood)
Minna
Morrison
Myers
Normand
O'Brien (London—Fanshawe)
Pagtakhan
Parrish
Peric
Phinney
Pillitteri
Proctor
Proulx
Redman
Richardson
Ritz
Rock

Augustine
Baker
Barnes
Bélair
Bellemare
Benoit
Bertrand
Blaikie
Bonin
Boudria
Breitkreuz (Yorkton—Melville)
Brown
Byrne
Calder
Caplan
Catterall
Chan
Chatters
Clouthier
Collenette
Cotler
Davies
Dhaliwal
Discepola
Dromisky
Duhamel
Easter
Elley
Finlay
Fontana
Gagliano
Gilmour
Godin (Acadie—Bathurst)
Goodale
Grey (Edmonton North)
Gruending
Harb
Harris
Harvard
Hill (Prince George—Peace River)
Hubbard
Jackson
Jennings
Jordan
Karygiannis
Kilger (Stormont—Dundas—Charlottenburgh)
Knutson
Kraft Sloan
Lastewka
Lee
Limoges
Longfield
Lunn
MacKay (Pictou—Antigonish—Guysborough)
Malhi
Manley
Marleau
Matthews
McDonough
McKay (Scarborough East)
McTeague
Mifflin
Mills (Red Deer)
Mitchell
Murray
Nault
O'Brien (Labrador)
O'Reilly
Paradis
Patry
Peterson
Pickard (Chatham—Kent Essex)
Pratt
Proud
Provenzano
Reed
Riis
Robillard
Saada

Government Orders

Schmidt
Sekora
Shepherd
Speller
St-Julien
Stewart (Brant)
Stinson
Szabo
Thibeault
Thompson (Wild Rose)
Ur
Volpe
Wasylcia-Leis
Wilfert
Wood—191

Scott (Fredericton)
Sgro
Solomon
St. Denis
Steckle
Stewart (Northumberland)
Strahl
Telegdi
Thompson (New Brunswick Southwest)
Torsney
Valeri
Wappel
Whelan
Williams

Guimond
Laurin
Marceau
Mercier
Picard (Drummond)
St-Hilaire
Turp

Lalonde
Loubier
Ménard
Perron
Sauvageau
Tremblay (Lac-Saint-Jean)
Venne —31

PAIRED MEMBERS

Axworthy

Nunziata

NAYS

Members

Asselin	Bergeron
Bernier (Bonaventure—Gaspé—Îles-de-la-Madeleine—Pabok)	Crête
Brien	de Savoye
Dalphondu-Guiral	Desrochers
Debien	Dumas
Dubé (Lévis-et-Chutes-de-la-Chaudière)	Gagnon
Fournier	Girard-Bujold
Gauthier	Guay
Godin (Châteauguay)	

The Deputy Speaker: I declare the motion carried.

(Bill read the third time and passed)

The Deputy Speaker: It being 9.55 p.m., pursuant to order made earlier today, the House stands adjourned until Monday, September 18, 2000 at 11 a.m., pursuant to Standing Orders 28(2) and 24(1).

(The House adjourned at 9.51 p.m.)

CONTENTS

Thursday, June 15, 2000

Points of Order			
Private Members' Business—Speaker's Ruling			
The Deputy Speaker	8073		
Business of the House			
Mr. Boudria	8074		
Motion	8074		
(Motion agreed to)	8074		
ROUTINE PROCEEDINGS			
Individual Members' Expenditures for 1999–2000			
The Deputy Speaker	8074		
Government Response to Petitions			
Mr. Lee	8074		
Canadian Security Intelligence Service Report			
Mr. MacAulay	8074		
Committees of the House			
Citizenship and Immigration			
Mr. Fontana	8074		
Canadian Heritage			
Mr. Lincoln	8074		
Finance			
Mr. Bevilacqua	8075		
Agriculture and Agri-food			
Mr. McGuire	8075		
Procedure and House Affairs			
Mr. Lee	8075		
Courts Administration Service Act			
Bill C–40. Introduction and first reading	8075		
Mr. Rock	8075		
(Motions deemed adopted, bill read the first time and printed)	8075		
Civilian War–Related Benefits Act			
Bill C–41. Introduction and first reading	8075		
Mr. Baker	8075		
(Motions deemed adopted, bill read the first time and printed)	8075		
Education Benefits Act			
Bill C–491. Introduction and first reading	8075		
Mr. Perić	8075		
Mr. Perić	8076		
(Motions deemed adopted, bill read the first time and printed)	8076		
Petitions			
Gasoline Prices			
Mr. St-Julien	8076		
Child Poverty			
Mr. Hill (Prince George—Peace River)	8076		
Rights of the Unborn			
Mr. Hill (Prince George—Peace River)	8076		
Gasoline Pricing			
Mr. Godin (Châteauguay)	8076		
Health Care			
Ms. McDonough	8076		
		Canada Post	
		Ms. McDonough	8076
		Conscientious Objection Act	
		Ms. McDonough	8077
		Child Pornography	
		Mr. Doyle	8077
		VIA Rail	
		Mr. Pratt	8077
		Abortion	
		Mr. Pratt	8077
		Assisted Suicide	
		Mr. Pratt	8077
		Rights of the Unborn	
		Mr. Pratt	8077
		Child Pornography	
		Mr. Pratt	8077
		Age of Consent	
		Mr. Pratt	8077
		Immigration	
		Mr. Pratt	8077
		Mammography	
		Mr. Pratt	8077
		Canada Post	
		Mr. Pratt	8077
		Impoverished Nations	
		Mr. Pratt	8077
		Child Poverty	
		Mr. Pratt	8077
		Fiji	
		Miss Grey	8077
		Gasoline Pricing	
		Mrs. Guay	8078
		Productivity Enhancement	
		Mr. Bevilacqua	8078
		The Budget	
		Mr. Bevilacqua	8078
		Debt Reduction	
		Mr. Bevilacqua	8078
		Research and Development	
		Mr. Bevilacqua	8078
		Taxation	
		Mr. Bevilacqua	8078
		Child Tax Benefit	
		Mr. Bevilacqua	8078
		Foreign Property Rule	
		Mr. Bevilacqua	8078
		Hepatitis C	
		Mr. Mark	8078
		Bioartificial Kidney	
		Mr. Mark	8078
		The Senate	
		Mr. Mark	8078
		Snowbirds	
		Mr. Mark	8078
		Agriculture	
		Mr. Mark	8078
		Marriage	
		Mr. Mark	8078

Children	
Mr. Mark	8078
Charitable Organizations	
Mr. Mark	8078
Gasoline Pricing	
Mr. Asselin	8078
Health	
Ms. Wasylcyia–Leis	8079
Immigration	
Mr. Strahl	8079
Donations	
Mr. Strahl	8079
Child Pornography	
Mr. Strahl	8079
Marriage	
Mr. Strahl	8079
Supremacy of God	
Mr. Strahl	8079
Taxation	
Mr. Strahl	8079
Health Care	
Mr. Godin (Acadie—Bathurst)	8079
Ms. Hardy	8079
Mr. Proctor	8079
Mr. Lee	8080
Committees of the House	
Official Languages	
Ms. Folco	8080
Ms. Bakopanos	8080
Petitions	
Canada Post Corporation	
Ms. Bakopanos	8080
Nuclear Weapons	
Ms. Bakopanos	8080
Questions on the Order Paper	
Mr. Lee	8080

GOVERNMENT ORDERS

Supply	
Allotted Day—Health Care	
Mr. Mills (Red Deer)	8080
Motion	8080
Mr. Mills (Red Deer)	8081
Mr. Szabo	8082
Mr. Mills (Red Deer)	8082
Mr. Thompson (New Brunswick Southwest)	8082
Mr. Mills (Red Deer)	8083
Mr. Strahl	8083
Motion	8084
Mr. Szabo	8084
Mr. Strahl	8085
Ms. Wasylcyia–Leis	8085
Mr. Strahl	8085
Mr. Rock	8085
Mr. Mills (Red Deer)	8088
Mr. Rock	8088
Mr. Ménard	8089
Mr. Rock	8089
Ms. Hardy	8089
Mr. Rock	8089
Mr. Ménard	8090

Mr. Charbonneau	8092
Mr. Ménard	8093
Mr. Dubé (Lévis–et–Chutes–de–la–Chaudière)	8093
Mr. Ménard	8093
Ms. Wasylcyia–Leis	8094
Mr. Epp	8094
Ms. Wasylcyia–Leis	8094
Mr. Nystrom	8095
Ms. Wasylcyia–Leis	8095
Mrs. Ablonczy	8097
Ms. Wasylcyia–Leis	8098
Mrs. Ablonczy	8098
Ms. Wasylcyia–Leis	8098
Mr. Charbonneau	8098
Ms. Wasylcyia–Leis	8099
Mr. Thompson (New Brunswick Southwest)	8099
Mr. Thompson (New Brunswick Southwest)	8100
Mr. Thompson (New Brunswick Southwest)	8101
Mr. Szabo	8102
Mr. Thompson (New Brunswick Southwest)	8102
Mr. Solomon	8102
Mr. Thompson (New Brunswick Southwest)	8103
Mr. Schmidt	8103
Mr. Schmidt	8104
Mr. Duncan	8105
Mr. Nystrom	8106
Mr. Duncan	8106
Mr. Nystrom	8106
Mr. Duncan	8107
Mr. Wilfert	8107
Mr. Myers	8108
Mr. Wilfert	8108
Mr. Myers	8108
Mr. Solomon	8110
Mr. Myers	8110
Mr. Solomon	8110
Mr. Myers	8111
Mr. Elley	8111
Mr. Elley	8113
Mr. McCormick	8114
Mr. Elley	8114
Mr. McCormick	8114
Mr. Elley	8114
Mr. Mills (Red Deer)	8114
Mr. Elley	8115
Mr. Szabo	8115
Mr. Forseth	8116
Mr. Szabo	8116
Mr. Adams	8116
Mr. Szabo	8116
Mr. McCormick	8117

STATEMENTS BY MEMBERS

Legacy of Logan	
Mr. Richardson	8118
Progressive Conservative Party	
Mr. Lunn	8118
National Infrastructure Program	
Mr. Adams	8118
National Public Service Week	
Mrs. Karetak–Lindell	8119
Laurie Throness	
Mrs. Ablonczy	8119

Mayor of Hull	
Mr. Proulx	8119
The Prime Minister	
Mr. Mercier	8119
Canada	
Mr. Cotler	8119
The Canadian Alliance	
Miss Grey	8120
Meridian Technologies	
Mrs. Ur	8120
The Wave 94.7 FM	
Ms. Phinney	8120
Privacy	
Ms. Hardy	8120
Quebecers' Fête nationale	
Mr. Lebel	8121
Jewish Community	
Ms. Folco	8121
Colin White and Jon Sim	
Mr. MacKay	8121
Trevor Snyder	
Mr. Limoges	8121
Gun Registry	
Mr. Ritz	8121
Le Baluchon Alternative School	
Mrs. Dalphond-Guiral	8122
Atlantic Canada Opportunities Agency	
Mrs. Dockrill	8122

ORAL QUESTION PERIOD

Human Resources Development	
Miss Grey	8122
Mr. Chrétien (Saint-Maurice)	8122
Miss Grey	8122
Mr. Chrétien (Saint-Maurice)	8122
Miss Grey	8123
Mr. Chrétien (Saint-Maurice)	8123
Mrs. Ablonczy	8123
Mrs. Stewart (Brant)	8123
Mrs. Ablonczy	8123
Mrs. Stewart (Brant)	8123
Parental Leave	
Mr. Duceppe	8123
Mr. Chrétien (Saint-Maurice)	8123
Mr. Duceppe	8124
Mr. Chrétien (Saint-Maurice)	8124
Mrs. Gagnon	8124
Mr. Chrétien (Saint-Maurice)	8124
Mrs. Gagnon	8124
Mr. Chrétien (Saint-Maurice)	8124
Human Rights	
Ms. McDonough	8124
Mr. Chrétien (Saint-Maurice)	8124
Ms. McDonough	8124
Mr. Speller	8125

Parental Leave	
Mr. Bachand (Richmond—Arthabaska)	8125
Mr. Chrétien (Saint-Maurice)	8125
National Defence	
Mrs. Wayne	8125
Mr. Chrétien (Saint-Maurice)	8125
Human Resources Development	
Mr. Strahl	8125
Mrs. Stewart (Brant)	8125
Mr. Hill (Prince George—Peace River)	8125
Mr. Chrétien (Saint-Maurice)	8125
Parental Leave	
Mr. Crête	8126
Mr. Chrétien (Saint-Maurice)	8126
Mr. Crête	8126
Mr. Chrétien (Saint-Maurice)	8126
Human Resources Development	
Mr. Lowther	8126
Mrs. Stewart (Brant)	8126
Mr. Elley	8126
Mrs. Stewart (Brant)	8126
Francophone Athletes	
Ms. St-Hilaire	8127
Mr. Coderre	8127
Ms. St-Hilaire	8127
Mr. Coderre	8127
Human Resources Development	
Mr. Stinson	8127
Mr. Thompson (Wild Rose)	8127
Mr. Boudria	8127
Persons with Disabilities	
Mrs. Dalphond-Guiral	8127
Mrs. Stewart (Brant)	8127
Firearms Act	
Mr. McCormick	8128
Ms. McLellan	8128
Human Resources Development	
Mr. Grewal	8128
Mrs. Stewart (Brant)	8128
Mr. Gilmour	8128
Mr. Chrétien (Saint-Maurice)	8128
The Environment	
Mr. Gruending	8128
Mr. Anderson	8129
Health	
Ms. Wasylycia-Leis	8129
Mr. Rock	8129
Gun Registry	
Mr. MacKay	8129
Ms. McLellan	8129
Employment Insurance	
Ms. Vautour	8129
Mr. Chrétien (Saint-Maurice)	8129
Foreign Affairs	
Ms. Beaumier	8130
Mr. Paradis	8130
Human Resources Development	
Mr. Forseth	8130

Mrs. Stewart (Brant)	8130
Mr. Bigras	8130
Mrs. Stewart (Brant)	8130
Scotia Rainbow	
Mrs. Dockrill	8130
Mr. Baker	8130
Fisheries and Oceans	
Mr. Hearn	8131
Mr. Dhaliwal	8131
Foreign Affairs	
Ms. Bakopanos	8131
Mr. Paradis	8131
Business of the House	
Mr. Strahl	8131
Mr. Boudria	8131
Mr. Blaikie	8132
Mr. Boudria	8132
100th Birthday Greetings to the Queen Mother	
Mrs. Wayne	8132
Motion	8132
(Motion agreed to)	8132
Mr. Blaikie	8132
Mr. O'Reilly	8132
Miss Grey	8132
Mr. Boudria	8132
Ms. Girard-Bujold	8132

ROUTINE PROCEEDINGS

Petitions

Older Workers Assistance

Ms. Girard-Bujold	8133
-------------------------	------

Trade

Mr. Blaikie	8133
-------------------	------

The Queen's Own Cameron Highlanders

Mr. Blaikie	8133
-------------------	------

The Senate

Mr. Nystrom	8133
-------------------	------

Genetically modified organisms

Ms. Girard-Bujold	8133
-------------------------	------

Importation of plutonium

Ms. Girard-Bujold	8133
Mr. Lee	8133

Points of Order

Comments during Question Period

Mr. Blaikie	8134
Mr. Johnston	8134
The Deputy Speaker	8134

Privilege

Department of Justice

Mr. Bryden	8134
Mr. Kilger	8136
The Deputy Speaker	8136

GOVERNMENT ORDERS

Supply

Allotted Day—Health Care

Motion	8136
Mr. Mark	8136
Mr. McCormick	8136

Mr. Duncan	8137
Mr. McCormick	8137
Mr. Mark	8137
Mr. Pagtakhan	8138
Mr. Mark	8139
Mr. Forseth	8139
Mr. Shepherd	8141
Ms. Hardy	8142
Mr. Shepherd	8142
Mr. Hearn	8143
Mr. Shepherd	8143
Mrs. Redman	8143
Mr. Mills (Red Deer)	8144
Ms. Wasylcyia-Leis	8147
Mr. Hill (Prince George—Peace River)	8147
Ms. Wasylcyia-Leis	8147
Mr. Mills (Red Deer)	8147
Mr. Hill (Prince George—Peace River)	8148
Mr. Hill (Prince George—Peace River)	8148
Mr. Mills (Red Deer)	8148
Mr. Mahoney	8149
Mr. Mahoney	8151
Mr. Nystrom	8151
Mr. Mahoney	8152
Mr. Hill (Prince George—Peace River)	8152
Mr. Mahoney	8152
Ms. Girard-Bujold	8152
Mr. Mahoney	8153
Ms. Girard-Bujold	8153
Mr. Mahoney	8153
Ms. Girard-Bujold	8153

ROUTINE PROCEEDINGS

Committees of the House

Natural Resources and Government Operations

Mr. Lee	8153
Motion	8153
(Motion agreed to)	8153

Justice and Human Rights

Mr. Lee	8153
---------------	------

GOVERNMENT ORDERS

Supply

Allotted Day—Health Care

Motion	8153
Mr. Pratt	8153
Division on amendment deferred	8154

Main Estimates, 2000-01

Concurrence in Vote 5—Human Resources Development

Ms. Robillard	8154
Motion No. 1	8154
Mr. Crête	8157
Ms. Robillard	8157
Mr. Williams	8157
Ms. Robillard	8158
Ms. Girard-Bujold	8158
Ms. Robillard	8158
Mr. Williams	8158
Mr. Crête	8159
Mr. Williams	8160
Mr. Solomon	8160

Mr. Williams	8160
Mrs. Ablonczy	8160
Ms. Girard-Bujold	8162
Mrs. Ablonczy	8162
Mr. Crête	8162
Ms. Girard-Bujold	8165
Mr. Crête	8166
Mr. Solomon	8166
Mr. Cullen	8170
Mr. Solomon	8170
Mr. Solomon	8171
Mr. Pagtakhan	8171
Mr. Solomon	8171
Mr. Hearn	8171
Mr. Hearn	8172
Mr. MacKay	8174
Mr. Williams	8174
Mr. Hearn	8174
Mr. Williams	8174
Mr. Hearn	8174
Mr. Hearn	8175
Mr. Pagtakhan	8175
Mr. Hearn	8175
Mr. Ianno	8175

ROUTINE PROCEEDINGS

Committees of the House

Justice and Human Rights	
Mr. Lee	8177
Motion	8177
(Motion agreed to)	8177

GOVERNMENT ORDERS

Supply

Main Estimates, 2000-01—Concurrence in Vote 5—Human Resources Development	
Motion No. 1	8177
Mr. Williams	8177
Mr. Ianno	8178
Mr. Williams	8178
Mr. Ianno	8178
Mr. Lunn	8178
Mr. Lunn	8179
Mr. Ianno	8180
Mr. Lunn	8180
Mr. Cullen	8180
Mr. Lunn	8181
Mr. Thompson (Wild Rose)	8181
Mr. Assadourian	8182
Mr. Thompson (Wild Rose)	8182
Mr. Stinson	8182
Mr. Thompson (Wild Rose)	8182
Mr. Stinson	8182
Mr. Thompson (Wild Rose)	8182
Mr. Stinson	8183
Mr. Thompson (Wild Rose)	8183
Ms. Brown	8183
Mr. Williams	8185
Mr. Thompson (New Brunswick Southwest)	8185

Mr. Williams	8185
Ms. Brown	8185
Mr. Crête	8185
Ms. Brown	8186
Allotted Day—Health Care	
Motion	8186
Amendment negatived	8187
Mr. Kilger	8187
Motion negatived	8188
Main Estimates, 2000-01—Concurrence in Vote 5—Human Resources Development	
Motion No. 1	8188
Mr. Kilger	8188
Mr. Hill (Prince George—Peace River)	8188
Mr. Bergeron	8188
Mr. Godin (Acadie—Bathurst)	8188
Mr. Doyle	8188
Mr. Hoepfner	8188
Motion No. 1 agreed to	8189
Mr. Kilger	8189
Concurrence in Vote 1—Environment	
Ms. Robillard	8189
Motion No. 2	8189
Concurrence in Vote 1—Fisheries and Oceans	
Ms. Robillard	8190
Motion No. 3	8190
Concurrence in Vote 1—Health	
Ms. Robillard	8191
Motion No. 4	8191
Concurrence in Vote 1—Human Resources Development	
Ms. Robillard	8192
Motion No. 5	8192
Concurrence in Vote 1—National Defence	
Ms. Robillard	8193
Motion No. 6	8193
Concurrence in Vote 1—Privy Council	
Ms. Robillard	8194
Motion No. 7	8194
Concurrence in Vote 1—Solicitor General	
Ms. Robillard	8195
Motion No. 8	8195
Concurrence in Vote 25—Solicitor General	
Ms. Robillard	8196
Motion No. 9	8196
Concurrence in Vote 1—Public Works and Government Services	
Ms. Robillard	8196
Motion No. 10	8196
Concurrence in Vote 5—Public Works and Government Services	
Ms. Robillard	8197
Motion No. 11	8197
Concurrence in Vote 1—Indian Affairs and Northern Development	
Ms. Robillard	8198
Motion No. 12	8198
Motions Nos. 2 to 12 inclusive agreed to	8199
Ms. Robillard	8199
Motion for concurrence	8199
Mr. Kilger	8199
Mr. Hill (Prince George—Peace River)	8199
Mr. Bergeron	8199
Mr. Godin (Acadie—Bathurst)	8200
Mr. Doyle	8200

Mr. Hoepfner	8200
Motion agreed to	8200
Bill C-42. First reading	8200
Ms. Robillard	8200
(Motion deemed agreed to and bill read the first time)	8201
Bill C-42 Second Reading	8201
Ms. Robillard	8201
Mr. Kilger	8201
Motion agreed to	8202
(Bill read the second time and the House went into committee thereon, Mr. Milliken in the chair)	8202
(Clause 1 agreed to)	8202
(On clause 3)	8202
Mr. Williams	8202
Ms. Robillard	8202
(Clause 3 agreed to)	8202
(Clause 4 agreed to)	8202
(Clause 5 agreed to)	8202
(Clause 6 agreed to)	8202
(Clause 7 agreed to)	8202
(Schedule 1 agreed to)	8202
(Schedule 2 agreed to)	8202
(Clause 1 agreed to)	8202
(Preamble agreed to)	8202
(Title agreed to)	8202
(Bill reported)	8202
Motion for concurrence	8202

Ms. Robillard	8202
Mr. Kilger	8203
Motion agreed	8203
Third Reading	8203
Ms. Robillard	8203
Motion agreed to	8204
(Bill read the third time and passed)	8204

Natural Gas

Motion	8204
Motion negatived	8205

GOVERNMENT ORDERS

Criminal Code

Bill C-18. Third reading	8205
Mr. Kilger	8205
Mr. Hill (Prince George—Peace River)	8206
Mr. Bergeron	8206
Mr. Godin (Acadie—Bathurst)	8206
Mr. Doyle	8206
Mr. Hoepfner	8206
Mr. McCormick	8206
Mr. Mitchell	8206
Mr. Nault	8206
Mr. Jordan	8206
Mr. Kilger	8206
(Bill read the third time and passed)	8207

MAIL  POSTE

Canada Post Corporation/Société canadienne des postes

Postage paid

Port payé

Lettermail

Poste-lettre

03159442

Ottawa

If undelivered, return COVER ONLY to:

Canadian Government Publishing,

45 Sacré-Coeur Boulevard,

Hull, Québec, Canada, K1A 0S9

En cas de non-livraison,

retourner cette COUVERTURE SEULEMENT à:

Les Éditions du gouvernement du Canada,

45 boulevard Sacré-Coeur,

Hull, Québec, Canada, K1A 0S9

Published under the authority of the Speaker of the House of Commons

Publié en conformité de l'autorité du Président de la Chambre des communes

Also available on the Parliamentary Internet Parlementaire at the following address:

Aussi disponible sur le réseau électronique «Parliamentary Internet Parlementaire» à l'adresse suivante :

<http://www.parl.gc.ca>

The Speaker of the House hereby grants permission to reproduce this document, in whole or in part, for use in schools and for other purposes such as private study, research, criticism, review or newspaper summary. Any commercial or other use or reproduction of this publication requires the express prior written authorization of the Speaker of the House of Commons.

Additional copies may be obtained from Canadian Government Publishing, Ottawa, Canada K1A 0S9

Le Président de la Chambre des communes accorde, par la présente, l'autorisation de reproduire la totalité ou une partie de ce document à des fins éducatives et à des fins d'étude privée, de recherche, de critique, de compte rendu ou en vue d'en préparer un résumé de journal. Toute reproduction de ce document à des fins commerciales ou autres nécessite l'obtention au préalable d'une autorisation écrite du Président.

On peut obtenir des copies supplémentaires en écrivant à : Les Éditions du gouvernement du Canada, Ottawa, Canada K1A 0S9

On peut obtenir la version française de cette publication en écrivant à : Les Éditions du gouvernement du Canada, Ottawa, Canada K1A 0S9